DLN: 93493088010218

OMB No 1545-0047

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 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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

A For the 2016 ca	elendar year, or tax year beginning 07-01-2016 , and ending 06-30	9-2017
<b>B</b> Check if applicable  ☐ Address change	C Name of organization AMERICAN ASSOCIATION OF UNIVERSITY	D Employer Identification number
☐ Name change	WOMEN INC  Doing business as	52-6037388
☐ Initial return Final ☐eturn/terminated		E Telephone number
☐ Amended return ☐ Application pending	Number and street (or P O box if mail is not delivered to street address) Room/sui 1310 L STREET NORTHWEST NO 1000	(202) 728-7617
— Application pending	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	<b>G</b> Gross receipts \$ 145,946,194
	F Name and address of principal officer KIMBERLY CHURCHES	<b>H(a)</b> Is this a group return for
	1310 L STREET NORTHWEST NO 1000 WASHINGTON, DC 20005	subordinates? ☐ Yes ✓ No <b>H(b)</b> Are all subordinates  prolyded? ☐ Yes ☐ No
I Tax-exempt status	✓ 501(c)(3) □ 501(c)( ) ◀ (insert no ) □ 4947(a)(1) or □ 527	included? Ll Yes LlNo  If "No," attach a list (see instructions)
J Website: ► WW		H(c) Group exemption number ▶
	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of formation 1958 M State of legal domicile DC
Part I Sumi	mary cribe the organization's mission or most significant activities	
I AAUW ADV	/ANCES EQUITY FOR WOMEN AND GIRLS THROUGH ADVOCACY, EDUCATIO	DN, PHILANTHROPY, AND RESEARCH
De La Check thus		
Check this	s box D f the organization discontinued its operations or disposed of m	ore than 25% of its net assets
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	990 (201	16)					Page <b>2</b>
Par	: 1111	Statement of	f Program Servi	ce Accomplis	hments		
		Check if Schedu	le O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly d	describe the org	anızatıon's mıssıon		•		
AAUV	V ADVAN	CES EQUITY FO	R WOMEN AND GIRI	S THROUGH AD	VOCACY, EDUCATION, P	HILANTHROPY, AND RESEARCH	<u> </u>
2					vices during the year whi		
	'						🗌 Yes 🗹 No
	If "Yes,"	" describe these	new services on Sc	hedule O			
3	Did the	organization ce	ase conducting, or r	nake significant i	changes in how it conduc	cts, any program	
	services	5?					🗌 Yes 🗹 No
	If "Yes,"	" describe these	changes on Schedu	le O			
		a tha arganizati	on's program service	e accomplishmer	its for each of its three la	argest program services, as me	asured by expenses
4	Section	501(c)(3) and !		ons are required	to report the amount of	grants and allocations to other	s, the total
4 4a	Section	501(c)(3) and !	501(c)(4) organızatı	ons are required	to report the amount of		232,359 )
	Section expense (Code	501(c)(3) and !	501(c)(4) organızatı , ıf any, for each pro	ons are required ogram service re	to report the amount of ported	grants and allocations to other	
	Section expense (Code	501(c)(3) and ! es, and revenue	501(c)(4) organızatı , ıf any, for each pro	ons are required ogram service re	to report the amount of ported including grants of \$	grants and allocations to other	
4a	Section expense (Code See Addit	501(c)(3) and ! es, and revenue	501(c)(4) organizati , if any, for each pro ) (Expenses \$	ons are required ogram service re	to report the amount of ported including grants of \$	grants and allocations to other 226,875 ) (Revenue \$	
4a	Section expense (Code See Addit	501(c)(3) and ses, and revenue	501(c)(4) organizati , if any, for each pro ) (Expenses \$	ons are required ogram service re	to report the amount of ported including grants of \$	grants and allocations to other 226,875 ) (Revenue \$	
4a 4b	Section expense (Code See Addit (Code See Addit (Code	501(c)(3) and ses, and revenue	501(c)(4) organizati , if any, for each pro ) (Expenses \$ ) (Expenses \$	ons are required ogram service releases 6,263,446 4,993,192	to report the amount of ported  Including grants of \$  Including grants of \$	grants and allocations to other  226,875 ) (Revenue \$  967,673 ) (Revenue \$	232,359 )
4a 4b	(Code See Addil (Code See Addil (Code See Addil	501(c)(3) and less, and revenue stional Data	) (Expenses \$ ) (Expenses \$ ) (Expenses \$	ons are required ogram service releases 6,263,446 4,993,192	to report the amount of ported  Including grants of \$  Including grants of \$	grants and allocations to other  226,875 ) (Revenue \$  967,673 ) (Revenue \$	232,359 )
4a 4b	Section expense  (Code See Addil  (Code See Addil  (Code See Addil  See Addil	501(c)(3) and less, and revenue stional Data stional Data ditional Data ditional Data Ta	) (Expenses \$ ) (Expenses \$ ) (Expenses \$	ons are required ogram service relations of the service relations of th	to report the amount of ported  Including grants of \$  Including grants of \$	grants and allocations to other  226,875 ) (Revenue \$  967,673 ) (Revenue \$	232,359 )
4a 4b 4c	Section expense  (Code See Addil  (Code See Addil  (Code See Addil  See Addil	501(c)(3) and less, and revenue stional Data stional Data ditional Data Tabrogram services	501(c)(4) organizati, if any, for each pro ) (Expenses \$ ) (Expenses \$ ) (Expenses \$ ble s (Describe in Sched	ons are required ogram service relations of the service relations of th	to report the amount of ported  Including grants of \$  Including grants of \$  Including grants of \$	grants and allocations to other  226,875 ) (Revenue \$  967,673 ) (Revenue \$	232,359 )

or X as applicable

Yes

Page 3

No

Nο

Nο

No

No

Nο

Nο

No

Nο

Nο

No

Nο

Nο

No

Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

**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 . . . . . . . . . . . . .

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 🛸 . . . . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Yes

4 Yes 5

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

29

Page 4 Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . 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,"

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .  $\,$ 

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Yes Yes 23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Yes

Form 990 (2016)

Nο

No

Nο

Νo

Nο

Form	n 990 (2016)			Page <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 157			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 <sub>1c</sub>	Yes	
<b>2</b> a	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	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  - Out the greateration have uprainted business great income of \$1,000 or more during the year?	22	V05	
	er Amanger (Established Washed The En account of the Language of Amanger and the Amanger and Amazes)			•
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	990 (2016)			Page
art	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Charle of Schedule O contrary a management and the anything in this Part VI.	·		nes ✓
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	
	in the contract of the contrac		Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year 15			
	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 1b 15			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		Yes	No
3	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
)	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	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	14	Yes	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a 15b	162	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		INC
3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed ► AL , AR , CA , CT , FL , GA , HI , IL , KS , F , MS , NH , NJ , NM , NY , NC , OK , OR , P VA , WV , WI			
	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 Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  THOMAS CHAPPELL 1310 L STREET NORTHWEST SUITE 1000 WASHINGTON DC 20005 (202) 785-7700			

Part VII

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	itutioi	nal t	rust	ees,	offic	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m Inless office ustee	er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) PATRICIA FAE HO CHAIR	20 00	x		×				0	0	0
(2) ALICIA HETMAN VICE CHAIR	10 00	×		x				0	0	0
(3) JANET BUNGER FINANCE VICE CHAIR	10 00	х		х				0	0	0
(4) EILEEN HARTMANN SECRETARY	1000	×		x				0	0	0
(5) JOANNA AMBERGER DIRECTOR	5 00	x						0	0	0
(6) SUSAN BARLEY DIRECTOR	5 00	х						0	0	0
(7) MALINDA GAUL DIRECTOR	5 00 1 00	х						0	0	0
(8) ANTHONY J HILL DIRECTOR	5 00	х						0	0	0
(9) ELLIE HILL	5 00	,								

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(10) TRACI JENSEN DIRECTOR

(12) DOT MCLANE

(14) GLENDA PRICE

(15) PAMELLA THIEL DIRECTOR

(17) LINDA HALLMAN

(16) KIMBERLY CHURCHES

CHIEF EXECUTIVE OFFICER

CHIEF EXECUTIVE OFFICER EFF 6/1/17

(11) MELISSA JOHNSEN

(13) REBECCA NORLANDER

Form **990** (2016)

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25,961

VP OF PUBLIC POLICY

1b Sub-Total .

