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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

, 2015, and ending

Open to Public 'Inspection

В	Check	if applicable	C											D Er	mploye	r iden	tification nu	mber	
	L A	idress change							GEONS					2	23-2	564	972		
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	Fır	nal return/terminated	ŀ																
	☐ Aı	mended return												GG	ross re	ceipts	\$	253,	423.
	Па	oplication pending	F	Name and	addre	ss of princ	cipal c	officer					H(a) is the	his a group	return	for su	ibordinates?	Yes	X No
	_		SA	ME AS	С	ABOVI	Ξ						H(b) Are	all subord	inates	include	ed?	Yes	No
1	Tax-	exempt status	Т	501(c)(3)) ∢ (in:	sert no)	4947(a)(1) or	527	1 "``	io, allach	a 1151 1	See III	structions)		
Ţ	We	bsite: ► N/	A		1.				•			_	H(c) Gro	up exempt	ion nui	nber 1	► 542	8	
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8	11								•	and 11e).									
_	12	Total revenue	-	add lines	s 8 t	hrough	11 (must equal	Part VIII,	column (A), line	12)		20				241,	681.
	13	Grants and s	ımıl	ar amour	nts p	oaid (Pa	rt IX	, column (A	A), lines 1	-3)									
	14	Benefits paid	to	or for me	emb	ers (Par	t IX,	column (A), line 4)										
	15	Salaries, other	er c	ompensa	tion	, emplo	yee	benefits (Pa	art IX, col	umn (A), lı	nes 5-	10)							
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com	er pena plete C	ities of perjury, I di leclaration of prepa	eciar arer	e that I have (other than c	e exa	mined this r) is based	return I on al	n, including acc Il information of	companying s f which prepa	schedules and irer has any kn	statemen lowledge	its, and to	the best	of my know	wledge	and b	elief, it is tru	e, correct	, and
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SAME AS C ABOVE Tax exempt status SOI(c)(3) X SOI(c) (6) * (insert no) 4947(a)(1) or 527 H(c) Group exemption number 54.28																			
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		r Paperwork F	_								•	TE	EA0113L	10/12/15	·	<u>:</u>			(2015)
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Form 990 (2015)	ASSOCIATION OF WOMEN	SURGEONS	23-2	564972	Page 2
	tement of Program Service	•	- · · · · · · · · · · · · ·		
	ribe the organization's mission:	se or note to any line in this Part III	` ` _	.	
INSPIRE	· ·	WOMEN SURGEONS TO REALIZE	THEIR PROFESSI	ONAL AND	
2 Did the area		-Table de la company de la com	listed on the prior		
Form 990 or		gram services during the year which were not		Yes	X No
3 Did the orga		e significant changes in how it conducts, a	any program services?	Yes	X No
4 Describe the Section 501	-	ccomplishments for each of its three larges are required to report the amount of grant	st program services, as s and allocations to othe	measured by ers, the total o	expenses expenses,
4a (Code:) (Expenses \$	including grants of \$) (Revenue	\$	
	NCES - MEETINGS HELD I	FOR EDUCATIONAL PURPOSES			
		·			.
	-		-		
	-				
4 b (Code:) (Expenses \$	including grants of \$) (Revenue)
PUBLICA	TIONS AND OTHER - PROD	DUCE NEWSLETTER, DIRECTORY,	AND POCKET MED	NTOR	
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4 c (Code:) (Expenses \$	including grants of \$) (Revenue	\$)
					
	- 				-
4 d Other progr (Expenses	ram services (Describe in Schedul	le O) iding grants of \$) (Revenue \$)
4e Total progr	am service expenses	0	7 (12 (2 (2 (2 (2 (2 (2 (2 (2 (
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, X permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a Х **b** Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*. X 11 b c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI. and XII Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional X 12 b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 16 X Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ lines 1c and 8a? If 'Yes,' complete Schedule G. Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

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complete Schedule G, Part III

Form 990 (2015)

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		1	Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H .	20a		X
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part-IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
	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		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.	24d	L	
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-1.		
í	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .	28a		X
ı	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	<u> </u>	x
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	

