### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2017	
Open to Public Inspection	

A	For th	ne 2017 calendar year, or tax year beginning $\mathrm{JUL}1,2017$	g J	UN 3	30,	2018	
В	Check is applicat	AMERICAN ASSOCIATION OF UNIVERSITY		D Em	ploye	r identifi	cation number
	Addr chan Nam						
-	chan	ge Doing business as				52-6	037388
	returi	Number and street (or P.O. box if mail is not delivered to street address)  1310 T. CODEED NOT		E Tel	ephon	e numbe 202-	785-7700
	termi ated			G Gros	ss receip		147,282,444.
	Amer	nded WACHTNOMON DO 2000E				group r	
	Appli tion pend	F Name and address of principal officer: KIMBERLY CHURCHES		fo	or subo	ordinates	
1	Tax-ex	cempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527				list. (see instructions)
		ite: WWW.AAUW.ORG		1000			n number >
K	Form o	f organization: X Corporation Trust Association Other	Year o				A State of legal domicile: DC
P	art I						
0	1	Briefly describe the organization's mission or most significant activities: AAUW AD	VAN	CES	GEN	DER	EQUITY FOR
Activities & Governance		WOMEN AND GIRLS THROUGH RESEARCH, EDUCATION					
r.	2	Check this box lift the organization discontinued its operations or disposed of	more	than 2	5% of	its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)				3	15
ري مع	4	Number of independent voting members of the governing body (Part VI, line 1b)				4	15
Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				5	131
ķ	6	Total number of volunteers (estimate if necessary)				6	980
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	distants			7a	67,226.
4	Ь	Net unrelated business taxable income from Form 990-T, line 34				7b	114,876.
					r Yea		Current Year
a	8	Contributions and grants (Part VIII, line 1h)	H	8,8	02,	016.	7,351,949.
Š	9	Program service revenue (Part VIII, line 2g)		8	16,	884.	521,169.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	J. E			875.	12,980,982.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				797.	284,269.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				572.	21,138,369.
7	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				008.	3,862,006.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		=		0.	0.
(y)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,0	23.	085.	8,991,376.
Expenses						629.	75,721.
be	Ь	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  2,173,654.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9.2	26.	827.	6,223,296.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				549.	19,152,399.
	19	Revenue less expenses. Subtract line 18 from line 12				023.	1,985,970.
no.	_	and the state of t	Bea			nt Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	35.3	27.	839.	131,723,362.
ASS	21	Total liabilities (Part X, line 26)				945.	14,407,609.
Net	22	Net assets or fund balances. Subtract line 21 from line 20				894.	117,315,753.
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	ateme	nts. and	to the b	nest of my	knowledge and helief it is
		ct, and complete, Declaration of preparer (other than officer) is based on all information of which pre					*
31.6.6		I WA		ab amy i		FIL	15
Sig	n	Signature of officer			Date	100	
Her		KIMBERLY CHURCHES, CEO					
	•	Type or print name and title			_		
_		Print/Type preparer's name Preparer's signature	Da	ite		Check	II PTIN
Paid	1	PATRICIA DROLET PATRICIA DROLET	0:	2/16	/19	if self-employe	700363004
	arer	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.O		, 13	Firm's		52-1711839
-	Only	Firm's address 7910 WOODMONT AVE. STE. 500	-		1 1111 3	- III	
		BETHESDA, MD 20814			Phone	no (3)	01) 986-0600
Mas	the II	RS discuss this return with the preparer shown above? (see instructions)			7 110110		X Yes No
	3, 20 11				*******	COLUMN	100 110

	Statement of Program Service Accomplishments   Check if Schedule O contains a response or note to any line in this Part III   X
1	Briefly describe the organization's mission:  AAUW ADVANCES GENDER EQUITY FOR WOMEN AND GIRLS THROUGH RESEARCH,
	EDUCATION, AND ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code: )(Expenses \$ 5,121,103. including grants of \$ 57,767.) (Revenue \$ 177,610.)  OUTREACH: INCLUDES ALL OF THE PROGRAMS AND ACTIVITIES DONE TO SERVE,  ENGAGE AND COMMUNICATE WITH MEMBERS AND THE GENERAL PUBLIC.
4b	(Code: ) (Expenses \$ 3,209,590 • including grants of \$ 955,235 • ) (Revenue \$
	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 IN DEBT: WOMEN AND STUDENT LOANS. AAUW ALSO FUNDS MEMBER AND CAMPUS
4c	LEADERSHIP PROGRAMS INCLUDING: \$TART \$MART, WORK SMART, CAMPUS ACTION  (Code: )(Expenses \$ 2,261,051. including grants of \$ 1,794,140.)(Revenue \$ 92,004.)  AMERICAN FELLOWSHIPS - AMERICAN FELLOWSHIPS ARE AWARDED TO WOMEN WHO  ARE CITIZENS OR PERMANENT RESIDENTS OF THE UNITED STATES FOR
	POSTDOCTORAL OR DISSERTATION WORK, OR FOR GRANTS TO PREPARE RESEARCH FOR PUBLICATION. SELECTED PROFESSIONS FELLOWSHIPS ARE AWARDED TO WOMEN
	PURSUING A FULL-TIME COURSE OF STUDY IN A DESIGNATED DEGREE PROGRAM IN WHICH WOMEN HAVE TRADITIONALLY NOT BEEN WELL REPRESENTED.
	Other program services (Describe in Schedule O.) (Expenses \$ 3,333,598 • including grants of \$ 1,054,864 •) (Revenue \$ 429,165 •)
le	Total program service expenses ► 13,925,342.

# Form 990 (2017) WOMEN, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	Х	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	( )		w
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
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?		49	х
40	If "Yes," complete Schedule D, Part IV	9	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Λ	
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	7		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		,,	
4=	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	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,		T.	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	-	<u>X</u>
19	complete Schedule G, Part III	19		X
_	complete Concount of Farth	Form 9	agn /	_

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		X
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 1? 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 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
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 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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		x
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? /f "Yes," complete Schedule L, Part //	26		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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		x
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
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		x
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form 9	990 (2	2017)

-	(Anisonophicus)	2.4.4.4.2.4.4.1	**********************	out the	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1a	140		163	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		C			
С			ble gaming	1		
	(gambling) winnings to prize winners?		***************************************	1c	X	
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	1				
	filed for the calendar year ending with or within the year covered by this return	2a	131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		*************************	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	, , , , , , , , , , , , , , , , , , , ,	action?		5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					7.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		_			
_	were not tax deductible?	**********		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	anuinae n	ravidad to the payor?			x
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			70		
	to file Form 8282?		aired	7c		x
ч				70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		+2	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization.			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		13		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?	**********	montententente	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	1406			1	
_	organization is licensed to issue qualified health plans	13b				
ت 42	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		*****************	14b		
		-,	minum		990 (	0043

WOMEN, INC.