2

3

5

d Total (add lines 1b and 1c) .

Section B. Independent Contractors

compensation from the organization  $\blacktriangleright$  5

**RUBINO & COMPANY CHARTERED** 

302 WESTWOOD OFFICE PARK FREDERICKBURG, VA 22401

2000 15TH STREET SUITE 550 ARLINGTON, VA 22201 **ACTION MAILING** 

CHAPMAN CUBINE & HUSSEY INC

BETHESDA, MD 20817 TEKCONNX LLC

90 COMMERCE DRIVE ASTON, PA 19014

UNIVERSITY OF MARYLAND

OFFICE OF THE BURSAR COLLEGE PARK, MD 20742

6903 ROCKLEDGE DRIVE SUITE 1200

c Total from continuation sheets to Part VII, Section A .

of reportable compensation from the organization > 15

line 1a? If "Yes," complete Schedule J for such individual .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (D) (E) (F)

Page 8

24,506

28,596

233,067

No

No

Nο

386,080

349.847

344,405

195,954

180,968

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(C)

Compensation

Yes

Yes

3

4

5

Description of services

CFO & ACCOUNTING SERVICES

IT SERVICES/SOLUTIONS

FUNDRASING CONSULTANT

NCCWSL CONFERENCE SERVICES

DIRECT MARKETING

PROVIDER

SERVICES

	hours per week (list any hours			n of	ficer	r and a		compensation from the organization (W-	compensation from related organizations	amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
(18) THOMAS CHAPPELL	48 01	1		х				80,809	0	7,733	
VP OF FINANCE											
(19) MARK HOPKINS	51 64				x			276,242	2,674	43,015	
CHIEF STRATEGY OFFICER	0 50				^			276,242	2,674	43,013	
(20) JILL BIRDWHISTELL	50 72							252.055	3,547	44.450	
C00	0 50	••••			Х			359,855 3		7 44,153	
(21) SHETLA AMO											

(22) GLORIA BLACKWELL	40 55			×	136,592	
VP OF FELLOW & GRANTS				^	130,332	
(23) FONG-CHING CHENG	49 80			×	156,736	
VP OF INFORMATION TECHNOLO		····			200//00	
(24) CHRISTY JONES	41 63			×	163,551	
VP OF MEMBERSHIP	····	<b></b>		,	100,001	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A) Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

(22) GLORIA BLACKWELL	40 55			x	136,592	٥
VP OF FELLOW & GRANTS		····				J
(23) FONG-CHING CHENG	49 80			X	156,736	0
VP OF INFORMATION TECHNOLO		····				-
(24) CHRISTY JONES	41 63			X	163,551	0
VP OF MEMBERSHIP				,,	103,331	Š
(25) LISA MATZ	45 56					

CHIEF STRATEGY OFFICER	0.30										
(20) JILL BIRDWHISTELL	50 72				х			359,855	3.547	44,15	
C00	0 50	1						337,033	3,317	44,1	
(21) SHEILA AMO	38 84					×		128,232	0	17.38	
VP OF HUMAN RESOURCES						,,			· ·		
(22) GLORIA BLACKWELL	40 55					×		136,592	0	16,47	
VP OF FELLOW & GRANTS	•••					,		130,332		10,17	
(23) FONG-CHING CHENG	49 80					X		156,736	0	25,23	
VP OF INFORMATION TECHNOLO	•••	<del> </del>				,		130,730			

1	l	1 1	X				80 809	0	
			,,				00,003	,	
	1			х			276 242	2 674	
							2, 3,2 12	2,0,	
50 72				~			250 055	2 547	
				^			339,033	3,347	
			·		Х		128.232	0	
	51 64 0 50 50 72 0 50	51 64 0 50 50 72 0 50 38 84	51 64 0 50 50 72 0 50 38 84	51 64 0 50 50 72 0 50 38 84	51 64 X 0 50 X 0 50 72 X 0 50 38 84	51 64 X X X 0 50 X X 0 50 X X 0 50 X X X 0 50 X X X X	51 64 X X 0 50 50 72 X 0 50 38 84 X		X 80,809 0  51 64 X 276,242 2,674  0 50 X 359,855 3,547  0 50 X 38 84 X 128 232

Name and Title	Average	Position (do	not check more	Reportable	Reportable	Estimated
	hours per	than one bo	x, unless person	compensation	compensation	amount of oth
	week (list	ıs both ar	n officer and a	from the	from related	compensation
	any hours	directo	or/trustee)	organization (W-	organizations	from the
	for related	0-1	$\triangle x \cdot x \cdot x \cdot x$	2/1099-MISC)	(W- 2/1099-	organization ai
	organizations	[주요   후	꽃(형 [종일 [학		MISC)	related

53 387 77 239

•

▶

•

197,830

2.050.575

13,979

24,795

Part		Statement of	Revenue								rage <b>3</b>
				a respo	onse or note to any	line in th	nıs Part VIII				🗆
				· · · · · ·		(,	A) revenue	(B) Related or exempt function		<b>(C)</b> Unrelated business	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a				revenue			512-514
nts nts		<b>b</b> Membership dues		1b	2,808,454						
iral 10 u		c Fundraising events		1c							
S. G An		d Related organizatio		1d	<u> </u>						
iji je		Government grants (co			<u> </u>						
S.E				1e	<u> </u>						
ion S		f All other contributions, and similar amounts n		1f	5,993,562						
Contributions, Gifts, Grants and Other Similar Amounts		above  g Noncash contribution in lines 1a-1f \$		229	,865						
Cont and	ŀ	<b>1 Total.</b> Add lines 1a-1	.f		•	8	,802,016				
ı					Business	Code					
nue	<b>2</b> a	CONFERENCE REVENUE				900099	71	1,619	711,619		
₹ •	b	APPLICATION FEES				900099	10	5,265	105,265		
Service Revenue	c	:		_							
ž	d	l <del></del>		_							
Ē	е	, ———		_							+
Program	f	All other program se	rvice revenue	•							
Ĕ	g	Total.Add lines 2a-2f	f		<b>▶</b>	16,884					
		Investment income (ii			interest, and other		1 774 145				1 774 145
		similar amounts) .			<b>•</b>		1,774,145				1,774,145
		Income from investme Royalties									
	5	Royaldes	(ı) Rea		(II) Personal	<u> </u>					
	6a	Gross rents	(i) Kea	•	(II) I CI Sorial	1					
				290,777							
	Ł	Less rental expenses		301,237							
		Rental income or		-10,460		1					
		(loss)				ļ					
	•	Net rental income o			• • • •		-10,460				-10,460
	7-	Gross amount	(ı) Securi	ties	(II) Other	1					
	, .	from sales of assets other	133,9	95,115							
		than inventory									
	Ł	Less cost or				1					
		other basis and sales expenses		542,385							
		Gain or (loss)		352,730		ļ					
		d Net gain or (loss)			<b>•</b>	<u> </u>	13,352,730				13,352,730
e	8a	Gross income from for (not including \$	_	ents of							
Other Revenue		contributions reporte			]						
eve		See Part IV, line 18				-					
r R		Less direct expense: Net income or (loss)		<b>b</b> sing ev	ents	_					
the		Gross income from g			ents •	1					
0		See Part IV, line 19			J						
				a		-					
		Less direct expense: Net income or (loss)		b	les .						
		aGross sales of invent		activit	ies <b>&gt;</b>	1					
		returns and allowand	ces		J						
	_			а		1					
		Less cost of goods s		b							
	•	Net income or (loss) Miscellaneous		invent	tory <u>&gt;</u> Business Code						
	11	La OTHER INCOME	Revenue		900099	-	232,359	23.	2,359		
		OTTLK INCOME					·				
		ADVEDTICING DEVE	NUIE		541800		34,898			34,898	
	•	ADVERTISING REVE	NUE		3,1300		21,030			31,030	
	•	-									
		4 All - #									
		All other revenue  Total. Add lines 11a									
				• •			267,257				
	12	<b>2 Total revenue.</b> See	Instructions	• •	· · · <u>•</u>		25,002,572	1,04	9,243	34,898	
											Form <b>990</b> (2016)