Check if Schedule O contains a response or note to any line in this Part V			
	<u>`</u> _	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1 a	6	- -	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			_
(gambling) winnings to prize winners?	··	1 c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	, .	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			+
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a X	-
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 b X	\top
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4 a	x
b If 'Yes,' enter the name of the foreign country: ►		-	+
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5 c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz solicit any contributions that were not tax deductible as charitable contributions?	ation	6 a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b	
7 Organizations that may receive deductible contributions under section 170(c).			†
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an	d		
services provided to the payor?		7a 7b	-
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	·	/6	+
Form 8282?	L	7 c	
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	├	7 e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a	7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	_		
organization have excess business holdings at any time during the year?	·	8	
9 Sponsoring organizations maintaining donor advised funds.	-	_ _	
a Did the sponsoring organization make any taxable distributions under section 4966?	-	9 a	
 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 	· ·	9 Ь	
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a		1	1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		}	}
11 Section 501(c)(12) organizations. Enter:			1
a Gross income from members or shareholders	1	Ì	ì
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?		13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		Ì	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	-	14b	
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Partivia Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? SEE SCH 0. 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? SEE SCHEDULE O X 6 Did the organization have members or stockholders? 7 a 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? SEE SCHEDULE O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 7 4.5 Х 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O . Х Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 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? 15 a a The organization's CEO, Executive Director, or top management official 15 b X **b** Other officers or key employees of the organization 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 Х 16: taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 t Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CHICAGO IL 60601-2106

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)	1					
(A) Name and Title	(B) Average hours per	thar	one both dire	box, an o ector/	unles fficer truste		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
	line)	6	8			Salec				
(1) ANNESLEY COPELAND MD FACS DIRECTOR	2	х						0.	0.	0.
(2) HILARY SANFEY MB BCH MHPE FACS	2		i							
AWS FDN CHAIR	0	Х		Х				0.	0.	0.
(3) ROBIN WILLIAMS MD, FACS	2							_	_	
DIRECTOR PAGE	0	Х	\vdash					0.	0.	0.
	$-\frac{2}{0}$	X						О.	٥.	0.
(5) ELIZABETH SHAUGHNESSY MD FACS	2	^			-			· · ·		<u> </u>
DIRECTOR	0	X						0.	0.	0.
(6) JANE WEY MD FACS	2									
DIRECTOR	0	X					_	0.	0.	0.
7 STEPHANIE BONNE MD	2	,,								
DIRECTOR (9) VARIES NASON MD FACS	2	X	\vdash		-		 	0.	0.	0.
(8)_KATIE_SNASON,_MD,_FACS DIRECTOR		x						0.	0.	0.
(9) JULIET EMAMAULLEE MD PHD	2	 ^			┢			<u> </u>	<u> </u>	
DIRECTOR	0	X						0.	0.	0.
(10) CLAIRE JANSSEN	2									
DIRECTOR	0	X					L.	0.	0.	0.
(11) MARILYN MARX MD MBA FACS	2							_		
DIRECTOR	0	X		ļ	-			0.	0.	0.
(12) MARIE CRANDALL MD MPH FACS DIRECTOR	$-\frac{2}{0}$	X			ĺ			0.	0.	0.
(13) ERIN M GARVEY MD	2	┢	H		\vdash			<u> </u>	0.	· · ·
DIRECTOR	- -	X						0.	0.	0.
(14) HEENA P. SANTRY, MD, FACS	2						<u> </u>			
DIRECTOR	0	<u> </u>		<u> </u>	<u> </u>			0.	0.	0.
DAA	TEEAC	1071	10/1	205						Form 990 (2015)

