Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning	, 2017, and ending,
B Check if applicable C	D Employer identification number
X Address change ASSOCIATION OF WOMEN SURGEONS	23-2564972
Name change 225 WEST WACKER DR #650	E Telephone number
Initial return CHICAGO, IL 60606-1210	312-224-2575
Final return/terminated	
Amended return	G Gross receipts \$ 346, 279.
Application pending F Name and address of principal officer	H(a) Is this a group return for subordinates? Yes X No
SAME AS C ABOVE	H(b) Are all subordinates included? If 'No,' attach a list (see instructions) Yes No
	947(a)(1) or 52%) 52% 16 No. attach a list (see instructions) — —
J Website: ► N/A	H(c) Group exemption number ► 5428
K Form of organization X Corporation Trust Association Other	L. Year of formation 1981 M State of legal domicile IL
Part I Summary	La real of formation 1981 In State of legal damage 11
1 Briefly describe the organization's mission or most significant activ	VILLES THISPIRE FUCCHBAGE AND ENABLE WOMEN
SUDCEONS TO DEALLZE THEIR PROFESSIONAL AND	
9 20/07000 10 // // // // // // // // // // // // //	
2 Check this box I if the organization discontinued its operation 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI) 5 Total number of individuals employed in calendar year 2017 (Part VI) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 1	ns or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a)	
4 Number of independent voting members of the governing body (Pa	art VI, line 1b) 4 22
5 Total number of individuals employed in calendar year 2017 (Part	
6 Total number of volunteers (estimate if necessary)	6 150
7a Total unrelated business revenue from Part VIII, column (C). line 1	
b Net unrelated business taxable income from Form 990-T RESE	
Contributions and greats (Part VIII line 1b)	4 2018 Prior Year Current Year 4 2018 249,713. 270,859.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)	4 2018 3 $4,140.$ $723.$
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,713. 270,859.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, (1) (1)	300. 4,103.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)	2,831.
14 Benefits paid to or for members (Part IX, column (A), line 4)	2,031.
15 Salaries, other compensation, employee benefits (Part IX, column	(A) lines 5.10)
16a Professional fundraising fees (Part IX, column (A), line 11e)	(1), 11103 3 13)
To a Professional fundraising fees (Part IX, Column (X), line Tre)	
b Total fundraising expenses (Part IX, column (D), line 25) ►	<u> </u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	236,010. 246,520.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A),	line 25) 238, 841. 246, 520.
15 Salaries, other compensation, employee benefits (Part IX, column 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), 19 Revenue less expenses Subtract line 18 from line 12	17,735. 39,428.
	Beginning of Current Year End of Year
20 Total assets (Part X, line 16)	244,599. 328,506.
Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	144,850. 179,683.
22 Net assets or fund balances Subtract line 21 from line 20	99,749. 148,823.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of which preparer has	ules and statements, and to the best of my knowledge and belief, it is true, correct, and
complete Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledge
Muchalle Moldage	11/6/18
Sign Signature of officer	Date *
Here Michelle Goldberg, AWS Executive D	nivector
Type or print name and title 3 3	
Print/Type preparer's name Preparer's signature	Date Check If PTIN
Paid WILLIAM J. BARNES WILLIAMS ON	11/05/18 self-employed P00399658
Preparer Firm's name BARNES GIVENS & BARNES	*
Use Only Firm's address 200 E. EVERGREEN AVE STE 117	Firm's EIN ► 36-2716239
MOUNT PROSPECT, IL 60056-3240	
May the IRS discuss this return with the preparer shown above? (see instruc	
BAA For Paperwork Reduction Act Notice, see the separate instructions.	TEEA0113L 08/08/17 Form 990 (2017