IV, line 22

and 16

key employees

section 4958(c)(3)(B)

7 Other salaries and wages

9 Other employee benefits . 10 Payroll taxes . . .

a Management . .

**d** Lobbying . . . .

**12** Advertising and promotion 13 Office expenses .

14 Information technology

15 Royalties .

**17** Travel .

20 Interest .

23 Insurance .

d

16 Occupancy .

**b** Legal

c Accounting

11 Fees for services (non-employees)

4 Benefits paid to or for members

21,534

609,813

46,812

62,856

47,310

22,712

78,629

179,645

1.327

706,918

28,263

185,742

29.881

42,868

13,029

1,353

4,521

2,610

2,085,823

Form **990** (2016)

2 Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as

defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

. .

g Other (If line 11g amount exceeds 10% of line 25, column

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

**19** Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O )

a TECH TREK/TECH SAVVY RE

**b** SECURITY GUARD SERVICES

c SUBSCRIPTION/MEMBERSHIP

e All other expenses

f Investment management fees . . .

(k) and 403(b) employer contributions) .

	•
Part IX	Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any	/ line in this Part IX			🗆	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraisingexpenses	
Grants and other assistance to domestic organizations and	534,358	534,358			

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) Fundraisingexpense
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	534,358	534,358		

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) Fundraisingexpense	
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	534,358	534,358			

3,570,945

20,705

1,140,602

120,000

6,906,686

544,486

720,210

591,101

133,537

65,909

78,629

109,471

8,635

1,369,401

1,987,749

2,377,011

336,395

895,849

254,910

121,500

1,010,378

65,843

59,764

23,454,549

430,475

3,570,945

20,705

289,140

120,000

5,370,756

406,830

489,804

419,871

84,906

756,417

7,308

1,186,856

1,697,602

243.254

782,977

130,999

69,607

1,010,378

41,785

45,010

17,622,351

342,843

829,928

926,117

90,844

167,550

123,920

25,919 65,909

109,471

433,339

93,975

59,369

493,667

63,260

70,004

110,882

50,540

19,537

12,144

3,746,375

	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing		1	
2 Savings and temporary cash investments	20,647,618	2	1,257,542
3 Pledges and grants receivable, net	428,196	3	188,283
4 Accounts receivable, net	178,946	4	68,058

6,773,856

1.081.841

5

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9

10c

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16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

278.500

5,692,015

113.502.546

14.340.895

135.327.839

1,746,372

3,805,324

1,469,271

8.784.978

15,805,945

12,312,252

34,321,428

72.888.214

119,521,894

135.327.839

Form **990** (2016)

397.486

5.896.181

90.956.394

13.712.337

32.682

132,249,840

2,250,574

3,755,493

1,346,800

5.216.697

12,569,564

19.881.869

27.519.692

72.278.715

119,680,276

132.249.840

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

10a

10b

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . . .

Inventories for sale or use . .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets . . . . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

2c

3a

3b

Yes

Nο

Form 990 (2016)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

### Additional Data

Form 990 (2016)

Form 990, Part III, Line 4a:

Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

**EIN:** 52-6037388

Software Version:

Software ID:

OUTREACH INCLUDES ALL OF THE PROGRAMS AND ACTIVITIES DONE TO SERVE, ENGAGE AND COMMUNICATE WITH MEMBERS AND THE GENERAL PUBLIC

### RESEARCH AND PROJECTS - RESEARCH AND PROJECTS EXIST TO FUND PROGRAMS AND RESEARCH THAT HELP TO ADVANCE EQUITY FOR WOMEN AND GIRLS, PROTECT THEM FROM DISCRIMINATION AND ABUSE, PROMOTE EDUCATIONAL AND WORKPLACE OPPORTUNITY AND ACHIEVEMENT, ADVOCATE FOR PUBLIC POLICIES THAT

BENEFIT THEM AND THEIR FAMILIES. AND, BREAK THROUGH BARRIERS THAT PREVENT THEM FROM ATTAINING THEIR PERSONAL GOALS AND FULL POTENTIAL AAUW FUNDS RESEARCH THROUGH WIDELY DISSEMINATED RESEARCH REPORTS. INCLUDING BARRIERS AND BIAS THE STATUS OF WOMEN IN LEADERSHIP. SOLVING THE

EQUATION WOMEN'S SUCCESS IN ENGINEERING AND COMPUTING, WHY SO FEW? WOMEN IN SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS AND, DEEPER

PROJECTS, COMMUNITY ACTION PROJECTS, CAMPUS OUTREACH PROGRAMS, STUDENT ADVISORY COUNCIL, AND STEM EDUCATION STUDENT PROGRAMS

Form 990, Part III, Line 4b:

IN DEBT WOMEN AND STUDENT LOANS AAUW ALSO FUNDS MEMBER AND CAMPUS LEADERSHIP PROGRAMS INCLUDING START \$MART, WORK SMART, CAMPUS ACTION

### Form 990, Part III, Line 4c: AMERICAN FELLOWSHIPS - AMERICAN FELLOWSHIPS ARE AWARDED TO WOMEN WHO ARE CITIZENS OR PERMANENT RESIDENTS OF THE UNITED STATES FOR

WOMEN PURSUING A FULL-TIME COURSE OF STUDY IN A DESIGNATED DEGREE PROGRAM IN WHICH WOMEN HAVE TRADITIONALLY NOT BEEN WELL REPRESENTED

POSTDOCTORAL OR DISSERTATION WORK, OR FOR GRANTS TO PREPARE RESEARCH FOR PUBLICATION SELECTED PROFESSIONS FELLOWSHIPS ARE AWARDED TO

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 137,839 including grants of \$ 463 ) (Revenue \$ ) OTHER PROGRAMS

(Code ) (Expenses \$ 1,295,295 including grants of \$ 11,000 ) (Revenue \$ )

ADVOCACY - INCLUDES AAUW'S POLICY PROGRAMS, CIVIC ENGAGEMENT, AND ACTIVITIES TO CONNECT AND RALLY MEMBERS, SUPPORTERS AND ADVOCATES TO ADVANCE ITS MISSION TO EMPOWER WOMEN AND GIRLS AT THE NATIONAL AND STATE LEVELS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code including grants of \$ ) (Revenue \$ (Expenses \$ 1.444.280 711.619 ) CONVENING - INCLUDES ACTIVITIES RELATED TO THE AAUW BIENNIAL CONVENTION, ANNUAL STATE CONVENTIONS, COLLABORATIVE CONVENING, AND THE NATIONAL CONFERENCE ON COLLEGE WOMEN STUDENT LEADERS (NCCWSL) (Code (Expenses \$ 1,171,689 including grants of \$ 1,034,526 ) (Revenue \$ INTERNATIONAL FELLOWSHIPS - INTERNATIONAL FELLOWSHIPS ARE AWARDED TO WOMEN WHO ARE NOT CITIZENS OR PERMANENT