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	(B)			(C)				1	
(A) Name and title	Average hours per week	box.	not che unless er and	perso a dire	ore than on is bot octor/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza-	Individual trustee or director	Institutional trustee	Officer	Highest co employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	- tions below dotted line)	hustee	al trustee	yee	mpensated	Former			
(15) AMALIA COCHRAN MD FACS FCCM PRESIDENT	2			x			0.	0.	0.
(16) CHRISTINE LARONGA MD FACS PRESIDENT ELECT	$-\frac{2}{0}$			x _			0.	0.	0.
VICE PRESIDENT	- 2 -			x			0.	0.	0.
(18) SHARON STEIN MD FACS FASCRS SECRETARY	2			x			0.	0.	0.
(19) SAREH PARANGI MD FACS TREASURER	2			x			0.	0.	0.
(20) NANCY GANTT MD FACS IMMED PAST PRES	<u>2</u> _ 0			x			0.	0.	0.
(21) DANIELLE WALSH MD FACS FAAP PAST PRESIDENT	2			x			0.	0.	0.
(22) KATIE KEEL EXECUTIVE DIR.	40			x			0.	0.	0.
(23)		1							
(24)									
(25)									
1 b Sub-total	· ·		·				0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	ion A					•	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	d to those l	listed	above	e) wł	o rece	ived			
3 Did the organization list any former officer, direct	otor or tru	ıstoo	kov	omn	lavaa	or k	nahost compones	ated employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	ch individi	ıal			•		•	,	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1	ie co i50,0	mper 00? /	isati f 'Ye	on and s' con	ı otr ıplet	te Schedule J for	·	. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compei s,' comple	nsatio	on fro <i>ched</i> u	m ai ile J	ny unr	elate ich p	ed organization of person	r ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest competence.	nsated ind	lener	ndent	cont	ractor	s tha	at received more	than \$100,000 of	······································
compensation from the organization. Report compe	nsation for	the c	alend	ar ye	ear end	ling	with or within the o	rganization's tax yea	(C)
Name and business add				100			Description	of services	Compensation 158,587.
BOSTROM CORPORATION 35 EAST WACKER DR CHI	_AGU, IL	006	01-2	106			MANAGEMENT		130,307.
2 Total number of independent contractors (including	but not lim	nited t	to tho	se lis	ted ab	ove)	who received more	e than	
\$100,000 of compensation from the organization	n ► 1		01081						Form 990 (2015

		Check if Schedule O	contains a respi	onse or note to any	line in this Part VII	1 .	•	
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gimilar amounts not included a	1 c 1 d 1 d 1 e		,			
Sontrib Ind Ott	g	Noncash contributions included Total. Add lines 1a-1f		6,563.	6 562			
		Total: Add lines Ta-11	- · - · · 	Business Code	6,563.			
훘	2 -			- Business Code	110 272	110 272		<u> </u>
₹		MEMBERSHIP_DUES_&			118,373.	118,373.	 -	_
e B	b	200,000,000 70,000		·	86,890.	86,890.		
Program Service Revenue	С	PUBLICATIONS			22,275.	22,275.		
ÿ.	d	ADVERTISING		·	7,005.		7,005.	
톭	е							
ᅏ	f	All other program service	ce revenue					
ď	g	Total. Add lines 2a-2f			234,543.			
	3	Investment income (incother similar amounts) Income from investmen		▶	2,346.			2,346.
	5	Royalties	t or tan onompt	▶				
	•	Troyumus	(i) Real	(II) Personal				
	6 -	Gross rents.	(7)	(1) 1 01001121	i	1		
				 				
		Less: rental expenses		 		}		
		Rental income or (loss) .						
	d	Net rental income or (lo		· · · · · · · · · · · · · · · · · · ·				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
	ŀ	assets other than inventory Less: cost or other basis	9,971	•				
		and sales expenses	11,742	.)				
	c	Gain or (loss)	$-\frac{1}{1}$,771					
		Net gain or (loss)	<u> </u>	· ►	-1,771.			1,771.
Re		Gross income from fundamental (not including . \$	draising events					1,771.
Other Reven		of contributions reporte	ed on line 1c).					
æ		See Part IV, line 18		a				
Ā	Ŀ	Less: direct expenses		b				
둦		: Net income or (loss) fro	om fundraising e	events >		·		
		Gross income from gan See Part IV, line 19	_	a		-		
		Less: direct expenses		h				ļ.
		: Net income or (loss) from		uties ►				
		Gross sales of inventor and allowances .	y, less returns					
				a				
	1	Less: cost of goods sol		p[<u> </u>
	_	Net income or (loss) from						
		Miscellaneous Reven	nue	Business Code	ļ			<u> </u>
	11 a	OTHER						
	ŧ)				<u> </u>		<u> </u>
	(: 	. 					<u> </u>
	(All other revenue .						
	•	Total. Add lines 11a-11	ld .					
_	12	Total revenue. See ins	tructions	_	241,681.	227,538.	7,005.	575.