Form 990 (2017) 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
Sec	tion A. Governing Body and Management						
		,		4 = [		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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.			4.5			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	n any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						37
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5	77	X
6	Did the organization have members or stockholders?			errene.	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				/		
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stocki	nolders, or			7.7	
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			- 1			
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						77
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	re Code.)			1	-
				Г	-	Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a	Х	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			- 1		х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly bet	ore filing the fo	orm?	11a	Α	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				40.	х	
12a			and		12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		11/2003/00/04 10:		12b	^	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				40.	x	
10	in Schedule O how this was done				12c	X	_
13	Did the organization have a written whistleblower policy?				13	X	_
14	Did the organization have a written document retention and destruction policy?				14	A	_
15	Did the process for determining compensation of the following persons include a review and approve		паерепаепт	- 1			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				450	х	
	The organization's CEO, Executive Director, or top management official				15a		Y
D	Other officers or key employees of the organization	********	**************		15b		<u>X</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	most.	with a				
104	· · · · · · · · · · · · · · · · · · ·			//	16a		х
<b>b</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			econor -	ioa		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of the o			- 1			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure		******************	(12442)	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, F	L . C	A.HI.II	.KS	KY	. MD	. MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T						,
.5	for public inspection. Indicate how you made these available. Check all that apply.	,000		Jiny) at			
	X Own website Another's website X Upon request Other (explain	in Sc	hedule (1)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	cv. and	financ	cial	
	statements available to the public during the tax year.		o. micoroot poir	oy, and	10	uı	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:				
20	THOMAS CHAPPELL - (202) 785-7700	J113 A	10 1000100.	_			
	1310 L STREET NORTHWEST, SUITE 1000, WASHINGTON, D	C	20005				_
732006	11-28-17 SEE SCHEDULE O FOR FULL LIST OF STATES	_			Form	990 (	2017)

#### Form 990 (2017) 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, 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.

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JULIA BROWN	20.00	v		x				0.	0	0
CHAIR (2) PEGGY WILLIAMS	1.00	Δ		A			.==	0.	0.	0.
VICE CHAIR	1.00	x		x				0.	0.	0.
(3) JANET BUNGER	10.00	_		^	-	-		0.	0.	0.
FINANCE VICE CHAIR	1.00	x		x			М	0.	0.	0.
(4) CHERYL SOROKIN	10.00	^		Λ	-			0.	0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(5) JOANNA AMBERGER	5.00	A.		Λ			-	0.	0.	- 0.
DIRECTOR	3.00	х						0.	0.	0.
(6) SUSAN BARLEY	5.00	-	-					0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(7) MELODY JACKSON	5.00	-								- 0.
DIRECTOR	3.00	x		U				0.	0.	0.
(8) KAREN KIRKWOOD	5.00	-							-	-
DIRECTOR		х						0.	0.	0.
(9) EILEEN MENTON	5.00									
DIRECTOR		x						0.	0.	0.
(10) SUSAN NENSTIEL	5.00		-							
DIRECTOR		х		Ш				0.	0.	0.
(11) MELISSA JOHNSEN	5.00									
DIRECTOR		x	Ш.					0.	0.	0.
(12) DOROTHY MCLANE	5.00									
DIRECTOR		Х						0.	0.	0.
(13) LEAH SAKACS	5.00									
DIRECTOR		X						0.	0.	0.
(14) MARDY STEVENS	5.00									
DIRECTOR		X						0.	0.	0.
(15) MARY ZUPANC	5.00									
DIRECTOR		Х						0.	0 •	0.
(16) KIMBERLY CHURCHES	48.00									
CHIEF EXECUTIVE OFFICER		X		X				234,638.	0.	20,817.
(17) SHANNON WOLFE	39.00									
CHIEF OF STAFF				Х	-			4,327.	0.	0. Form <b>990</b> (2017)

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Form 990 (2017)

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(A) Name and title	( <b>B</b> ) Average hours per week	box	not o	Pos heck ss pe	more rson	than is bot	han	( <b>D</b> )  Reportable  compensation  from	<b>(E)</b> Reportable compensation from related	Estim amou		of
	(list any hours for related organizations below line) line) line limbst companies and line limbs	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or aı	other mpensa from th ganiza nd rela ganizat	ation ne tion ted					
(18) THOMAS CHAPPELL	45.00			.,				152 167	0	,		0.4
VP OF FINANCE	47 00			Х			-	153,167.	0.		20,0	24
(19) MARK HOPKINS CHIEF STRATEGY OFFICER	47.00					x		330,110.	0.	_	13,2	0.5
(20) SHEILA AMO	40.00							330,110.	0.	-	. 5 , 2	
CHIEF ADMINISTRATIVE OFFICER	40.00					х		148,517.	0.	2	23,4	61
(21) ANNE POWELL	38.00											
P OF A&E						Х		150,485.	0.	1	1,0	56
(22) FONG-CHING CHENG	46.00											
VP OF INFORMATION TECHNOLOGY	40.00	_	_			X		161,384.	0.		7,0	26
(23) CHRISTINE JONES  VP OF MEMBERSHIP & DIR MKTG	43.00					x		165,517.	0.	2	27,2	52
1h Cub total				_			٠	1,348,145.	0.	17	2,8	41
1b Sub-total c Total from continuation sheets to Pa	nt VII Section A				inin	1000		0.	0.	1	2,0	0
d Total (add lines 1b and 1c)								1,348,145.	0.	17	2,8	41.
Total number of individuals (including compensation from the organization	but not limited to th						io red	ceived more than \$100,	000 of reportable			19
											Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			,	•	•	, ,		ighest compensated en	' '	3		х
4 For any individual listed on line 1a, is the and related organizations greater than		e cc	mpe	ensa	tion	and	othe	er compensation from the	ne organization	4	х	
5 Did any person listed on line 1a receiverendered to the organization? /f "Yes,"	e or accrue comper	ısati	on f	rom	any	unre	elate		lual for services	5		x

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHAPMAN CUBINE & HUSSEY, INC, 2000 15TH		
STREET, SUITE 550, ARLINGTON, VA 22201	FUNDRAIS. CONSULTANT	305,545.
ARMFIELD HARRISON, & THOMAS, INC		
20 SOUTH KING STREET, LEESBURG, VA 20175	INSURANCE & POLICY	138,577.
ACTION MAILING	7 7	
90 COMMERCE DRIVE, ASTON, PA 19014	DIRECT MARKETING	133,047.
SANDRA A. CAMILLO CONSULTING		
999 NINTH STREET, NW, WASHINGTON, DC 20001	CONSULTANT	125,000.
DEVELOPMENT RESOURCES, INC, 1820 N. FORT		
MYER DRIVE, SUITE 702, ARLINGTON, VA 22209	RECRUITMENT	121,419.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 6		

Form **990** (2017)