RESIDENTS OF THE UNITED STATES FOR POSTDOCTORAL OR DISSERTATION WORK, OR FOR GRANTS TO PREPARE RESEARCH FOR

PUBLICATION PREFERENCE IS GIVEN TO WOMEN RESIDING IN THEIR HOME COUNTRY AT THE TIME OF APPLICATION

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code 36.691 ) (Revenue \$ (Expenses \$ 144.963 including grants of \$ LEGAL ADVOCACY FUND (LAF) - LAF WORKS TO COMBAT SEX AND GENDER DISCRIMINATION, INCLUDING FUNDING FOR LEGAL CASES IN HIGHER EDUCATION AND THE WORKPLACE, COMMUNITY AND CAMPUS PROGRAMS, VARIOUS RESEARCH REPORTS, A LAWYER REFERRAL

INETWORK AND ONLINE ADVOCACY TOOLS AND RESOURCES

efile	e GRA	APHIC prii	nt - DO NOT PRO	CESS	As Filed Data -			DLN: 9	3493088010218
SCI	HED	ULE A	Pu	blic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			if the org	janization is a secti	ion 501(c)(3) c	organization o		2016
990E	ZZ)				4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Informati		Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	ne Service ne organiza			www.ns.ge	<u> </u>		Employer identific	<u> </u>
	CAN AS N INC	SSOCIATION O	F UNIVERSITY					52-6037388	
	t I				s (All organizations			See instructions.	
	rganız		•		t is (For lines 1 thro	•	•	/A>/!>	
1	Ц	•		•	ociation of churches			(A)(I).	
2					)(A)(ii). (Attach Sch	·	• • • • • • • • • • • • • • • • • • • •		
3			·		ce organization descr			•	
4		name, city,	and state			-		170(b)(1)(A)(iii). E	·
5			ation operated for th (iv). (Complete Part		of a college or univer	sity owned or op	erated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local govern	ment or <u>c</u>	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).	
7	<b>✓</b>		ation that normally r ' <b>0(b)(1)(A)(vi).</b> (C			s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in	section	170(b)(1)(A)(vi)	(Complete Part I	[ )		
9					cribed in <b>170(b)(1)</b> e instructions Enter t			with a land-grant coll college or university	ege or university or a
10		from activit	ies related to its exe	empt func ed busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	s, membership fees, a than 331/3% of its su sses acquired by the c	pport from gross
11					exclusively to test for	public safety S	ee section 509	(a)(4).	
12		more public	ly supported organi	zations de		<b>09(a)(1)</b> or <b>sec</b>	tion 509(a)(2	s of, or to carry out th ). See section 509(a s 12e. 12f. and 12g	
а		<b>Type I.</b> A so	supporting organizat	ion operat gularly ap	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by of the supporting orga	
b		<b>Type II.</b> A manageme	supporting organiza	tion supei organizat	ion vested in the san			organization(s), by ha ge the supported orga	
С		Type III f	unctionally integra	<b>ited.</b> A su				nd functionally integra	ted with, its
d		Type III n functionally	on-functionally in integrated The org	tegrated. Ianization	A supporting organi	zation operated i y a distribution i	in connection wi	th its supported orgar I an attentiveness req	
e		Check this	box if the organizati	on receive	•	ation from the IF	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported organi		negracea supporting	or garnzation			
g	Provi	de the follow	ing information abou	ut the sup	ported organization(	s)			
(i)N	ame of	f supported (	organization (ii)	)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))			(vi) Amount of other support (see instructions)	
						Yes	No		
				+					
Total			tion Act Notice, se			Cat No 11285			 90 or 990-EZ) 2016

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
÷	art III Support Schedule for						
	(Complete only if you ch						under Part
_	III. If the organization fa Section A. Public Support	alls to quality un	der the tests list	ed below, please	e complete Part	111.)	
_	Calendar year		4130040		, naa		
	(or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	10,639,038	7,017,341	8,372,681	10,072,649	8,802,016	44,903,725
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	10,639,038	7,017,341	8,372,681	10,072,649	8,802,016	44,903,725
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						44,903,725
9	Section B. Total Support	•	•	•	•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	10,639,038	7,017,341	8,372,681	10,072,649	8,802,016	44,903,725
8	_	10,033,030	7,017,511	0,372,001	10,072,015	0,002,010	11,505,725
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,243,539	2,369,718	5,318,678	5,155,323	2,064,922	17,152,180
9	Net income from unrelated business activities, whether or not the business is regularly carried on	20,496	21,268	26,516	26,516	22,272	117,068
10							
11	<b>Total support.</b> Add lines 7 through 10						62,172,973
12	Gross receipts from related activities,	etc (see instruction	ens)			12	4,167,862
13	First five years. If the Form 990 is fo	or the organization	's first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
- 5	Section C. Computation of Public						
14	Public support percentage for 2016 (lin	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	72 220 %
15	Public support percentage for 2015 Sc	hedule A, Part II, l	ıne 14			15	70 190 %
16	a <b>33 1/3% support test—2016.</b> If the	organization did r	not check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	
Ł	and stop here. The organization qual 33 1/3% support test—2015. If th				nd line 15 is 33 1/3	3% or more, check	<b>▶</b> ✓ this
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organizatio in Part VI how the organization meets	t <b>—2016.</b> If the org	ganization did not c -and-circumstances	heck a box on line s" test, check this	box and stop her	<b>e.</b> Explaın	▶□
Ŀ	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the "f	acts-and-circumsta	nces" test, check	this box and stop	here.	▶□

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCON 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	L
	m section 305(a)(1) or (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	
	below	Γ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			

	below	3a					
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the						
	determination						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewer or comparted	$\Box$					

		30	l				
С							
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use						
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b					
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support						

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		T.	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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### **Political Campaign and Lobbying Activities**

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

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

Open to Public

OMB No 1545-0047

Inspection

Schedule C (Form 990 or 990-EZ) 2016

Cat No 50084S

DLN: 93493088010218

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶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 • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV 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 fileForm 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. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

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

181,945

250,000

21,340

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

370,386

250,000

40,729

244,518

250,000

222,020

180,509

250,000

17,049

Schedule C (Form 990 or 990-EZ) 2016

977,358

1,000,000

1.500.000

301,138

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

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As Filed Data -

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.