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TEEA0113L 08/08/17

Form	990 (2017) ASSOCIATION OF WOMEN SURGEONS	23-25	6497	2	F	age 2
Par	t∤III: ⋠ Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					$\perp \perp$
1	Briefly describe the organization's mission.					
	INSPIRE, ENCOURAGE AND ENABLE WOMEN SURGEONS TO REALIZE THEIR PERSONAL GOALS.	ROFESSIC	ONAL .	AND	 	-
						· -
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior				
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.			Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O	ervices?		Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and revenue, if any, for each program service reported	rvices, as mons to other	neasure s, the to	d by e otal e	expen xpens	ses ses,
	(Code.) (Expenses \$ including grants of \$)	(Revenue	\$		-)
70	CONFERENCES - MEETINGS HELD FOR EDUCATIONAL PURPOSES	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	' ——			′
	CONTENENCES MEETINGS HELD FOR EDUCATIONAL FOR OSES					
	(Code) (Expenses \$ including grants of \$)	(Revenue	\$			1
7.0	PUBLICATIONS AND OTHER - PRODUCE NEWSLETTER, DIRECTORY, AND POCH	-				······′
	TODDICATIONS AND OTHER TRODUCE NEWSBETTER, DIRECTORY, AND TOCK	VET THEM	<u> </u>		- - -	
			-	- -	-	
						· - :
						<u>-</u>
4 c	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
	+					
					- -	
Λ.	Other program services (Describe in Schedule O)					
40	(Expenses \$ including grants of \$) (Revenue \$:			`	
	• Total program service expenses ►	<u>, </u>			,	
BAA				Form	990	(2017)

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		<u></u>	. ·
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ł	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	11 b		Х
(Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	- · · · · · · · · · · · · · · · · · · ·			

Form 990 (2017) ASSOCIATION OF WOMEN SURGEONS

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26	_	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2017)

Part Va 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			
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	7	٠: ١	13 ph. "			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0 "	'	137			
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c	X	1			
2 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	2 a	0	_				
b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2 b					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	4-3					
3 a Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar?	3 a		Х			
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b					
4 a At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other	er authority over, a financial account)?	4 a		Х			
b If 'Yes,' enter the name of the foreign country: ▶		41	• •	٠, ٠			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)	<u> </u>	<u> </u>				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5 a		Х			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		Х			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c					
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		X			
b If 'Yes,' did the organization include with every solicitation an express statement that such contribunot tax deductible?	tions or gifts were	6 b	•••				
7 Organizations that may receive deductible contributions under section 170(c).		13194	side 1	21.30			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	partly for goods and	اند 7 a	3	1			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	,	7 b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it							
Form 8282?		7 c					
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei		7 f					
g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the sponsoring	4.3.	<u></u>				
organization have excess business holdings at any time during the year?		8	 ,	-			
9 Sponsoring organizations maintaining donor advised funds.		المعتار	ننتث	٠.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	rson	9 b					
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	10 a	19.00	Ţ.,	<i>}</i>			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		* 1				
11 Section 501(c)(12) organizations. Enter:	100	$\dashv \cdot \cdot \mid$. : -			
a Gross income from members or shareholders	11 a		•	,			
b Gross income from other sources (Do not net amounts due or paid to other sources	114		٠, ,	\$1			
against amounts due or received from them).	11 b	120		تثــــ			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of bild 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	12a	; ,	-			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	120	⊣ [જ]	-	َ ، لہ			
a Is the organization licensed to issue qualified health plans in more than one state?		13a					
Note. See the instructions for additional information the organization must report on Schedu	ile O	امر خ	1.	5 '3 .			
b Enter the amount of reserves the organization is required to maintain by the states in			-	ļ. , ; ·			
which the organization is licensed to issue qualified health plans	13Ь	上基					
c Enter the amount of reserves on hand	13 c		105	70.0			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b					
BAA TEEA0105L 08/08/17		Form	990	(2017)			

Page 6 23-2564972 Form 990 (2017) ASSOCIATION OF WOMEN SURGEONS Part VI# Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 22 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 22 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? SEE SCH O Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes Х 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Χ **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done SEE SCHEDULE O 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 10 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

Form 990 (2017)