Form 990 (2017) WOMEN,
Part VIII Statement of Revenue

		Check if Schedule O con		90,100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluder from tax under sections 512 - 514
tt	1 a	Federated campaigns		1a					
and Other Similar Amounts		Membership dues		1b	2,756,115.				
إع	С	Fundraising events		1c					
a		Related organizations		1d					
힡		Government grants (contribu		1e					
ଅ		All other contributions, gifts, grain		111					
[골		similar amounts not included abo		1f	4,595,834.				
ნ		Noncash contributions included in line			68,951.				
E	h	Total. Add lines 1a-1f				7,351,949.			
		Total: Add Inics 12 11			Business Code	.,,			-
Ι,	2 a	CONFERENCE REVENUE			900099	429,165.	429,165.		
11	ے a h	APPLICATION FEES			900099	92,004.	92,004.		
월	_	ATTITICATION FEED		_	300033	32,004.	72,004.		
Revenue	C	-		_					
8	d			-					
	e	Au u		-					
	T	All other program service reve				504 160			
	_	Total. Add lines 2a-2f				521,169.	-		
3	3	Investment income (including				0.061.563			0.054.550
11	_	other similar amounts)				2,061,563.			2,061,563
4		Income from investment of ta		•	- CO - C				
5	5	Royalties							
		_	(i) R		(ii) Personal				
6		Gross rents	308	3,387.					
		Less: rental expenses		3,954.					
		Rental income or (loss)		9,433.					
		Net rental income or (loss)				39,433.			39,433
7	7 a	Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory	136,794	1,540.					
	b	Less: cost or other basis							
		and sales expenses	125,875	121.		N/			
	C	Gain or (loss)	10,919	419.					
	d	Net gain or (loss)				10,919,419.			10,919,419
8		Gross income from fundraisin including \$	g events (	(not					
		contributions reported on line							
		Part IV, line 18	***********	a					
		Less: direct expenses							
1		Net income or (loss) from fund	_						
9	) a	Gross income from gaming ad							
		Part IV, line 19							
1		Less: direct expenses							113
1		Net income or (loss) from gan	_	ties	<b>D</b>				
10	) a	Gross sales of inventory, less		- 1					
		and allowances	**********	а					
		Less: cost of goods sold		b					
	C	Net income or (loss) from sale	s of inven	tory					
		Miscellaneous Revenu	ie		Business Code				
11	а	OTHER INCOME			900099	177,610.	177,610.		
	b	ADVERTISING REVENUE			541800	67,226.		67,226.	
	С								
	d	All other revenue			3 V				1
	е	Total. Add lines 11a-11d			<b>&gt;</b>	244,836.			
17.4		Total revenue. See instructions.			<b>&gt;</b>	21,138,369.	698,779.	67,226.	13,020,415.

## Form 990 (2017) WOMEN, INC. Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respon			manufacture de la constant de la con	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	291,951.	291,951.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,383,150.	3,383,150.		
3	Grants and other assistance to foreign	0,000,200	0,000,200.		
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	186,905.	186,905.		
4	Benefits paid to or for members		200,000		
5	Compensation of current officers, directors,				
	trustees, and key employees	724,057.	252,047.	452,139.	19,871
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	125,000.	125,000.		
7	Other salaries and wages	6,533,115.	4,715,148.	986,672.	831,295
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	496,941.		78,151.	61,850
9	Other employee benefits	587,692.	395,984.	120,501.	71,207
10	Payroll taxes	524,571.	360,965.	101,638.	61,968
11	Fees for services (non-employees):				
а	Management				
b	Legal	49,205.	6,626.	18,094.	24,485.
С	Accounting	40,000.		40,000.	
d	Lobbying	75 504			
е	Professional fundraising services. See Part IV, line 17	75,721.		405 156	75,721.
f	Investment management fees	105,466.		105,466.	
g	` '	0.60 000	F12 100	200 657	154 205
	column (A) amount, list line 11g expenses on Sch O.)	868,232.	513,180.	200,657.	154,395.
12	Advertising and promotion	18,999.	16,775.	126 511	2,224.
13	Office expenses	1,253,977.	636,672.	136,511.	480,794.
14	Information technology	465,460.	349,380.	75,281.	40,799.
15	Royalties	2,374,336.	1,658,758.	432,387.	283,191.
16	Occupancy	246,120.	139,840.	76,590.	29,690.
17	Travel	240,120.	139,040.	70,330.	29,090.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	408,622.	341,690.	57,038.	9,894.
20		100,022.	311,0301	37,030.	3,034.
20 21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	231,395.	109,589.	105,138.	16,668.
23	Insurance	71,784.	20,129.	50,321.	1,334.
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				2,000
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SECURITY GUARD SERVICES	59,029.	34,001.	19,216.	5,812.
b	SUBSCRIPTION/MEMBERSHIP	49,159.	30,612.	16,091.	2,456.
C	ALLOCATED INDIRECT COST	-18,488.		-18,488.	
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	19,152,399.	13,925,342.	3,053,403.	2,173,654.
26	Joint costs. Complete this line only if the organization			5,555,255	_,,0,0011
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part	Х	Balance Sheet					
-	-	Check if Schedule O contains a response or not	e to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	11/1/11/1		1,257,542.	1	1,328,224
	2	Savings and temporary cash investments				2	373,090
	3	Pledges and grants receivable, net			188,283.		582,238
	4	Accounts receivable, net	**********		68,058.		119,389
	5	Loans and other receivables from current and for					/
	•	trustees, key employees, and highest compensa					
				ployees. Complete		5	
- 11.	6	Loans and other receivables from other disquali				-	
	•	section 4958(f)(1)), persons described in section		· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of sect			4		
,		employees' beneficiary organizations (see instr).				6	
Hassels	7	Notes and loans receivable, net				7	
Ž ,	8					8	
	9	Inventories for sale or use			278,500.	9	197,388
		Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	1 1		27075001	3	137,300
-   "	Va	basis. Complete Part VI of Schedule D	100	6,535,832.			
	ь	Less: accumulated depreciation	100	1 293 804	5,692,015.	10c	5,242,028
1		levestments publish traded acquities	IOD	1,255,004.	113,502,546.	11	108,878,661
- 1		Investments - publicly traded securities Investments - other securities. See Part IV, line 1	4	*************************	14,340,895.	12	15,002,344
12					14,540,055.	13	13,002,344
		Investments - program-related. See Part IV, line				14	
14		Intangible assets	******			15	
19		Other assets. See Part IV, line 11			135,327,839.	16	131,723,362
_		Total assets. Add lines 1 through 15 (must equa			1,746,372.	17	1,074,965
17		Accounts payable and accrued expenses			3,805,324.	18	3,824,431
19		Grants payable			1,469,271.	19	1,568,239
20		Deferred revenue			1,405,271.	20	1,500,255
2		Tax-exempt bond liabilities				21	
- 1		Escrow or custodial account liability. Complete F Loans and other payables to current and former				21	
2	_	key employees, highest compensated employee					
						22	
B	2	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				23	
23		Unsecured notes and loans payable to unrelated			-	24	
25		Other liabilities (including federal income tax, pay			4	24	
2	3	parties, and other liabilities not included on lines					
- 11		0.1.1.5	•		8,784,978.	25	7,939,974
26	e	Total liabilities. Add lines 17 through 25			15,805,945.	26	14,407,609
- 2		Organizations that follow SFAS 117 (ASC 958)	obook	horo X and	13,003,713.	20	11/10//003
,		complete lines 27 through 29, and lines 33 and		nere and			
275 285 295 305 315 325 325 325 325 325 325 325 325 325 32		Unrestricted net assets			12,312,252.	27	6,951,038
28		Temporarily restricted net assets			34,321,428.	28	37,188,694
29					72,888,214.	29	73,176,021
2		Organizations that do not follow SFAS 117 (AS		shook here	72,000,211	29	75/170/021
:			JC 930)	, check here			
3 20		and complete lines 30 through 34.				20	
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or eq				32	
32		Retained earnings, endowment, accumulated inc			119,521,894.	33	117,315,753
33		Total liabilities and not seem fund belonges			135,327,839.		131,723,362
34	•	Total liabilities and net assets/fund balances		AND THE PROPERTY OF THE PARTY O	133,321,033.	34	Form <b>990</b> (201)

	n 990 (2017) WOMEN, INC.	52-	6037	388	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		*********			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,13	8,3	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2				199.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,98	5,9	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119	,52	1,8	94.
5	Net unrealized gains (losses) on investments	5	-4	,19	2,1	11.
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,	10	117	31	5 7	53.
Do	column (B)) rt XII Financial Statements and Reporting	10	11/	, , , ,	5,1	55.
						X
-	Check if Schedule O contains a response or note to any line in this Part XII				Yes	-
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule  Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
b	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  Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			1177		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?		court A	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