DLN: 93493088010218 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of 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? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

(i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

2

Cat No 52283D

Schedule D (Form 990) 2016

Part	***	Organizations M	aintaining Col	lections of Art,	, Histori	<u>ical T</u> i	<u>reas</u>	ures, or	Other	Similar A	ssets (c	ontinued	)
3		the organization's acq (check all that apply)	juisition, accessioi	n, and other record	ds, check	any of	the fo	ollowing th	at are a	significant	use of its	collectio	n
а		Public exhibition			d		Loar	n or exchai	nge prog	ırams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	lections and explai	ın how the	ey furtl	her th	ne organiza	ition's ex	kempt purp	ose in		
5		g the year, did the org s to be sold to raise fui								ular	☐ Yes	. 🗆	No
Par	: IV	Escrow and Cust Complete if the or X, line 21.			orm 990	), Part	:IV,	line 9, or	reporte	ed an amo	unt on Fo	orm 990	), Part
1a		e organization an agent led on Form 990, Part		an or other interm	ediary for	contri	bution	ns or other	assets	not	☐ Yes	; <b></b>	No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following	table		Γ			Amount		
С	Begin	ining balance		·	_				1c				
d	Addıtı	ions during the year							1d				
e		butions during the yea	r						1e				
f		g balance							1f				
<b>2</b> a		ne organization include	an amount on Fo	rm 990, Part X, lır	ne 21, for	escrov	v or c	ustodial ac	count lia	ability?	☐ Yes	. 🗆	No
b	If "Ye	s," explain the arrange	ement in Part XIII	Check here if the	explanat	ion has	s beer	n provided	ın Part 🕽	×ΙΙΙ		. $\square$	]
Pai	t۷	Endowment Fun	<b>ds.</b> Complete ıf	the organization	n answer	red "Y	es" c	n Form 9	90, Par	t IV, line	10.		
				(a)Current year		rıor yea	ır	(c)Two yea	ars back	(d)Three y	ears back	(e)Four ye	ears back
1a	Beginn	ing of year balance .		93,506,56	,9	95,989	<del>)</del> ,136	96	,888,710	89	,522,291	8	3,690,471
b	Contrib	outions		826,03			6,817		631,528		622,675		1,074,957
c i	Net inv	estment earnings, gair	ns, and losses	11,168,45	5	-471	1,979	3	,245,613	1	,525,302		9,063,119
d (	Grants	or scholarships											
		expenditures for faciliti ograms	es	5,263,37	'3	3,797	7,405	4	,776,715		1,781,558		4,306,256
f /	Admını	strative expenses .											
g	End of	year balance		100,237,68	,9	93,506	5,569	95	,989,136	96	5,888,710	8	9,522,291
2	Provid	de the estimated perce	ntage of the curre	ent year end balan	ce (line 1	g, colu	mn (a	a)) held as					
а	Board	d designated or quasi-e	endowment 🟲										
b	Perma	anent endowment 🕨	72 700 %										
С	Temp	orarily restricted endo	wment ▶ 27 3	300 %									
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100%									
3a		nere endowment funds	not in the posses	ssion of the organiz	zation tha	t are h	eld ar	nd adminis	tered fo	r the			
	-	ization by										Yes	
		related organizations				•					3a 3a		No No
b		elated organızatıons     . s" on 3a(ıı), are the re			d on Sche	 dula R					. 3		INO
4		tbe in Part XIII the inte	-	· ·			•						
	·VI	Land, Buildings,											
		Complete if the or			orm 990,	, Part	IV, lı	ine 11a. S	ee For	m 990, Pa	rt X, line	10.	
	Descri	ption of property	(a) Cost or oth (Investme		ost or other	basis (d	other)	(c)Accur	mulated d	epreciation	(1	<b>d)</b> Book va	lue
<b>1</b> a l	and							1					
	Buildin	gs						1					
		old improvements				4,21	66,594	4		299,476			3,967,118
		nent					50,156	-		713,801			1,636,355
			<u> </u>				•			,	ļ		
e	Other			I		15	57,106	5		68,564			88,542

(a) Description of security or category	(b)Book value	(c)Metho	d of valuation
(including name of security)	(B)Book value		-year market value
1)Financial derivatives			
3)OtherA) ALTERNATIVE INVESTMENTS	14,203,527		F
B) MINERAL RIGHTS	137,368		F
3)			
E)			
0)			
E)			
=)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  art VIII  Investments—Program Related. Complete if the second of the second	14,340,895 the organization answer	ed 'Yes' on Form 99	00. Part IV. line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value		d of valuation
	(b) Book Value		year market value
1)			
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
2)			
4)			
5)			
5)			
5) 6) 7)			
5) 7) 3)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)			<b>b</b>
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	nswered 'Yes' on Form 9	· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·	
potal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Discription of liability  Discription of liability  Discription of liability		value	
Potal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  ) Federal income taxes  ECURITY DEPOSITS  DOLED INCOME FUNDS		39,747	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ECURITY DEPOSITS  DOLED INCOME FUNDS  HARITABLE GIFT ANNUITIES		39,747 183,673	
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  COURTY DEPOSITS  COLED INCOME FUNDS  HARITABLE GIFT ANNUITIES	(b) Book	39,747 183,673 443,680 6,054	
potal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Description of liability  Pederal income taxes  ECURITY DEPOSITS  DOLED INCOME FUNDS  HARITABLE GIFT ANNUITIES  RA SWEEPSTAKES  EFERRED RENT AND LEASE INCENTIVE	(b) Book	39,747 183,673 443,680 6,054 6,631,917	
potal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  L) Federal income taxes  ECURITY DEPOSITS  DOLED INCOME FUNDS  HARITABLE GIFT ANNUITIES  RA SWEEPSTAKES  EFERRED RENT AND LEASE INCENTIVE  UE TO AAUW ACTION FUND, INC	(b) Book	39,747 183,673 443,680 6,054 6,631,917 46,383	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ECURITY DEPOSITS  OOLED INCOME FUNDS  HARITABLE GIFT ANNUITIES  RA SWEEPSTAKES  EFERRED RENT AND LEASE INCENTIVE	(b) Book	39,747 183,673 443,680 6,054 6,631,917	
7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 ) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability 1) Federal income taxes  ECURITY DEPOSITS  OOLED INCOME FUNDS  HARITABLE GIFT ANNUITIES  RA SWEEPSTAKES  DEFERRED RENT AND LEASE INCENTIVE  DUE TO AAUW ACTION FUND, INC  DUE TO STEM PROGRAMS  DEFERRED SUBLEASE REVENUE	(b) Book	39,747 183,673 443,680 6,054 6,631,917 46,383	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ECURITY DEPOSITS  OOLED INCOME FUNDS  CHARITABLE GIFT ANNUITIES  PARA SWEEPSTAKES  DEFERRED RENT AND LEASE INCENTIVE  OUE TO AAUW ACTION FUND, INC	(b) Book	39,747 183,673 443,680 6,054 6,631,917 46,383	

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b

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C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

### Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII )
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, bu
Investment expenses not included on Form 990, Part
Other (Describe in Part XIII )
Add lines <b>4a</b> and <b>4b</b>

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements . . . . . .

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

						Γ
_			 	 	 	ı

2e	
3	
4c	
5	

2e

3

3	Subtract line <b>2e</b> from line <b>1</b> .	3				
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b		· · ·		4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	) .		5	
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 ines 2d and 4b, and Part XII, lines 2d and 4b			de any	addıtıonal ınformatıon
	Return Reference					
ee A	Additional Data Table					

Schedule D (Form 990) 2015

Page <b>5</b>	Schedule D (Form 990) 2015		
	ation (continued)	Part XIII Supplemental Infor	
	Explanation	Return Reference	

Schedule D (Form 990) 2016

### **Additional Data**

SECURITY DEPOSITS

IRA SWEEPSTAKES

POOLED INCOME FUNDS

CHARITABLE GIFT ANNUITIES

DUE TO AAUW ACTION FUND, INC

**DEFERRED SUBLEASE REVENUE** 

DUE TO STEM PROGRAMS

Software ID: **Software Version:** 

EIN: 52-6037388

Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

(b) Book Value

Form	990, Schedule D, Part X, - Other Liabilit	ies
1	(a) Description of Liability	