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Fundraising Management and general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 . 1,601 1,601 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 0. in section 4958(c)(3)(B) 0 0 Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . Payroll taxes Fees for services (non-employees): a Management 91,931 38,069 130,000 **b** Legal. c Accounting ... 3,750 3,750 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). Advertising and promotion 12 1,834 Office expenses 1,834. 14 Information technology Royalties 16 Occupancy 4,105 69 Travel . . . 4,174 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 34,772. 34,772. 20 Interest Payments to affiliates ... 21 Depreciation, depletion, and amortization 1,294 23 1,294. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 37,827 37,827 a WEB SERVICES b COUNCIL & COMMITTEE EXPENSES 10,298 10,298 c PRINTING AND PUBLICATIONS 9,720 9,720 d BANK AND CREDIT CARD FEES 7,389 6,949 440 13,023. 13,023 e All other expenses 0. 255,682 199,928. 55,754 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► I if following SOP 98-2 (ASC 958-720).

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
\neg	1	Cash – non-interest-bearing	97,926.	1	96,141.
	2	Savings and temporary cash investments		2	
	3	_Pledges_and_grants_receivable,_net		3	
	4	Accounts receivable, net	1,298.	4	10,000.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,145.	8	1,145.
35	_	Prepaid expenses and deferred charges		9	12,416.
'	9	rrepaid expenses and deferred charges	12,300.	-	12,410.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.			
	ь	Less: accumulated depreciation . 10b		10 c	
	11	Investments – publicly traded securities	60,471.	11	57,410.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27,360.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	200,500.	16	177,112.
	17	Accounts payable and accrued expenses	25,423.	17	21,069.
	18	Grants payable		18	
	19	Deferred revenue	74,942.	19	54,261.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		25	19,145.
	26	Total liabilities. Add lines 17 through 25	100,365.	26	94,475.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	100,135.	27	82,637.
Ē	28	Temporarily restricted net assets		28	
£	29	Permanently restricted net assets	<u> </u>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			· -
₹	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds	 	32	
et/	33	Total net assets or fund balances	100,135.	33	82,637.
ž	34	Total liabilities and net assets/fund balances	200,500.	34	177,112.
BA			200,500.	<u>, , ,</u>	Form 990 (2015)

Forn	1990 (2015) ASSOCIATION OF WOMEN SURGEONS	<u>23-256497</u>	2	Pag	ge IZ
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	··· ·	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	11,6	<u>81.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	_ 25	55,6	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	-:	L4,0	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	10	00,1	35.
5	Net unrealized gains (losses) on investments .	5		-3,4	97.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	. 10		32,6	37.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		06		i .
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	viewed on a			
	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a statement basis, consolidated basis, or both: X Separate basis	eparate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	•	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?.	igle	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	:d audit	3 b		
BA	A.		Form	990	(2015

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2015

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

• 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_l_A_only...

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

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 9	Section 501(c)(4), (5), or (6) or	rganızations: Complete Part III.			
Name	of organization			Employer identifica	tion number
ASS	SOCIATION OF WOMEN	SURGEONS	_	23-2564972	2
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in	Part IV.	
2	Political expenditures		•	► \$	
3	Volunteer hours .			•	
Par	t I-B Complete if the or	ganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955 .	► \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year? .		Yes No
4 a	Was a correction made?.				Yes No
Ŀ	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for sectio	n 527 exempt functio	n activities > \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	zations for section 527	exempt . ►\$	
3	Total exempt function expen- line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ars received that were promptly and directly delification committee (PAC) If additional spa	mount paid from the f ivered to a separate po	filing organization's fund blitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