AMERICAN ASSOCIATION OF UNIVERSITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

WOMEN. INC. 52-6037388 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (IV) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7017341.	8372681.	10072649.	8802016.	7351949.	41616636.
2	Tax revenues levied for the organ- ization'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	7017341.	8372681.	10072649.	8802016.	7351949.	41616636.
	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)						-
	Public support. Subtract line 5 from line 4.						41616636.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	7017341.		10072649.	8802016.		41616636.
8	Gross income from interest,				- 1		
	dividends, payments received on						
	securities loans, rents, royalties,	0060740	5240650		0064000	0060050	
	and income from similar sources	2369718.	5318678.	5155323.	2064922.	2369950.	17278591.
9	Net income from unrelated business					1	
	activities, whether or not the	21,268.	26,516.	26,516.	22,272.	118,012.	214,584.
10	business is regularly carried on Other income. Do not include gain	21,200.	20,510.	20,510.	22,212.	110,012.	214,304.
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						59109811.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,923,127.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	THE COLUMN
Sec	organization, check this box and stop	here	rentare			************************	HISTORIAN DE L
	Public support percentage for 2017 (li			volumn (fl)		14	70.41 %
	Public support percentage from 2016					15	72.22 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	•					A
	33 1/3% support test - 2016. If the o		-	representation of the second			terrationers -
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances test	t <b>- 2017.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	nis box and <b>stop h</b> e	<b>ere.</b> Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	organization		
	10% -facts-and-circumstances test	: - <b>2016.</b> If the orga	anization did not c				
	more, and if the organization meets th						
	more, and if the organization meets th organization meets the "facts-and-circ Private foundation. If the organization	umstances" test.	The organization of	jualifies as a public	ly supported orga	nization	

## Schedule A (Form 990 or 990-EZ) 2017 WOMEN, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	sion, picago com	piete r dit iiij				
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						1
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					+	
3	Gross receipts from activities that		11		1		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				A.		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						2
ŀ	Amounts included on lines 2 and 3 received	-				-	-
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
_	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			1			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
	Add lines 10a and 10b						
11	Net income from unrelated business					+	
•	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Public	Support Pe	rcentage				
15	Public support percentage for 2017 (lin	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
_	Investment income percentage for 201			e 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the o						
	more than 33 1/3%, check this box and	_					
ь	33 1/3% support tests - 2016. If the o						
J	line 18 is not more than 33 1/3%, chec	•			-		and L
20	Private foundation. If the organization		-	·		-	
	23. 10-06-17	uiu noi check a	55A OIT III 18 14, 198	a, or rab, check th		edule A (Form 990	or 000 E7) 2017

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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 **Part VI** 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 Part VI 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 Part VI, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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 substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
-	1		
	2		
	За		
	3b		
	3c		
-	4a		
	4b		
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	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7	100	
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		
С	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		
	tion 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 or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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	1000	
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
211	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations		Van	Ma
4	Were a majority of the arganization's directors or twistees during the tay year along a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations			
	and b. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the 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?	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 Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted 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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
3	Did the evention have the power to regularly expect to relect a majority of the efficiency directors or			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
а		3a		

	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the content of the content			Tart Vily Occ mod doc
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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		
Secti	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

AMERICAN ASSOCIATION OF UNIVERSITY Schedule A (Form 990 or 990-EZ) 2017 WOMEN, INC. 52-6037388 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI), See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014c Excess from 2015d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 WOMEN,	INC.	52-6037388 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V,	vide the explanations required by Part II, line 10; Part II, line 17a c, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V.
	(See instructions.)		
			_

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2017

**Employer identification number** 

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC. 52-6037388 Organization type (check one): Filers of: Form 990 or 990-EZ X 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN ASSOCIATION OF UNIVERSITY
WOMEN, INC.

Employer identification number

52-6037388

Part I	Contributors (see instructions). Use duplicate copies of Part	l if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		s200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	17	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AMERICAN ASSOCIATION OF UNIVERSITY
WOMEN INC.

Employer identification number

52-6037388

Part II Non	ncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-==		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	_
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		<b>\$</b>	
(a) No. rom eart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	zation N ASSOCIATION OF UNIV INC.	ERSITY	Employer identification number $52-6037388$
OMEN, Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less f	ction 501(c)(7), (8), or (10) that total more than \$1,000 line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift  nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
a) No. from	Transferee's name, address, a	(e) Transfer of gift  nd ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

#### **SCHEDULE C**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

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

OMB No. 1545-0047

Open to Public Inspection

f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign A	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 ans Tax) (see separate inst		1 990, Part IV, line 5 (Pro	oxy Tax) (see separate	e instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
Name of organization	WOMEN, INC	SSOCIATION O			ployer identification number 52-6037388
Part I-A Comp	ete if the organiz	ation is exempt un	der section 501(c	) or is a section 527	organization.
2 Political campaign	activity expenditures	s direct and indirect polit	The area of the second	s in Part IV.	\$
Part I-B Compl	ete if the organiz	ation is exempt un	der section 501(c	:)(3).	
3 If the organization	incurred a section 4955	tax, did it file Form 472	0 for this year?		Yes No
b If "Yes," describe i	n Part IV.				
				), except section 501	
		e filing organization for s			\$
		's funds contributed to o		section 527	¢
3 Total exempt funct	ion expenditures. Add	lines 1 and 2. Enter here	and on Form 1120-PO	L,	
5 Enter the names, a made payments. For contributions received	ddresses and employe or each organization lis ved that were promptly	r identification number (E ted, enter the amount pa	EIN) of all section 527 p aid from the filing organ o a separate political or	political organizations to wh ization's funds. Also enter ganization, such as a separ t IV.	ich the filing organization the amount of political
(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
					-