DEFERRED RENT AND LEASE INCENTIVE

6,054

6,631,917

39,747

183,673

443,680

46,383

71,890

1,361,634

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE MAINTAINED TO FUND SCHOLARSHIPS AND GRANTS FOR THE AMERICAN AND IN
	TERNATIONAL FELLOWSHIPS, CAREER DEVELOPMENT GRANTS, SELECTED PROFESSIONS GRANTS AND RESEAR CH AND PROJECTS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MO RE-LIKELY-THAN-NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCL UDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS THE ORGANIZATION'S IRS FORM 990, RETURN OF O RGANIZATION EXEMPT FROM INCOME TAX, AND IRS FORMS 990-T, EXEMPT ORGANIZATION BUSINESS INCO ME TAX RETURN AND RELATED STATE FILINGS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088010218 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 20,705 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 20,705

Page 3

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

INTERNATIONAL SUB-SAHARAN AFRICA 6,900 ELECTRONIC WIRE TRANSFER **FELLOWSHIP** SUB-SAHARAN AFRICA 6,890 ELECTRONIC WIRE INTERNATIONAL **FELLOWSHIP** TRANSFER INTERNATIONAL SUB-SAHARAN AFRICA 6.915 ELECTRONIC WIRE TRANSFER **FELLOWSHIP** 

Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t 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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
		☐ Yes	<b>✓</b> 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)		
	Corporations (see Instructions for Form 5471)	☐ Yes	<b>✓</b> 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> 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	<b>✓</b> 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	□Yes	<b>☑</b> No

Schedule F (Form 990) 2016					
Page  Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).					
Return Reference	Explanation				
PART I, LINE 2	FOR FUNDS AWARDED THROUGH AAUW INC'S INTERNATIONAL PROJECT GRANT/HOME COUNTRY GRANT, FELLOWS ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING THE FELLOWSHIP YEAR SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS, INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET EXPENDITURES FELLOWS ARE ALSO REQUIRED TO REQUEST, IN ADVANCE, ANY CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY THE PROGRAM OFFICER TO ENSURE THEY MEET FELLOWSHIP GUIDELINES				

## **Additional Data**

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

EAST ASIA AND THE PACIFIC

## Software ID: Software Version:

**EIN:** 52-6037388

recipients located in the region)

0 IGRANTS TO RECIPIENTS

LOCATED IN REGION

0 IGRANTS TO RECIPIENTS

LOCATED IN REGION

0 GRANTS TO RECIPIENTS

LOCATED IN REGION

AMERICAN ASSOCIATION OF UNIVERSITY Name:

WOMEN INC

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region				(e) If activity listed in (d)				
	offices in the	employees or	in region (by type) (i e ,	is a program service,				

(a) Region	(b) Number of	(c) Number of	(d) Activities conducte
	offices in the	employees or	ın region (by type) (ı e
	region	agents in	fundraising, program
		region	services, grants to

0

0

0

(a) Region	(b) Number of		
	offices in the	employees or	in region (by

IGRANT

IGRANT

IGRANT

describe specific type of

service(s) in region

INTERNATIONAL PROJECT

INTERNATIONAL PROJECT

INTERNATIONAL PROJECT

(f) Total expenditures

for region

6,900

6.890

6,915

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493088010218

2016

2016

OMB No 1545-0047

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF U	UNIVERSITY				Employer iden	tification number
WOMEN INC	UNIVERSITY				52-6037388	
	<b>ctivities.</b> Complete if the org lers are not required to comp			vered "Yes" on Form	990, Part IV, line 17	.···
1 Indicate whether the org	ganization raised funds through a	ny of th	e follow	ng activities Check all t	hat apply	
a 🗹 Mail solicitations			e 🗌	Solicitation of non-gov	ernment grants	
<b>b</b> Internet and email s	olicitations		f 🗌	Solicitation of governr	ment grants	
c  Phone solicitations		ents				
d 🔲 In-person solicitation	ns					
	re a written or oral agreement w in Form 990, Part VII) or entity					s 🗆 No
	nest paid individuals or entities (1 ast \$5,000 by the organization	undraise	ers) purs	uant to agreements und	der which the fundraise	r ıs
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
SCHWENKMEYER INC 360 N SEPULVEDA BLVD 1055	TELEMARKETING/MEMBERSHIP DEVELOPMENT	<b>Yes</b> Yes	No	104,312	106,132	-1,820
EL SEGUNDO, CA 90245	TELEMARKETING/MEMBERSHIP					
SD&A TELESERVICES INC 5757 WEST CENTURY BLVD 300	DEVELOPMENT	Yes		7,476	12,105	-4,629
LOS ANGELES, CA 90045	TELEMARKETING/MEMBERSHIP					
CHAPMAN CUBINE & HUSSEY 2000 15TH STREET SUITE 500	DEVELOPMENT		No	0	345,025	-345,025
ARLINGTON, VA 22201	CONCULTANT					
HAZEN INC 906 PENNSYLVANIA AVE SE	CONSULTANT		No	0	46,000	-46,000
WASHINGTON, DC 20003						
Total		<b>•</b>		111,788	509,262	-397,474

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, KS, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, KY

Cat No 50083H

	edule G (Form 990 or 990-EZ) 2016				Page <b>2</b>
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$	event contributions and			
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through
Revenue		(event type)	(event type)	(total number)	col (c))
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
JSe	6 Rent/facility costs				
Expenses	7 Food and beverages				
១	8 Entertainment				
Direct	9 Other direct expenses				
_	10 Direct expense summary Add lines 4	through 9 in column (d)		•	
	11 Net income summary Subtract line 10	) from line 3, column (d)		•	
Pai	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.		es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ង័	3 Noncash prizes				
ect	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colun	nn (d)	•	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain	aming activities in each o	f these states?		☐ Yes ☐ No
10a b	If "Yes," explain	censes revoked, suspende	ed or terminated during the	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilde{ ho}$ \$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□ No	
b	·		uted to other exempt organizations or spent				
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt	
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088010218 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** AMERICAN ASSOCIATION OF UNIVERSITY 52-6037388 WOMEN INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)

(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . 39 Schedule I (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P

Part III can be duplicate					<del></del>			
(a) Type of grant or assistar	nce	(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		
e Addıtıonal Data Table								
1)				<u>                                     </u>				
2)								
3)			•					
4)								
5)								
6)								
7)								
Part IV Supplemental I	nformation	<b>n.</b> Provide the info	ormation required in	Part I, line 2, Part III	, column (b), and any other add	litional information.		
Return Reference	Explanation	<u></u>						
ART I, LINE 2	FELLOWS AND	LOWS AND GRANTEES ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING THE GRANT/FELLOWSHIP PERIOD SUCH ACCOUNTING MAY INCLUDE PROJECT OGRESS, INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET EXPENDITURES RECEIPT OF THE SECOND GRANT/FELLOWSHIP						

Schedule I (Form 990) 2016

## Additional Data

632

WASHINGTON, DC 20005 AAUW ISLIP AREA NY

532 OCEAN AVENUE OAKDALE, NY 11769

## Software Version: **EIN:** 52-6037388 Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of nonif applicable organization grant cash

Software ID:

(book, FMV, appraisal, or government assistance other)

(f) Method of valuation (q) Description of non-cash assistance

(h) Purpose of grant or assistance

SPECIAL AWARDS

COMMUNITY ACTION

GRANTS

18,150

501C(4)

SURVJUSTICE INC 47-1235373 501C(3) 5,000 1015 15TH STREET NW SUITE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 11-1904329 501C(3) 7.000 WOMEN'S CENTER AT COMMUNITY ACTION BROOKLYN COLLEGE IGRANTS

2900 BEDFORD AVENUE BROOKLYN, NY 11230 45-0617342 5.000 SAN MATEO COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REDWOOD CITY, CA 94063

COMMUNITY ACTION SHERIFFS ACTIVITIES LEAGUE GRANTS 3151 EDISON WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MUNITY ACTION