section 501(h	ne organization 1)).	is exempt under sec	tion 501(c)(3) and	illea Form 3/66 (e	lection under
	"	to an affiliated group (and I	list in Part IV each affiliat	ted group member's nam	ne,
	-	share of excess lobbying		•	
B Check ► ☐ if the filing	g organization check	ed box A and 'limited con	itrol' provisions apply		
(The-term-	Limits on Lobbyin	g Expenditures s amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publ	ic opinion (grass roots lob	obying).		
b Total lobbying expenditu	res to influence a leg	gislative body (direct lobby	yıng).		
c Total lobbying expenditu	· ·	d 1b) .			
d Other exempt purpose e	•				
e Total exempt purpose ex	kpenditures (add line	s 1c and 1d)	-		
f Lobbying nontaxable am both columns					
If the amount on line 1e, colu		he lobbying nontaxable a	amount is:		
Not over \$500,000		0% of the amount on line 1e.			ф М
Over \$500,000 but not over \$1,0		100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1		175,000 plus 10% of the excess		•	,
Over \$1,500,000 but not over \$1		225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000	, ,	1,000,000.			
g Grassroots nontaxable a					
h Subtract line 1g from lin					
i Subtract line 1f from line	e 1c. If zero or less.	ontor .[].			
	,	citici -o- ; ;	l	<u> </u>	
j If there is an amount other section 4911 tax for this	r than zero on either li		l anızatıon file Form 4720	reporting .	Yes N
section 4911 tax for this	r than zero on either li year?		Jnder section 501(h) ection do not have to c	omplete all of the five	
section 4911 tax for this	r than zero on either li year? 4 e organizations that columns	ne 1h or line 1i, did the orgYear Averaging Period Umade a section 501(h) ele	Under section 501(h) ection do not have to c ons for lines 2a throug	complete all of the five	
section 4911 tax for this	r than zero on either li year? 4 e organizations that columns	-Year Averaging Period L made a section 501(h) ele below. See the instruction	Under section 501(h) ection do not have to c ons for lines 2a throug	complete all of the five	
Section 4911 tax for this (Some	r than zero on either li year?	-Year Averaging Period L made a section 501(h) ele below. See the instruction ing Expenditures During (b) 2013	Under section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio	omplete all of the five h 2f.) od	
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable	r than zero on either li year?	-Year Averaging Period L made a section 501(h) ele below. See the instruction	Under section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio	omplete all of the five h 2f.) od	
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	r than zero on either li year?	-Year Averaging Period L made a section 501(h) ele below. See the instruction ing Expenditures During (b) 2013	Under section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio	omplete all of the five h 2f.) od	
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	r than zero on either li year?	-Year Averaging Period L made a section 501(h) ele below. See the instruction ing Expenditures During (b) 2013	Jnder section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio	omplete all of the five h 2f.) od	
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	r than zero on either li year?	-Year Averaging Period L made a section 501(h) ele below. See the instruction ing Expenditures During (b) 2013	Under section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio	omplete all of the five h 2f.) od	

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

(election under section 50 i(ii)).					
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(t	<u>) </u>	
of cash res response on lines to unloagh in below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	ount	
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?		\Box			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912.					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Partill: Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)), or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part), or s III-A,	ection 50 line 3, is	J1(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
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			٥
5 Taxable amount of lobbying and political expenditures (see instructions)		5		-	<u>0</u>
Partity Supplemental Information		1 -1			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro	un lief	Part	II-A lines	 1 and	_
To vide the descriptions required for Fart 1-7, line 1, Fart 1-0, line 3, Fart 1-0, line 3, Fart 11-7 (all linated glo	باحدا طم	<i>)</i> , 1 all	11 /7, 111103	and	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	ASSOCIATION OF WOMEN SURGEONS	23-2564972
Par	t 🕍 Organizations Maintaining-Donor-Advised Funds or Other-Similar-Funds	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur impermissible private benefit?	an be used only pose conferring Yes No
Pai	t II፡ Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the
	last day of the tax year.	Hold states Find of the Toy Voca
	a Total number of conservation easements	Held at the End of the Tax Year
	b Total acreage restricted by conservation easements	2 a 2 b
	c Number of conservation easements on a certified historic structure included in (a)	2 c
	·	26
(Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
	tax year ►	. 3
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	
_	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	n 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sinclude, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	statement, and balance sheet, and ribes the organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	her Similar Assets.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in further in Part XIII, the text of the footnote to its financial statements that describes these items.	statement and balance sheet works of erance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue star historical treasures, or other similar assets held for public exhibition, education, or research in furtheran- following amounts relating to these items:	tement and balance sheet works of art, ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	. ►\$
	(ii) Assets included in Form 990, Part X	► \$
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
i	a Revenue included on Form 990, Part VIII, line 1	* \$
- 1	h Assets included in Form 990. Part X	►Ś