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 Part II-A   Complete if the or	WOMEN ganizatio	, INC.	npt under sectio	n 501(c)(3) and fi	52-6 led Form <b>5768 (</b> e	037388 Page 2 lection under
section 501(h)).						
A Check ► ☐ if the filing organiz expenses, and sha	-	-		n Part IV each affiliated	I group member's nam	ne, address, EIN,
			experiolitures). ad "limited control" pro	ovisions apply.		
				учаюта арру.	(a) Filing	(b) Affiliated group
	nits on Lobb nditures" m		nts paid or incurred.	)	organization's totals	totals
1a Total lobbying expenditures to int	fluence publ	lic opinion (	grass roots lobbying)		40,500.	
<b>b</b> Total lobbying expenditures to int	fluence a leg	gislative boo	ly (direct lobbying)		215,088.	
c Total lobbying expenditures (add	lines 1a and	11b)		.,,	255,588.	
d Other exempt purpose expenditu	ires		*******************	************************	18,821,090.	
<ul> <li>Total exempt purpose expenditure</li> </ul>	res (add line:	s 1c and 1d	)		19,076,678.	
f Lobbying nontaxable amount. En	ter the amou	unt from the	following table in bot	h columns.	1,000,000.	
If the amount on line 1e, column (a)	or (b) is:	The lobi	oying nontaxable am	ount is:		
Not over \$500,000		20% of 1	he amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1.	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
i Subtract line 1f from line 1c. If zer j If there is an amount other than z	ero on eithe	r line 1h or l	_		0.	Vec No
reporting section 4911 tax for this					**********	Yes No
(Some organizations	that made a	section 50	raging Period Under 01(h) election do not ite instructions for lir	have to complete all	of the five columns b	elow.
	Lobb	ying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	<b>(b)</b> 2015	( <b>c</b> ) 2016	<b>(d)</b> 2017	(e) Total
2a Lobbying nontaxable amount	1,000	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000
c Total lobbying expenditures	370	386.	244,518.	180,509.	255,588.	1,051,001
d Grassroots nontaxable amount	250	,000.	250,000.	250,000.	250,000.	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000

40,729.

Schedule C (Form 990 or 990-EZ) 2017

222,020.

f Grassroots lobbying expenditures

17,049.

Schedule C (Form 990 or 990-EZ) 2017 WOMEN , INC . 52-603738

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

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?	Yes			
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?	1 1	No	Am	ount
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?				
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>				
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
a Mailings to Members, registators, or the papie.				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</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?	504/ 1/			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on 501(c)(	5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying expenditures of \$2,000 or less?</li> </ul>				
answered "Yes."		F T		
1 Dues, assessments and similar amounts from members		1		
	cal			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
expenses for which the section 527(f) tax was paid).				
expenses for which the section 527(f) tax was paid). a Current year				
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year		2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total		2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	energiani	2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular terms of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular terms of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular terms of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and particular terms of the exceeds the excee	energiani	2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	energiani	2b 2c		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

AMERICAN ASSOCIATION OF UNIVERSITY Name of the organization

WOMEN INC.

Employer identification number 52-6037388

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Acco	unts.Complete if the
-	organization anowored Tes on Form 550, Fartiv, inc	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	, , ,		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	rt IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed	`	ically impo	rtant land area
	Protection of natural habitat	Preservation of a certific		
	Preservation of open space	Troodivation of a continu	04 111010110	oti dotaro
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a consen	ation excement on the last
_	day of the tax year.	d conservation contribution in the form of	a conserv	Held at the End of the Tax Yea
а	Total number of conservation easements		2a	TIOIS SECTION ENG OF MICHAEL FOR
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure.	eture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af			
u	· · · · · · · · · · · · · · · · · · ·			
3	listed in the National Register  Number of conservation easements modified, transferred, relea	asad artinguished or terminated by the a	rannizatio	n during the toy
٠	year	ased, extinguished, or terminated by the o	ryanizatio	n during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio			
J	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
U	b	andling of violations, and emorting conser	valion eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing concentration		ata duvina the user
•	\$	ig of violations, and emorcing conservation	in easemei	nts during the year
8			(4) (D) (i)	
0	Does each conservation easement reported on line 2(d) above			
9	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizatio	in's financial statements that describes the	e organizat	tion's accounting for
Dai	conservation easements.  † III   Organizations Maintaining Collections of A	Art Historiaal Transcrives or Oth	au Cimil	ou Assats
rai		그렇지만 어린다	er Sillill	ar Assets.
_	Complete if the organization answered "Yes" on Form 9			
па	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib		e of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	c service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************		\$
				\$
2	If the organization received or held works of art, historical treas			e
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

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

732051 10-09-17

	edule D (Form 990) 2017 WOMEN,	INC.	+ Historiaal T			-603/38	
	rt III   Organizations Maintaining C						
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that are a	significant use	of its collection	n items
	(check all that apply):						
а	Public exhibition	d		hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c					in Part XIII.	
5	During the year, did the organization solicit of						
_	to be sold to raise funds rather than to be m					Yes	L No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	n answered "Yes" o	on Form 990, P	art IV, line 9, or	
	Is the organization an agent, trustee, custod on Form 990, Part X?		unemitted and a second			Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		-		
						Amount	t .
С	Beginning balance				1c		
d	Additions during the year			on the contract of the contrac	1d		
е							
f	Ending balance			eografii menanan meneran	1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	oility?	Yes	L No
b	If "Yes," explain the arrangement in Part XIII.						
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back (e) Four	years back
1a	Beginning of year balance	100,237,689.	93,506,569.	95,989,136.	96,888,	,710. 89,	522,291.
b	Contributions	793,623.	826,038.	1,786,817.	631,	,528.	622,675.
	Net investment earnings, gains, and losses	7,390,941.	11,168,455.		3,245		525,302.
	Grants or scholarships						
	Other expenditures for facilities						
•		4,658,980.	5,263,373.	3,797,405.	4,776,	715 4	781,558.
f	Administrative expenses		,=,,		,,		
	- 1 ( ) 1 1	103,763,273.	100,237,689.	93,506,569.	95,989,	136 96	888,710.
					33,303,	, 130.	000,710.
2	Provide the estimated percentage of the currely Board designated or quasi-endowment	ent year end balance		y) neid as.			
	Permanent endowment 70.52	0/	_%				
		9 19					
С	Temporarily restricted endowment  2						
_	The percentages on lines 2a, 2b, and 2c sho	•					
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organizatio	חר	_
	by:						Yes No
	(i) unrelated organizations	mamman a standardardar	orrom on on man	aniomentos mones		3a(i)	X
	(ii) related organizations	erionina og mengeres	constrainmentalis.			3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b	4 5
4	Describe in Part XIII the intended uses of the		wment funds.				
Par							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.	-3-	
	Description of property	(a) Cost or ot basis (investm	, , ,		Accumulated epreciation	(d) Book	value
1a	Land	110					
b	Buildings	7					
	Leasehold improvements		4.26	6,594.	578,376	3.688	3,218.
	Equipment				666,470		7,768.
	Other	OF U		5,000.	48,958		,042.
	Add lines 1a through 1e. (Column (d) must ea	nual Form 990 Port			10,550		2,028.
otal	Add intes 12 tillough 16. (Column to) must en	quair oim 330, Fall	, column (b), line h	JG./	Sch	edule D (Form	

WOMEN,	INC.
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52-6037388 Page 3