CHICAGO IL 60606-1210 312.224.2575

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION 225 WEST WACKER DR

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours	ge is both an officer and a s director/trustee) cor		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation				
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) ANNESLEY COPELAND MD FACS	2									
DIRECTOR	0	X		Х				0.	0.	0.
(2) HILARY SANFEY MB BCH MHPE FACS AWS FDN CHAIR	2	Х		х				0.	0.	0.
(3) SASHA DANIELLE ADAMS, MD	2							_	_	_
DIRECTOR	0	X		\dashv				0.	0.	0.
(4) MARYBETH HUGHES MD FACS DIRECTOR	2	X					'	0.	0.	0.
(5) SIMONE BETCHEN MD FACS DIRECTOR	- <u>2</u> -	Х						0.	0.	0.
(6) STEPHANIE BONNE MD	2	├^	\dashv					0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
	$-\frac{2}{0}$	x						0.	0.	0.
(8) MARION HENRY MD, MPH DIRECTOR	2	х						0.	0	0.
(9) CATHERINE CHIA-CHI CHEN, MD, MPH DIRECTOR	- <u>2</u> -	X						0.	0.	0.
(10) LAUREN NOSANOV, MD	2	<u> </u>				\Box		0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(11) FAITH ROBERTSON	2		П					_		
DIRECTOR	0	X		_		\vdash		0.	0.	0.
012) MARIE CRANDALL MD MPH FACS DIRECTOR	$-\frac{2}{0}$	X						0.	0.	0.
(13) MARILYN MARX MD MBA FACS DIRECTOR	2	Х						0.	0.	0.
(14) MADELINE TORRES, MD	2	┢	$\mid \mid \mid$					0.	0.	<u> </u>
DIRECTOR		X						0.	0.	0.
RAA	TEFAO	1071	00/00							Form 990 (2017)

Part VIII Section A. Officers, Directors, Tru		Key	Em	· ·	-	es,	and	d Highest Com	pensated Emp	loyees (continued)
	(B)			•	2)					
(A) Name and title	Average hours per week	box	, unle	ss p	erson direct	than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(15) SUSAN C. PITT, MD, MPHS	2					٩	_			
DIRECTOR (16) CELESTE HOLLANDS MD FACS	0 2	X	\vdash					0.	0.	0.
PRESIDENT	0			Х				0.	0.	0.
(17) SAREH PARANGI MD FACS PRESIDENT ELECT	2			Х				0.	0.	0.
(18) SHARON STEIN MD FACS FASCRS VICE PRESIDENT	2			Х				0.	0.	0.
(19) MARIE CRANDALL MD MPH FACS SECRETARY	2			Х				0.	0.	0.
(20) ELIZABETH SHAUGHNESSY MD FACS TREASURER	2			Х				0.	0.	0.
(21) CHRISTINE LARONGA MD FACS IMMED PAST PRES	2 0			X				0.	0.	0.
(22) AMALIA COCHRAN MD FACS FCCM PAST PRESIDENT	2 0	-		X				0.	0.	0.
(23) MICHELLE GOLDBERG	_ <u>40</u> _									
EXECUTIVE DIR. (24)				X			-	0.	0.	0.
(25)		-			ļ		-			
1 b Sub-total	<u> </u>	<u> </u>			L	L	<u> </u>	0.	0.	
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	I to those I	sted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	
from the organization 0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru ch individu	stee, al	, key	en en	olqr	yee,	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	nsa If '\	ition Yes,	and con	oth <i>aple</i>	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	satio	on fro	om Jule	any	unre	elate	ed organization or	ındıvıdual	5 X
Section B. Independent Contractors	s, compic		577.00	uic	3 .0	. 500	p			
Complete this table for your five highest comper compensation from the organization. Report comper	sated indessation for	epen the c	deni	l co dar	ntra year	ctors	tha	at received more to with or within the or	han \$100,000 of ganization's tax yea	r
(A) Name and business add					<u> </u>	<u>.</u>		(B) Description ((C) Compensation
BOSTROM CORPORATION 35 E WACKER DRIVE SUIT	E 850 C	HICA	.GO,	IL	60	601		MANAGEMENT SE	RVICES	129,236.
2 Total number of independent contractors (including I		ted to	o tho	se I	ısted	dabo	ve)	who received more	than	
\$100,000 of compensation from the organization		TEE	ייים	00"	00/17			 -		Form 990 (2017)