COMMUNITY ACTION

GRANTS

7,000

JUVENILE JUSTICE COALITION PO BOX 1016 WORTHINGTON, OH 43085	34-1754680	501C(3)	5,000		COMMUNI GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

THE VIOLA PROJECT

1020 W BRYN MAWR CHICAGO, IL 50550

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IMUNITY ACTION

COMMUNITY ACTION

GRANTS

7,000

YWCA OF CORTLAND 14 CLAYTON AVE CORTLAND, NY 13045	15-0536617	501C(3)	5,000		COMMUNI GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

YWCA MISSOULA

1130 W BROADWAY ST MISSOULA, MT 59802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 42-1337635 501C(3) 5.130 CHRYSALIS FOUNDATION COMMUNITY ACTION 300 EAST LOCUST STREET IGRANTS DES MOINES, IA 50309 65-0403969 501C(3) 6.984 COMMUNITY ACTION

GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WHITAKER CENTER FOR STEM EDUCATION AT FLORIDA GULF COAST UNIVERSITY

10501 FGCU BLVD S FORT MYERS, FL 33965

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance NOI

COMMUNITY ACTION

GRANTS

YWCA BROOKLYN	11-1630919	501C(3)	7,000		COMMUNITY ACTIO
30 THIRD AVE					GRANTS
BROOKLYN, NY 11217					

7,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OUR SISTERS' SCHOOL LLC

145 BROWNELL AVENUE NEW BEDFORD, MA 02740

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-1644059 501C(3) 7.000 YWCA PASADENA-FOOTHILL COMMUNITY ACTION VALLEY IGRANTS

50 N HILL AVE SUITE 301 PASADENA, CA 91106 86-0098936 5.300 YWCA METROPOLITAN COMMUNITY ACTION PHOENIX GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2999 N 44TH STREET PHOENIX, AZ 85018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance GIRLS INC OF COLUMBUS AND 58-6011441 501C(3) 5,000 COMMUNITY ACTION PHENIX-RUSSELL IGRANTS GIRLS INC OF COLUMBUS AND PHENIX-RU

SELL COLUMBUS, GA 31903

THE UNIVERSITY OF TEXAS AT AUSTIN UNIVERSITY OF TEXAS AT AUSTIN COLLEGE OF NATURAL

COLLEGE OF NATURAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCIENCES AUSTIN, TX 78712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1954362 501C(3) 6.973 ST PETERSBURG COLLEGE COMMUNITY ACTION FOUNDATION IGRANTS P O BOX 13489 ST PETERSBURG, FL 33733 BLOCK YOUTH AND TEEN 38-6008155 501C(3) 7.000 COMMUNITY ACTION

GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER

46000 SUMMIT PARKWAY CANTON, MI 48188

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance YWCA OF ASHEVILLE AND 56-0547476 501C(3) 7.000 COMMUNITY ACTION WNC INC IGRANTS

185 SOUTH FRENCH BROAD AVENUE ASHEVILLE, NC 28801					
LIVING CLASSROOMS OF THE NATIONAL CAPITAL REGION	90-0518838	501C(3)	5,000		COMMUNITY ACTION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

515 M ST SE

WASHINGTON, DC 20003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-1891567 501C(3) 6.500 AAUW-NOVA SOUTHEASTERN COMMUNITY ACTION UNIVERSITY IGRANTS

COMMUNITY ACTION

IGRANTS

NOVA SOUTHEASTERN
UNIVERSITY
FORT LAUDERDALE, FL 33314

7,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

LADIES OF VIRTUE

1014 F 47TH STREET

CHICAGO, IL 60653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7221025 501C(3) 7.000 PUBLIC HEALTH MANAGEMENT COMMUNITY ACTION CORPORATION GRANTS

1500 MARKET STREET
PHILADELPHIA, PA 19102

MICHIGAN ORGANIZATION ON ADOLESCENT SEXUAL HEALTH (MOASH)
PO BOX 1386

COMMUNITY ACTION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EAST LANSING, MI 48826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1274689 501C(3) 7.000 GIRLS ON THE RUN COMMUNITY ACTION IGRANTS

ICOMMUNITY ACTION

GRANTS

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHILADELPHIA 40 W EVERGREEN AVE PHILADELPHIA, PA 19118			
HEART WOMEN & GIRLS	27-3625796	501C(3)	

4407 S LAKE PARK AVE

CHICAGO, IL 60653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0544854 501C(3) 9.900 MEMPHIS COLLEGE OF ART COMMUNITY ACTION 1930 POPLAR AVENUE IGRANTS

MEMPHIS, TN 38104

MISSION VIEJOSADDLEBACK 95-3379866 501C(3) 5,000 COMMUNITY ACTION GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

26492 DAPPLEGREY DR LAGUNA HILLS, CA 92653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TY ACTION

					1
MOUNT SAINT MARY COLLEGE	14-1468399	501C(3)	5,950		COMMUNITY
82 GRIST MILL LANE					GRANTS
DIFASANT VALLEY NV 12569					1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

532 OCEAN AVENUE OAKDALE, NY 11769

AAUW ISLIP AREA NY 11-2869516 501C(4) 5,450 INYC METRO AREA FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-6185735 501C(3) 10.000 NYC METRO AREA FUND AAUW WESTCHESTER COUNTY

INC NY 14 LYON STREET RYE BROOK, NY 10573

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

SURVJUSTICE INC 47-1235373 501C(3) 5.000 **IELEANOR ROOSEVELT** 1015 15TH STREET NW SUITE RESEARCH 632

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

TECH TREK

TECH TREK FLORIDA	32-0542241	501C(3)	5,000		TECH TREK
150 BARCELONA DRIVE					
JUPITER, FL 33458					

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

34-6007199

TECH TREK OHIO

112C EPPLER COMPLEX
BOWLING GREEN, OH 43403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 73-1024870 501C(3) 5.000 TECH TREK TECH TREK OKLAHOMA 911 SHERWOOD STREET 91-0565571 501C(3) 5.000 TECH TREK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEATHERFORD, OK 73096
TECH TREK
WASHINGTONEASTERN
WASHINGTON
805 NW 17TH CIRCLE

BATTLE GROUND, WA 98604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

TECH TREK

TECH TREK ALABAMA	63-6048099	501C(3)	5,000		TECH TREK
300 NALE DRIVE					
MADISON, AL 35758					

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

TECH TREK NEW MEXICO

39 CHACO LOOP SANDIA PARK, NM 87047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 42-0680404 501C(3) 5.000 TECH TREK TECH TREK TOWA 610 W 4TH STREET

TECH TREK

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C(3)

82-2164836

LAKE, IA 50588
TECH TREK NEW JERSEY

3935 WEST AVENUE OCEAN CITY, NJ 08226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 5.000 TECH TREK OREGON TECH TREK 3165 NE FLINTLOCK PLACE CORVALLIS, OR 97330

TECH TREK TULSA 5,000 TECH TREK 110 W 7TH STREET SUITE 1800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TULSA, OK 74119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-2735995 501C(3) 24.000 SPONSORSHIP COSMETIC EXECUTIVE WOMEN 159 WEST 25TH ST 8TH

FLOOR
NEW YORK, NY 10001

NATIONAL WOMEN'S HALL OF 23-7042891 501C(3) 15,000

FAME
76 FALL STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SENECA FALLS, NY 13148

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-0796820 501C(3) 5.000 SPONSORSHIP THE US CAPITOL HISTORICAL SOCIETY

200 MARYLAND AVENUE NE WASHINGTON, DC 20002

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20001

NEWSEUM INC. 20-3985447 501C(3) 100,000 SPONSORSHIP 555 PENNSYLVANIA AVE

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) AMERICAN FELLOWSHIPS 60 l 1.478.167 IFMV

		, , , , , , , , , , , , , , , , , , , ,		
SELECTED PROFESSION FELLOWSHIPS	21	333,613	FMV	
INTERNATIONAL FELLOWICHER	F3	1 024 526	ENAL!	