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X,	line 12. : Cost or end-of-year market value
4) Charactel declarations	(b) Book value	(o) metrica of valuation	i observation your market value
N OL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3) Other			
(A) ALTERNATIVE INVESTMENTS	14,848,369.	END-OF-YEAR	MARKET VALUE
(B) MINERAL RIGHTS	153,975.		MARKET VALUE
(C)	13373731	DIAD OF THE	THE VILLE
(D)			
(E)		1	
(F)		-	
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,002,344.		
Part VIII Investments - Program Related.	13,002,311.		
Complete if the organization answered "Yes" of	on Form 000 Bort IV line	11a San Form 000 Part V	line 12
(a) Description of investment	(b) Book value		ine 13. : Cost or end-of-year market value
	(b) Book value	(b) Michiod of Valuation	. Oost of ond of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	on Farm 000 Dart IV line	11d Cas Farm 000 Dad V	lias 45
Complete if the organization answered "Yes" o	Description	11d. See Form 990, Part X,	(b) Book value
	rescription		(b) Book value
(1)			
(2)			
(3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		7.50	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 990. Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	on Form 990. Part IV, line	11e or 11f. See Form 990, F b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990. Part IV, line	b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) SECURITY DEPOSITS	on Form 990. Part IV, line	44,395.	
(2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS	on Form 990. Part IV, line	44,395. 4,678.	
(2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES	on Form 990. Part IV, line	44,395. 4,678. 419,491.	
(2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES (5) IRA SWEEPSTAKES	on Form 990, Part IV, line (	44,395. 4,678. 419,491. 3,943.	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES (5) IRA SWEEPSTAKES (6) DEFERRED RENT AND LEASE IN	on Form 990, Part IV, line (	44,395. 4,678. 419,491. 3,943. 7,213,448.	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES (5) IRA SWEEPSTAKES (6) DEFERRED RENT AND LEASE INCOME TO THE COME TO T	on Form 990, Part IV, line (	44,395. 4,678. 419,491. 3,943. 7,213,448. 123,550.	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES (5) IRA SWEEPSTAKES (6) DEFERRED RENT AND LEASE INGER (7) DUE TO AAUW ACTION FUND, INGER (B) DUE TO STEM PROGRAMS	on Form 990, Part IV, line (	44,395. 4,678. 419,491. 3,943. 7,213,448. 123,550. 72,675.	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) SECURITY DEPOSITS (3) POOLED INCOME FUNDS (4) CHARITABLE GIFT ANNUITIES (5) IRA SWEEPSTAKES (6) DEFERRED RENT AND LEASE INCOME TO AAUW ACTION FUND, INCOME TO AAUW ACTIO	ICENTIVE	44,395. 4,678. 419,491. 3,943. 7,213,448. 123,550.	

Schedule D (Form 990) 2017

THE ORGANIZATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-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 INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.

732054 10-09-17

Schedule D (Form 990) 2017 WOMEN, INC. 52-6037388 Pa	ge 5
Part XIII   Supplemental Information (continued)	
THE ORGANIZATION'S IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME.	ME
PAX, AND IRS FORMS 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN	
AND RELATED STATE FILINGS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE	E
CAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.	
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#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Yes X No

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY

WOMEN INC.

Employer identification number

52-6037388

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 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.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLOWSHIP	18,000
EAST ASIA AND THE	0	0	GRANTS TO RECIPIENTS	HOME COUNTRY PROJECT GRANT	13,995
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	NYC METRO AREA FUND	18,000
MIDDLE EAST AND	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	HOME COUNTRY PROJECT GRANT	6,910
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLOWSHIPS FUND	18,000
RUSSIA AND NEIGHBORING STATES	0	0		INTERNATIONAL FELLOWSHIPS FUND	20,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	NYC METRO AREA FUND	18,000.
SOUTH ASIA	o	0		INTERNATIONAL FELLOWSHIPS FUND	38,000.
3 a Sub-total	0	0			150,905.
<b>b</b> Total from continuation sheets to Part I	o	0			56,000.
c Totals (add lines 3a and 3b)	o	0			206,905.

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

Schedule F (Form 990) 2017

Schedule F (Form 990) WOMEN , INC .

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) 52-6037388 Page 1 (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region describe specific type for region agents in program services, grants to recipients located in the region) of service(s) in region region GRANTS TO RECIPIENTS INTERNATIONAL SUB-SAHARAN AFRICA LOCATED IN REGION FELLOWSHIPS FUND 56,000. 56,000. **Totals** 

52-6037388

Page 2

Schedule F (Form 990) 2017

WOMEN, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

				appraisat, orner)

Page 3

52-6037388

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	oe of grant or assistance (b) Region (c)	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INTERNATIONAL FELLOWSHIP	BAST ASIA AND THE PACIFIC		18 000	18 000 BLECTRONIC WIRE TRANSFER	c		
HOME COUNTRY PROJECT GRANT	EAST ASIA AND THE PACIFIC	N	13,995,		o		
NYC METRO AREA FUND	EUROPE (INCLUDING ICELAND & GREENLAND)	1	18,000,	18,000, ELECTRONIC WIRE TRANSFER	0		
HOME COUNTRY PROJECT GRANT	MIDDLE EAST AND NORTH AFRICA	1	6,910,	910, ELECTRONIC WIRE TRANSFER	o		
INTERNATIONAL FELLOWSHIP	NORTH AMERICA	1	18,000,	,000, ELECTRONIC WIRE TRANSFER	0		
INTERNATIONAL FELLOWSHIP	RUSSIA AND NEIGHBORING STATES	1	20,000.	20,000.ELECTRONIC WIRE TRANSFER	°°		
NYC METRO AREA FUND	SOUTH AMERICA	1	18,000,1	18,000, ELECTRONIC WIRE TRANSFER	0		
INTERNATIONAL FELLOWSHIP	SOUTH ASIA	2	38,000	38,000, ELECTRONIC WIRE TRANSFER	0		
INTERNATIONAL FELLOWSHIPS FUND	SUB-SAHARAN AFRICA	8	56,000*1	56,000,ELECTRONIC WIRE TRANSFER	0		

## Schedule F (Form 990) 2017 WOMEN, INC.

	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	X 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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	X 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	X 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

AMERICAN ASSOCIATION OF UNIVERSITY 52-6037388 WOMEN, INC. Schedule F (Form 990) 2017 Page 5 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. 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.

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

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

AMERICAN ASSOCIATION OF UNIVERSITY

Employer identification number

WOMEN,	INC.	01111	Ditt	,111	52-6037	388
Part I Fundraising Activitie required to complete this p	S. Complete if the organization answart.	vered "\	∕es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
Indicate whether the organization ratio	e Solicit  f Solicit g Specia  n or oral agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) purs	ation of ation of al fundra al (inclu- profess	non-g gover aising ding o	povernment grants rnment grants events officers, directors, tru fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(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
CHAPMAN CUBINE & HUSSEY - 2000 15TH STREET, SUITE 500,	TELEMARKETING/MEMBERSHIP DEVELOPMENT	Yes	No x	0.	156,481.	-156,481.
Total			•		156,481.	-156,481.
3 List all states in which the organizat or licensing.  AL, AK, AR, CA, CO, CT, DC, NY, NM, NJ, OR, OK, OH, PA	,FL,GA,HI,IL,KS,KY	,WI,			·	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

AMERICAN ASSOCIATION OF UNIVERSITY 52-6037388 Page 2 Schedule G (Form 990 or 990 EZ) 2017 WOMEN, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 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) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities; a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