School B (Farma 200) 2015 - 2 000 007					
Schedule D (Form 990) 2015 ASSOCIATION	OF WOMEN SURGEO	NS	23-256	4972	Page 2
Part III Organizations Maintaining Col 3 Using the organization's acquisition, accession,				· ·	iuea)
items (check all that apply):					
a Public exhibition	—	or exchange programs			
b Scholarly research	e Othe	r	 	············	
c Preservation for future generations					
Provide a description of the organization's colle					 _
5 During the year, did the organization solicity to be sold to raise funds rather than to be m Part IV Escrow and Custodial Arrange	naintained as part of the	organization's collectioi	n?.	Yes	No No
line 9, or reported an amount of	on Form 990, Part X	line 21.	nswered tes on Fo	rm 990, Pa	art IV,
1 a is the organization an agent, trustee, custod on Form 990, Part X?			her assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ring table:	ļ 		
- Decimal to the				Amount	
c Beginning balance .	• •	•	1 c		
d Additions during the year.	• •	•	1 d		
e Distributions during the year			1 e		
f Ending balance			1 f		
2a Did the organization include an amount on F				Yes	No
b If 'Yes,' explain the arrangement in Part XIII	 Check here if the expla 	ination has been provid	led on Part XIII		
					
Part V Endowment Funds. Complete	<u>if the organization a</u>	<u>nswered 'Yes' on F</u>	orm 990, Part IV, li	ne 10.	
(a) Curre				(e) Four ye	ars back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships				+	
e Other expenditures for facilities and programs					
f Administrative expenses				+	
g End of year balance		· · · · · · · · · · · · · · · · · · ·		 	
2 Provide the estimated percentage of the cur	rent vear end balance (li	ne 1g. column (a)) held	d as:	<u> </u>	
a Board designated or quasi-endowment ►	8	rio rg, column (a)) non	. 45.		
b Permanent endowment ►	<u> </u>				
c Temporarily restricted endowment ►	8				
The percentages on lines 2a, 2b, and 2c should					
3 a Are there endowment funds not in the possessi	•	are held and administere	ed for the		
organization by:	Ū			Yes	No
(i) unrelated organizations .				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organiz			,	3b	
4 Describe in Part XIII the intended uses of th	e organization's endowm	ent funds			
Part VI Land, Buildings, and Equipme Complete if the organization ar		m 990 Part IV lin	e 11a See Form 99	20 Part X	line 10
Description of property					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		(0.0.0.)	A CONTRACTOR		
b Buildings.			And the training of the state o		
c Leasehold improvements			 		
d Equipment			 		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