Form 990 (2017) ASSOCIATION OF WOMEN SURGEONS

Part VIII Statement of Revenue 23-2564972

		Check if Schedule O	contains a respo	onse or note to any	/ line in this Part V	111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contribute All other contributions, gifts, g similar amounts not included Noncash contributions included Total. Add lines 1a-1f	grants, and above 1 f	723.	723.	,	,	
_ ≌			L	Business Code				
₹	2 a	MEMBERSHIP_DUES_&	ASSESSMENTS		139,560.	139,560.		
اعقا	b				105,869.	105,869.		
ဗ္ဗ	c		=		25,025.	25,025.		
<u>\S</u>	۔	PUBLICATIONS				25,025.	405	
တိ	u	ADVERTISING			405.		405.	
ᇣ	е							
Program Service Revenue	f	All other program service	ce revenue					
Ŗ.	g	Total. Add lines 2a-2f		•	270,859.			
	3 4 5	Investment income (incother similar amounts) Income from investment Royalties	_	•	1,763.			1,763.
	,	Noyalles	(A Deel	(v) Paragonal				1
	_	_	(ı) Real	(II) Personal		ı		ļ
	6 a	Gross rents		<u> </u>				
	ь	Less rental expenses						!
	С	Rental income or (loss)						!
		Net rental income or (Id)cc)	▶				
	u	The remainment of the	(i) Securities	(II) Other				
	7 a	Gross amount from sales of		(ii) Other				
		assets other than inventory	54,465.					
	h	Less cost or other basis						}
	-	and sales expenses	60,331.					
	_	Gain or (loss)	-5,866.		ì			
i		, ,	-5,000.					
	a	Net gain or (loss)			-5,866.	-5,866.		ļ,
Other Revenue		Gross income from fund (not including \$						
돭		Net income or (loss) fro	-	`L				
C		Gross income from gan See Part IV, line 19	_			-		
	b	Less direct expenses	t				1	}
	c	Net income or (loss) fro	om gaming activi	ties				
	1 0 a	Gross sales of inventor and allowances	y, less retuins a			,		
	b	Less cost of goods sole	a t	\[· · · · · · · · · · · · · · · · · · ·	
	_ c	c Net income or (loss) from sales of inventory		1,103.	1,103.			
		Miscellaneous Reven	ue	Business Code				
	11 a	a JOB POSTINGS b OTHER			11,887.	11,887.		
					5,479.	5,479.	 	
		スポポポーーーー			J, 417.	٠, ١٦.	 	
	٠.	All other revenue					<u> </u>	
		All other revenue	. L				·	
		Total. Add lines 11a-11		•	17,366.			
	12	Total revenue. See inst	ructions	. ▶	285,948.	283,057.	405.	1,763.

Part IX' Statement of Functional Expenses

Section 501(c)(3)	and 501(c)(4) or	ganizations mus	st complete all	columns	All other	organızatıons	must complete	column (A)
	Check if Sche	dule O contair	is a response	or note	to any lin	e in this Part	: IX	

	Crieck ii Scriedule O contains a i	<u> </u>			<u>,</u>
	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				, ,
2	Grants and other assistance to domestic individuals See Part IV, line 22			, , , , , , ,	,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			,	,
4	Benefits paid to or for members			٠,	,
	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				·
	Management	140,069.			
	Legal	140,000.			
	Accounting				
	<u> </u>				
	Lobbying			,	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	5,683.			
13	Office expenses	9,105.			
14	Information technology	3/103.			
15	Royalties				
16	Occupancy .				
	Travel	12 077			
• •		13,877.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,341.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,294.			
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	,	, , , , , , , , , , , , , , , , , , , ,		
	expenses on Schedule O.),,,,,		<u> </u>		
а	WEB_SERVICES	10,389.			
b	BANK AND CREDIT CARD FEES	9,301.			
c	COMMUNICATION SERVICES	3,899.			
c	COUNCIL & COMMITTEE EXPENSES	821.			
	All other expenses	741.			
	Total functional expenses Add lines 1 through 24e	246,520.			
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).				
BAA		TEEA0110L 0	3/08/17		Form 990 (2017)

Form 990 (2017)