	52-6037	388	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	ranges.	Yes	L No
13 Indicate the percentage of gaming activity conducted in:	4	î	
a The organization's facility			9
b An outside facility	13b		9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	3 4 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt		
of gaming revenue retained by the third party			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided >			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		162	140
organization's own exempt activities during the tax year > \$	li le		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III. lines 9.	9b. 10	o. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, ,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	GEDG.		
SCHEDOLE G, PART I, DINE 2B, DIST OF TEN HIGHEST PAID FONDRAL	BEND:		
/ T \			
(I) NAME OF FUNDRAISER: CHAPMAN CUBINE & HUSSEY			
(I) ADDRESS OF FUNDRAISER:			
2000 15TH STREET, SUITE 500, ARLINGTON, VA 22201			

Schedule G (Form 990 or 990-EZ) WOMEN, INC.  Part IV Supplemental Information (continued)	52-6037388 <sub>Page</sub>
Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-E

SCHEDULE (Form 990) Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

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

Schedule I (Form 990) (2017) ž **Employer identification number** 52-6037388 COMMUNITY ACTION GRANTS (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 o, ô 0 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 456. 000 000 990 7,000 5,100 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9 \_ 9 AMERICAN ASSOCIATION OF UNIVERSITY (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501C(3) 501C(3) 501C(3) 501C(3) 501C(3) 501C(3) General Information on Grants and Assistance 952417645 912154834 250974293 941551410 560532129 571189961 (p) EIN criteria used to award the grants or assistance? GIRL SCOUTS OF NORTHERN CALIFORNIA 1 (a) Name and address of organization CHILDREN, YOUTH, & FAMILIES FOUND 3801 W TTR AVE 3801 W TEMPLE AVE - 1400 N UHLE STREET, STE 300 -CAL POLY POMONA FOUNDATION, INC. BUTLER AREA PTR LIBRARY LIBRARY GIRLS ON OUTDOOR ADVENTURE FOR WOMEN. LEADERSHIP AND SCIENCE - 2403 PRINCE ST - DURHAM, NC 27707 BUTLER AREA PUBLIC LIBRARY ARLINGTON PARTNERSHIP FOR JTR AVE 4203 JACKSON AVE or government CULVER CITY, CA 90232 ALEXANDRIA, VA 22201 Name of the organization 1310 S. BASCOM AVE SAN JOSE, CA 95128 POMONA, CA 91768 GLOBALGIRL MEDIA BUTLER, PA 16001 Internal Revenue Service Part N

Page 1 COMMUNITY ACTION GRANTS COMMUNITY ACTION GRANTS (h) Purpose of grant or assistance 52-6037388 (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 o. (e) Amount of non-cash assistance (d) Amount of cash grant 5,500 6,964 (c) IRC section if applicable 501C(3) 501C(3) 061627882 161581669 (b) EIN INC. 210 E GTR STREET 210 E. GENESEE STR MATILDA JOSLYN GAGE FOUNDATION (a) Name and address of organization or government EAST HARTFORD, CT 06118 FAYETTEVILLE, NY 13066 ONE RTR DRIVE DRIVE MIAMI DADE COLLEGE Schedule I (Form 990) GOODWIN COLLEGE

COMMUNITY ACTION GRANTS
Schedule I (Form 990)

COMMUNITY ACTION GRANTS

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7,000

501C(3)

261703034

GARAGE) - TH STRTR STREET 10TH

PROJECT H DESIGN (DBA GIRLS

STREET - BERKELEY, CA 94710

WESLEY HOUSING DEVELOPMENT

CORPORATION OF NORTHERN VIRGINIA -

CTR AVENUE 5515 CHEROKEE AVENUE

ALEXANDRIA, VA 22312

YWCA METROPOLITAN PHOENIX

2999 N NTR ST 44TH ST

PHOENIX, AZ 85018

COMMUNITY ACTION GRANTS

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COMMUNITY ACTION GRANTS

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2330 SE THTR TERRACE 16TH TERRACE

COMMUNITY ACTION GRANTS

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501C(3)

816001649

BIOCHEMISTRY - BOZEMAN, MT 89717

FOUNDATION - DEPARTMENT OF CHEMISTRY CTR BIOCHEMISTRY

MONTANA STATE UNIVERSITY

HOMESTEAD, FL 33035

CTR AVENUE 100 COLLEGE AVENUE

STERLING, CO 80751

NORTHEASTERN JUNIOR COLLEGE

COMMUNITY ACTION GRANTS

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COMMUNITY ACTION GRANTS

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10,000,

501C(3)

630483183

1002 SOUTH BROAD STREET

AAUW SCOTTSBORO

SCOTISBORO, AL 35768

Page 1 52-6037388 Schedule I (Form 990) WOMEN, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC. (h) EIN (c) IBCs

AAUW VERO BEACH  1908 NEWMARK CIRCLE SW VERO BEACH, FL 32968  BARRY UNIVERSITY  11300 NE 2ND AVE  MIAMA SHORES, FL 33161  BAY PATH UNIVERSITY  588 LONGMEADOW ST  LONGMEADOW, MA 01106  COMMUNITY FDN OF GREATER  GREENSBORO - 330 SOUTH GREENE  STREET SUITE 100 - GREENSBORO, NC  27401  GIRLS ON THE RUN PHILADELPHIA  GIRLS ON THE RUN PHILADELPHIA		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
UNIVERSITY  NE 2ND AVE  SHORES, FL 33161  SHORES, FL 33161  SHORES, FL 33161  SATH UNIVERSITY  SADOW, MA 01106  NITY FDN OF GREATER  SBORO - 330 SOUTH GREENE  T SUITE 100 - GREENSBORO, NC  SOUTH RUN PHILADELPHIA	10,	10,000,			COMMUNITY ACTION GRANTS
ATH UNIVERSITY  NGMEADOW ST  SADOW, MA 01106  O42103865  NITY FDN OF GREATER  SBORO - 330 SOUTH GREENE  F SUITE 100 - GREENSBORO, NC  56-1380249  ON THE RUN PHILADELPHIA	10,	000.			COMMUNITY ACTION GRANTS
SBORO - 330 SOUTH GREENE  SUITE 100 - GREENSBORO, NC  56-1380249  ON THE RUN PHILADELPHIA	10.	.000			COMMUNITY ACTION GRANTS
GIRLS ON THE RUN PHILADELPHIA	*6	0000,6			COMMUNITY ACTION GRANTS
21 WOULDALE RD PHILADELPHIA, PA 19118 461274689 501C(3)	10,	10,000.			COMMUNITY ACTION GRANTS
INSTITUTE FOR SOCIO-ECOLOGICAL RESEARCH - PO BOX 3151 - LAJAS, PUERTO RICO 00667 660795286 501C(3)	, 6	*0 .396			COMMUNITY ACTION GRANTS
LUTHER COLLEGE 700 COLLEGE DRIVE DECORAH, IA 52101 420680466 501C(3)	10,	10,000,	V =	8	COMMUNITY ACTION GRANTS
TRUCKEE MEADOWS COMMUNITY COLLEGE 7000 DANDINI BLVD, RDMT 200A RENO, NV 89512 880185319 501C(3)	10,	10,000.			COMMUNITY ACTION GRANTS
UNIVERSITY OF THE DISTRICT OF COLUMBIA - 4200 CONNECTICUT AVE NW - WASHINGTON, DC 20008 521152624	, 6	9,140,			COMMUNITY ACTION GRANTS

52-6037388 Schedule | (Form 990) WOMEN, INC.