BAA

e Other

Schedule **D** (Form 990) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (d) Description of valuation Cest or end-di-year market value (c) Method of valuation Cest or end-di-year market value (d) Closely-hald equity interests. (e) Method of valuation Cest or end-di-year market value (f) Closely-hald equity interests. (f) Closely-hald equity interests. (g) Closely-hald equity from 980. Part X, coloren (g) line 12) (g) Closely-hald equity from 980. Part X, coloren (g) line 12) (g) Closely-hald equity from 980. Part X, coloren (g) line 12) (g) Closely-hald equity from 980. Part X, coloren (g) line 13) (g) Description of interests in the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. (g) Closely-hald equity from 980. Part X, coloren (g) line 13) (g) Closely-hald equity from 980. Part X, coloren (g) line 13) (g) Closely-hald equity from 980. Part X, coloren (g) line 13) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) line 15) (g) Closely-hald equity from 980. Part X, coloren (g) l	Part VII Investments - Other Securities.		N/A	
(2) Closely-held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (9) (10) (10) must equal form 990, Part X, column (8) line 13.) (9) Exception (4) (9) (10) Example of investment (Complete if the organization answered			
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(G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(E)		 	
(c)	(F)			
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(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c)	Part VIII Investments - Program Related.		N/A	Part V lina 12
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (a) must equal Form 390, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, Inne 15. (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (10				
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(2) DUE TO RELATED PARTY (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.		(b) Book Value		
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.		19.1	45	
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.				
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(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.				
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.				
(10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 19,145.			- .	
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ► 19,145.				•
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Schedule D	(Form 990) 2015	ASSOCIATION	OF	WOMEN	SURGEONS
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Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, F			
1 Total revenue, gains, and other support per audited financial statements		1	238,184.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1886	
a Net unrealized gains (losses) on investments .] 2a		
b Donated services and use of facilities	2ь		
c Recoveries of prior year grants	2c	1	
d_Other_(Describe in Part_XIII.)SEE_PART_XIII	-3,497.		
e Add lines 2a through 2d		2 e	-3,497.
3 Subtract line 2e from line 1		3	241,681.
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	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	241,681.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nte With Expenses per	Doturn	
Control of the contro	iita viitti Expenses per	neturn.	
Complete if the organization answered 'Yes' on Form 990, F		Neturn.	
		1	255,682.
Complete if the organization answered 'Yes' on Form 990, F		1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements		1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a.	1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part IV, line 12a.	1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	Part IV, line 12a.	1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c	1	255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c	1	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c	1 2 e	255,682. 255,682.
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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	2a	1 2 e	
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.)	2a	2 e 3	
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Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.)	2a	2 e 3	

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ASSOCIATION RECOGNIZES THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION.

MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS APPROPRIATE SUPPORT FOR ALL POSITIONS TAKEN ON ITS TAX RETURNS.

BAA

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 ASSOCIATION OF WOMEN SURGEONS

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

UNREALIZED LOSSES ON INVESTMENTS

TOTAL $\frac{\$}{\$} = \frac{-3,497}{-3,497}$.

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF WOMEN SURGEONS

Employer identification number 23-2564972

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

AWS CONTRACTS WITH A MANAGEMENT COMPANY TO PROVIDE OFFICE FACILITIES, MANAGEMENT, ACCOUNTING, STAFFING AND SUPPORT SERVICES. THE ASSOCIATION'S MANAGEMENT FEE IS COMPARED TO DATA FROM THE ASAE BENCHMARKING SERIES PUBLICATION-OPERATING RATIO REPORT AND IS APPROVED DURING THE BUDGETING PROCESS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

AWS IS A MEMBERSHIP BASED ORGANIZATION.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL MEMBERS HAVE THE RIGHT TO VOTE ANNUALLY FOR GOVERNING BODY MEMBERS FROM A LIST

OF CANDIDATES. CANDIDATES ARE PROPOSED BY THE NOMINATING COMMITTEE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
ALL MEMBERS HAVE THE RIGHT TO VOTE ANNUALLY FOR GOVERNING BODY MEMBERS FROM A LIST
OF CANDIDATES. CANDIDATES ARE PROPOSED BY THE NOMINATING COMMITTEE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW. THE EXECUTIVE DIRECTOR PROVIDED THE FORM 990 TO THE TREASURER AND PRESIDENT PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

NEW BOARD MEMBERS ARE ASKED TO REVIEW AND ACCEPT THE CONFLICT OF INTEREST POLICY.

ALL BOARD MEMBERS ARE ASKED TO UPDATE THEIR DISCLOSURE OF CONFLICTS AT LEAST ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ASSOCATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.