Part X

BAA

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 231,054. 1 Cash - non-interest-bearing 160,385 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 12,573 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges ,751 13,351 11 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10 c 10b Investments - publicly traded securities 57,293 11 62,040. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,597 22,061. 244,599 16 328,506. 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 31.990 17 47,151 Grants payable 18 18 19 Deferred revenue 110,300 19 117,102 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, 1 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2,560 25 15,430 26 Total liabilities. Add lines 17 through 25 144,850 179,683 Organizations that follow SFAS 117 (ASC 958), check here ▶ $|\chi|$ and complete Balances lines 27 through 29, and lines 33 and 34. 27 99,749 Unrestricted net assets 148,823 28 Temporarily restricted net assets 28 29 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 Š 33 33 Total net assets or fund balances 99,749 148,823. Total liabilities and net assets/fund balances 34 34 244,599 328,506.

TEFA0111L 08/08/17

Form	990 (2017) ASSOCIATION OF WOMEN SURGEONS 23-2	564972		Pa	ge 12		
Par	t XI' Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28	35,9	948.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	46,5	520.		
3	Revenue less expenses Subtract line 2 from line 1	3		39,4	128.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99,7	749.		
5	Net unrealized gains (losses) on investments	5			546.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1.	48,8	323.		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			ľ	Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ı		·		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	d on a					
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	e [ည် 🗧				
	basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			•,,			
(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?		2 c		<u>x</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х		
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b				
BAA		· · · · · · · · · · · · · · · · · · ·	Form	990	(2017)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2017

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

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

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	tions), then rganizations: Complete Part III.			
		ION OF WOMEN SURGEONS		Employer identifica	
				23-256497	
- 		rganization is exempt under section			zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV	
2	Political campaign activity ex	penditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instructions)			
Pai	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	a Was a correction made?				Yes No
ŀ	olf 'Yes,' describe in Part IV				
Pai	t I-C Complete if the o	rganization is exempt under section	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	n activities 🕨 \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt ► \$	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del il action committee (PAC). If additional spa	of all section 527 poli mount paid from the f ivered to a separate po ace is needed, provide	tical organizations to willing organization's fund ilitical organization, such e information in Part IV	thich the filing ds Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Chadula C	(Form 990 or 990-EZ) 2017	A CCCCTAMTON	OF GOVEN	CUDORONO
Schedule C ((FUIII 330 OF 330-EZ) ZOF/	ASSOCIATION	UE, MOME N	SHRCFONS

Page 2

2	2	_	2	Е	_	Λ	۵	7	2	
_	٦,	_	/	. 7	n	4	7	•	1	

Part II-A Complete if section 501	the organizatio	n is exempt under se		d filed Form 5768 (ele	ction under
		gs to an affiliated group (an	d list in Part IV each affi	liated group member's name,	
	· -	d share of excess lobbyin			
B Check ► ☐ if the fill	ng organization che	cked box A and 'limited c	ontrol' provisions apply	/ .	
(The term	Limits on Lobby	ying Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	iblic opinion (grass roots	lobbying).		
b Total lobbying expendit	ures to influence a	legislative body (direct lot	obying).		
c Total lobbying expendit	•	and 1b)			
d Other exempt purpose	•				· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose e	expenditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable ar both columns.	mount Enter the an	nount from the following to	able ın		
If the amount on line 1e, col	lumn (a) or (b) 15	The lobbying nontaxable	e amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	s over \$1,500,000		
Over \$17,000,000		\$1,000,000.		."	
g Grassroots nontaxable	·	•			
h Subtract line 1g from lin		*			
i Subtract line 1f from lin					
j If there is an amount other section 4911 tax for this	er than zero on either s year [?]	line 1h or line 1i, did the o	rganization file Form 472	0 reporting	Yes No
(Som		4-Year Averaging Period at made a section 501(h) o low. See the separate ins	election do not have to		
	Lobb	ying Expenditures Durin	g 4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
ВАА	·			Schedule C (Form	990 or 990-EZ) 2017