SEEECTED TROTESSION TELECOVISION S	21	333,013	11.14	
INTERNATIONAL FELLOWSHIP	52	1,034,526	FMV	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

INTERNATIONAL FELLOWSHIP	52	1,034,526	FMV	

INTERNATIONAL FELLOWSHIP	52	1,034,526	FMV	
COMMUNITY ACTION GRANTS	1	10.000	EM\/	

COMMUNITY ACTION GRANTS	1	10,000	FMV	

COMMONITY ACTION GRANTS	1	10,000	FIM V	
CAREER DEVELOPMENT GRANTS	61	610,576	FMV	

(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

IFMV

IFMV

NYC METRO AREA FUND	5	54,666	FMV	

16,030

33.367

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

TECHTREK

OTHER AWARDS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493088010218

OMB No 1545-0047

2015

## Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

**Employer identification number** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule J (Form 990)

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

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 LINDA HALLMAN CHIEF EXECUTIVE OFFICER	(i)	225,045	325,683	0	18,593	7,153	576,474	0
	(ii)	1,878	2,717	0	155	60	4,810	0
2 MARK HOPKINS CHIEF STRATEGY OFFICER	(i)	276,242	0	0	33,588	9,015	318,845	0
	(ii)	2,674	0	0	325	87	3,086	0
3 JILL BIRDWHISTELLCOO	(i)	220,428	139,427	0	32,130	11,592	403,577	0
	(ii)	2,173	1,374	0	317	114	3,978	0
4 GLORIA BLACKWELL VP OF FELLOW & GRANTS	(i)	136,592	0	0	9,005	7,472	153,069	0
	(ii)	0	0	0	0	0	0	0
5 FONG-CHING CHENG VP OF INFORMATION	(i)	156,736	0	0	16,146	9,093	181,975	0
TECHNOLO	(ii)	0	0	0	0	0	0	0
6 CHRISTY JONES VP OF MEMBERSHIP	(i)	163,551	0	0	16,140	8,366	188,057	0
	(ii)	0	0	0	0	0	0	0
7 LISA MATZ VP OF PUBLIC POLICY	(i)	197,830	0	0	19,378	7,331	224,539	0
	(ii)	13,979	0	0	1,369	518	15,866	0

Schedule 5 (Form 550) 2015	r aye 3									
Part III Supplemental Information										
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
PART I, LINE 1A	THE AMOUNTS PAID FOR SOCIAL CLUB DUES ARE MADE FOR ORGANIZATIONAL AND NOT PERSONAL PURPOSES AND ARE THEREFORE NOT TAXED									
DART LINE 44	TANDA HALLMAN DECIEVED CEVEDANCE OF \$220 400 DUDING THE CALENDAR VEAR 2046 THE REPRODUCTED DECIEVED CEVEDANCE OF									

Dage 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

DLN: 93493088010218 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . 8 Intellectual property Securities—Publicly traded . Χ 229,865 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ ( \_\_\_\_\_\_ **26** Other ▶ ( \_\_\_ Other ► ( \_\_\_\_\_ 27 Other ► ( \_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2									
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.									
Return Reference	Explanation									
	Schedule M (Form 990) (2016)									

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SCHEDUL	90-F7	OMB No 1545-0047				
(Form 990 or EZ)	I .	Complete to pro	vide information for or 990-EZ or to prov	on to Form 990 or 9 r responses to specific questi ide any additional information n 990 or 990-EZ.	2016	
Department of the T		► Information about	•	990 or 990-EZ) and its instru v/form990.	ıctions is at	Open to Public Inspection
Internal Revenue See Name of the org AMERICAN ASSOC WOMEN INC	IATION OF U	NIVERSITY  plemental Informatio	n		Employer identi	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 1	D CHAIR	, BOARD VICE CHAIR, BO	DARD FINANCE VICE	EE OF THE BOARD OF DIRECT CHAIR, BOARD SECRETARY S EX-OFFICIO WITHOUT A VO	, AND TWO ADDIT	

Return Explanation
Reference

LINE 3

FORM 990, AAUW, INC DELEGATES CHIEF FINANCIAL OFFICER MANAGEMENT DUTIES TO AN OUTSOURCED PUBLIC PART VI, ACCOUNTING FIRM SECTION A,

Return Explanation
Reference

LINE 6

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, PART VI, UT OF THE FIFTEEN MEMBERS OF THE BOARD OF DIRECTORS, INCLUDING PRESIDENT AND VICE PRESIDEN SECTION A, T THE BOARD OF DIRECTORS APPOINTS THREE ADDITIONAL BOARD MEMBERS

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7B

Return Explanation

FORM 990, FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS BEFORE FILING THE RE PART VI, TURN IS APPROVED BY THE CEO AND THE FINANCE VICE CHAIR SECTION B.

990 Schedule O, Supplemental Information

LINE 11B

Return Explanation
Reference

FORM 990, THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN A BIANNUAL AFFIRMATION OF COMPLIA NCE TO DISCLOSE ANY POTENTIAL SITUATION THAT MAY RAISE CONFLICT OF INTEREST TO THE BOARD O SECTION B, F DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CHIEF EXECUTIVE OFFICER (CEO) HAS AN EMPLOYMENT AGREEMENT WITH AAUW THE BOARD OF DIRE CTORS CONDUCTS A YEARLY PERFORMANCE REVIEW OF THE CEO UPON WHICH COMPENSATION IS BASED THE BOARD OF DIRECTORS RELIES ON AN INDEPENDENT COMPENSATION CONSULTANT TO OBTAIN APPROPRIAT E COMPENSATION INFORMATION FOR THE CEO ANNUAL PERFORMANCE REVIEWS ARE COMPLETED YEARLY BE TWEEN THE MONTHS OF APRIL AND JUNE YEARLY STAFF COMPENSATION IS RECOMMENDED BY SENIOR MAN AGEMENT TO THE CEO THE OVERALL COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS T HROUGH THE BUDGET APPROVAL PROCESS

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE IN THE WWW AAUW OR PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990,	THE BOARD OF DIRECTORS ASSIGNS AN AUDIT COMMITTEE THAT ASSUMES THE RESPONSIBILITY OF OVERS
PART XII,	EEING THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT AC
LINE 2C	COUNTING FIRM THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088010218 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC 52-6037388 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (b) (c) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country)

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. (d) (b) (c) (e) (g) Section 512(b) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) AAUW ACTION FUND INC SEE SCHEDULE R, PART MA 501(C)(4) N/A AMERICAN ASSOCIATION OF 1310 L STREET NW 1000 UNIVERSITY WOMEN WASHINGTON, DC 20005 53-0025390 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2016

		1 // // //	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	s No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
	1		No

k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n '	Yes	
o	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1p		No
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lir	e, including covered r	elationships and tra	insaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount inv	olved	
(1)A/	JW ACTION FUND INC	С	200,000	CASH			
-							

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

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

Schedule R (Form 990) 2016 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART II, IDENTIFICATION OF RELATED PRIMARY ACTIVITY AAUW ACTION FUND ADVANCES EQUITY FOR WOMEN AND GIRLS THROUGH MEMBER ACTIVISM AND VOTER MOBILIZATION TAX-EXEMPT ORGANIZATIONS

Schedule R (Form 990) 2016