Page 3

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

			1)	(b)	
	r each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity	Yes	No	Amount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	, ,			
	a Volunteers?				
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			· .	
	c Media advertisements?				
	d Mailings to members, legislators, or the public?			-	
	e Publications, or published or broadcast statements?				
	f Grants to other organizations for lobbying purposes?				
	g Direct contact with legislators, their staffs, government officials, or a legislative body?				
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	i Other activities?				
	j Total Add lines 1c through 1i .	التنديد	کنمیا		
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	b If 'Yes,' enter the amount of any tax incurred under section 4912	, ,,	,		
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
P	art III-A: Complete if the organization is exempt under section $501(c)(A)$, section 501	(c)(5)	Or		

section 501(c)(6).

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

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

1 Dues, assessments and similar amounts north members	<u> </u>	
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).	17 1 0	
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection -Employer identification number

	ASSOCIATION OF WOMEN SURGEO	ONS	23-2564972
Par	t Organizations Maintaining Dono Complete if the organization answers	or Advised Funds or Other Similar I wered 'Yes' on Form 990, Part IV, I	Funds or Accounts. ine 6.
1 2 3	Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year)	(a) Donor advised funds	(b) Funds and other accounts
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held i organization's exclusive legal control?	n donor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant of the donor or donor advisor, or for any o	funds can be used only ther purpose conferring Yes No
Par		wered 'Yes' on Form 990, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the	
			Held at the End of the Tax Year
	a Total number of conservation easements		2 a
	Total acreage restricted by conservation easer		2 b
	Number of conservation easements on a certification	` '	2 c
(Number of conservation easements included in structure listed in the National Register	•	2d
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer		handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, handling of violations, and enforcing con	nservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i) . Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and ex to the organization's financial statements th	spense statement, and balance sheet, and lat describes the organization's accounting for
Par	Complete if the organization ans	ctions of Art, Historical Treasures, wered 'Yes' on Form 990, Part IV, I	, or Other Similar Assets. ine 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research	
i	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its rever or public exhibition, education, or research in fu	nue statement and balance sheet works of art, urtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS		inancial gain, provide the following
ä	Revenue included on Form 990, Part VIII, line	1	► \$
	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2017 ASSOC Part III Organizations Mainta				l Treasures o	23-256		Page 2
					· · · · · · · · · · · · · · · · · · ·		<u> </u>
Using the organization's acquisition items (check all that apply):	i, accession, and		•		re a significant use of its o	collection	
a Public exhibition		d -	4	change programs			
b Scholarly research	-ations	e	Other				
c Preservation for future gener 4 Provide a description of the organiz		ns and explain h	now they furth	ner the organization	's exempt purpose in		
Part XIII5 During the year, did the organizato be sold to raise funds rather to	ation solicit or re	eceive donation	ns of art, his	torical treasures,	or other similar assets	Yes	No
Part IV: Escrow and Custodia							
line 9, or reported an	amount on F	orm 990. P	art X. line	21.	iswered res on ro	iiii 330, i a	itiv,
1 a Is the organization an agent, trus					er assets not included	Vas	□No
on Form 990, Part X? b If 'Yes,' explain the arrangement	t in Part XIII and	t complete the	following ta	hle	Į.	Yes	
bit res, explain the arrangement	Till all All all	a complete the	Tollowing to	ibie		Amount	
c Beginning balance					1 c	7 1110 0711	
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1 f		
2 a Did the organization include an a	amount on Form	990 Part X	line 21 for e	scrow or custodia		Yes	No
b If 'Yes,' explain the arrangement					· .	ا ``°°	\dashv
2				, 200 p. 0		L	
Part Val Endowment Funds. C	omplete if th	e organizat	ion answe	red 'Yes' on Fo	orm 990. Part IV. Iir	ne 10.	
	(a) Current ye	- r	Prior year	(c) Two years bac		(e) Four yea	rs back
1 a Beginning of year balance	, , ,		, , , , , , , , , , , , , , , , , , , ,	(1, 1111)	(1,7 11111) 1111	(4),144,744	
b Contributions							
c Net investment earnings, gains, and losses			'				
d Grants or scholarships						 	
e Other expenditures for facilities						 	
and programs							
f Administrative expenses							
g End of year balance]	
Provide the estimated percentag	e of the current	year end bala	nce (line 1g	, column (a)) held	as		
a Board designated or quasi-endowm	nent ►	~					
b Permanent endowment ►	૾ૢ						
c Temporarily restricted endowmen	nt ►	%					
The percentages on lines 2a, 2b, a	nd 2c should equ	al 100%.					
3 a Are there endowment funds not in to organization by:	the possession of	the organization	on that are he	eld and administered	d for the	Yes	No
(i) unrelated organizations						3a(i)	+
(ii) related organizations						3a(ii)	
b if 'Yes' on line 3a(ii), are the rela	ated organizatio	ns listed as re	guired on Sc	chedule R?		3b	
4 Describe in Part XIII the intended	-		•				
Part VI Land, Buildings, and				·			
Complete if the organ		ered 'Yes' o	n Form 99	90. Part IV. line	e 11a. See Form 99	0. Part X. I	ine 10.
Description of property	-) Cost or other			· · · · · · · · · · · · · · · · · · ·	(d) Book v	
Description of property	(a	investmen)		o) Cost or other basis (other)	(c) Accumulated depreciation	(a) book v	alue
1 a Land					E CONTENTANTA	· · · · ·	
b Buildings			1 -				
c Leasehold improvements						•	
d Equipment							
e Other	<u> </u>						
Total. Add lines 1a through 1e (Colum	nn (d) must equ	al Form 990, F	Part X, colun	nn (B), line 10c.).	•		0.
BAA	· · · · · · · · · · · · · · · · · · ·	 			Schedu	le D (Form 99	

TEEA3302L 08/10/17

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A)			·
(B) (C)			
(D)			
(E)			
(F)			
<u>S</u> 2(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.	N/ 1 F 000	N/A	200 D 1 1 1 1 1 2
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Wethod of Valuation Cost of end	-or-year market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
(8)			, _
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			.
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990). Part IV. line 11d. See Form 9	90. Part X. line 15.
	scription		(b) Book value
(1) DUE FROM RELATED PARTY			22,061.
(2)	··		
(3)	· · · · · · · · · · · · · · · · · · ·		
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15)	<u> </u>	22,061.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 000 Port IV June 11	lo or 11f Coo Form 000 Port V line 25	
(a) Description of liability	(b) Book value	ie of TTI. See Form 990, Part X, line 25	
(1) Federal income taxes	(2,72000 14.00		
(2) DUE TO RELATED PARTY	15,43	<u>0.</u>	İ
(3)		<u> </u>	-
(4)			, ,
(5)		_	
(6) (7)			
(8)		- 	
(9)		 	
(10)		 	
(11)		· ·	. <
			, ,
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	► 15,43	0	,

tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII SEE PART XIII X

1.00001.112011 01 1101.01001		
Part XI' Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	295,594.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments 2a 9,646.		
b Donated services and use of facilities 2 b	1 1	
c Recoveries of prior year grants	1 · ·	
d Other (Describe in Part XIII)	1 .	
e Add lines 2a through 2d .	2 e	9,646.
3 Subtract line 2e from line 1	3	285,948.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
b Other (Describe in Part XIII)	1	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	285,948.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	1	246,520.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2 a		
b Prior year adjustments 2 b] .	
c Other losses 2 c	1 1	
d Other (Describe in Part XIII)	1	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	246,520.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	٠,	
a Investment expenses not included on Form 990, Part VIII, line 7b.]	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	246.520.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

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

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

BAA Schedule **D** (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2017

Open to Public:

Department of the Treasury Internal Revenue Service

ASSOCIATION OF WOMEN SURGEONS

Employer identification number

23-2564972

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

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

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

AWS IS A MEMBERSHIP BASED ORGANIZATION.

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

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

OF CANDIDATES. CANDIDATES ARE PROPOSED BY THE NOMINATING COMMITTEE.

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

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

THE FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW.

DIRECTOR PROVIDED THE FORM 990 TO THE TREASURER AND PRESIDENT PRIOR TO FILING.

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

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

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

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

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

THE EXECUTIVE