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) WOMEN, INC.

Page 1

Schedule I (Form 990) COMMUNITY ACTION GRANTS (h) Purpose of grant or assistance LEGAL ADVOCACY FUND STEM EDUCATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 38,746. 10,000. 24,000 (c) IRC section if applicable 501C(3) 501C(3) 68-0463071 74-3130036 556017181 (p) EIN (a) Name and address of organization or government 1015 18TH ST. NW, SUITE 204 WEST VIRGINIA UNIVERSITY BAILEY & EHRENBERG PLLC WASHINGTON, DC 20036 SACRAMENTO, CA 95816 410 NEVILLE STREET BECKLEY, WV 25801 P.O. BOX 160067 CA TECH TREK

732241 04-01-17 52-6037388

Page 2

Schedule I (Form 990) (2017) WOMEN,

INC

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) RECEIPT OF THE SECOND GRANT/FELLOWSHIP PAYMENT IS CONTINGENT IN ADVANCE, THE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE GRANT/FELLOWSHIP PERIOD. SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS GIVE AN ACCOUNTING TWICE DURING INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET ANY CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY O. FIMA O.FMV O FINT O. FMV INCLUDING PROGRAM OFFICER TO ENSURE THEY MEET GRANT/FELLOWSHIP GUIDELINES. TO REQUEST, (d) Amount of non-cash assistance SATISFACTORY MID-TERM REPORT, 44,000 1,489,500 351,000, 856,000, 17,650 (c) Amount of cash grant FINANCIALS. GRANTEES AND FELLOWS ARE ALSO REQUIRED 17 21 43 (b) Number of recipients FELLOWS AND GRANTEES ARE REQUIRED TO (a) Type of grant or assistance ď SUBMISSION OF SELECTED PROFESSION FELLOWSHIPS INTERNATIONAL FELLOWSHIPS COMMUNITY ACTION GRANTS LINE 2: AMERICAN FELLOWSHIPS EXPENDITURES. NYC METRO AREA FUND UPON THE PART I, 732102 11-01-17

Schedule I (Form 990) (2017)

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Part III   Continuation of Grants and Other Assistance to Individuals in	iduals in the Unite	ed States (Schedule	the United States (Schedule I (Form 990), Part III.)		
(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
CAREER DEVELOPMENT GRANT	59	625,000.		AMA. 0	

### **SCHEDULE J** (Form 990)

**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.

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

**Open to Public** Inspection **Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

52-6037388

		7.3	Yes	No
1a	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 indemnification and gross-up payments  Health or social club dues or initiation fees	) )		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		1	
		1		
b	If any of the boxes on 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	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  X Approval by the board or compensation committee			
4	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	_	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		-	
	Only position 504/5V(t) 504/5V(t) and 504/5V(0) proprientians much possessing 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:	5a		x
a	The organization?	5b	-	X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		-
6	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

52-6037388

Schedule J (Form 990) 2017

WOMEN,

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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ppe	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·()(B)	in column (B) reported as deferred on prior Form 990
(1) KIMBERLY CHURCHES	(E)	210,63	24,000.	0.	8,292.	12,525.	255,455.	0
CHIEF EXECUTIVE OFFICER	(ii)		0	0.	0	0	0	0
(2) THOMAS CHAPPELL	(9)	153,16	0	0	10,863.	9,161.	173,191.	0
VP OF FINANCE	<b>E</b>	0	0	0.	0	0	0	0
(3) MARK HOPKINS	8	310,11	20,000.	0	31,155.	12,050.	373,31	0
CHIEF STRATEGY OFFICER	(ii)	0		0	0	0		0.
(4) SHEILA AMO	0	143,51	2,000.	0	14,935.	8,526.	171,97	0
CHIEF ADMINISTRATIVE OFFICER	(E)	0	0	0	0	0	0.	0
(5) ANNE POWELL	Θ	150,485		0	1,571.	9,485.	161,54	0
VP OF A&E	€	0	0	0	0	0		0
(6) FONG-CHING CHENG	9	161,38		0	16,629.	10,397.	188,410.	
VP OF INFORMATION TECHNOLOGY	(II)	0	0	0	0	0.	0	0
(7) CHRISTINE JONES	Ξ	165,51	0	0	16,897.	10,355.	192,769.	
VP OF MEMBERSHIP & DIR MKTG	(ii)	.0	0	0	0	0	0	0
	(1)	1						
	(E)							
	8							
	(ii)							
	(3)							
	Œ							
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	Ξ							
	(ii)	0						
	8							
	(ii)							
	Θ							
	<b>(E)</b>	0						
	Θ							
	(1)	0						
	9							
	(1)	i)						
								i

Schedule J (Form 990) 2017

# AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

52-6037388

Page 3

Part III Supplemental Information Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 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. THE AMOUNTS PAID FOR SOCIAL CLUB DUES ARE MADE FOR ORGANIZATIONAL AND NOT PERSONAL PURPOSES AND ARE THEREFORE NOT TAXED. PART I, LINE 1A:

## SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Employer identification number 52-6037388

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	~	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests		T A				
4	Books and publications	V					
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	17	68,254.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	-					
17	Real estate - Other						
18	Collectibles						
19							
20	Food inventory  Drugs and medical supplies		-				
21			1				_
22	Taxidermy						
23	Historical artifacts						
23 24	Scientific specimens						
	Archeological artifacts Other ( )						
25	,						
26	Other ()		-				
27	Other ()						
28 29	Other ( )  Number of Forms 8283 received by the organi	zation during	the tay year for a	antributions			_
29	for which the organization completed Form 82		, ,				
	for which the organization completed Form 82	os, Part IV, L	Jonee Acknowledg	jement		Tvan	N.
20-	During the year did the superinting yearing by	والمراجع والمراجع والمراجع		and and in Count I linear 4 decrees		Yes	No
Sua	During the year, did the organization receive b must hold for at least three years from the date	•		·	•		
	•		•	•			х
	exempt purposes for the entire holding period	***********			<u>30a</u>		
	If "Yes," describe the arrangement in Part II.			_ f		v	
31	Does the organization have a gift acceptance					X	
<b>J</b> ∠a	Does the organization hire or use third parties		•				v
	contributions?	**********	60000000000000000000000000000000000000	***************************************	32a		Х
	If "Yes," describe in Part II.	-h / \ *		. Kanada katalan andara (1911)	al a d		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	ror which column (a) is che	cked,		
	describe in Part II.					1	

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 WOMEN, INC.	52-6037388	Page 2
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution that the part for any additional information.	33, and whether the organiza ombination of both. Also com	ition plete

732142 09-07-17

Schedule M (Form 990) 2017

### SCHEDULE O

(Form 990 or 990-EZ)

Su

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

Name of the organization

MERICAN ASSOCIATION OF UNIVERSITY
WOMEN, INC.

Employer identification number 52-6037388

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROJECTS, COMMUNITY ACTION GRANTS, AND STEM EDUCATION STUDENT PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 144,706. INCLUDING GRANTS OF \$ 120. REVENUE \$ 0.

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

EXPENSES \$ 1,011,103. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEETING AND CONVENING - INCLUDES ACTIVITIES RELATED TO ANNUAL STATE

CONVENTIONS, COLLABORATIVE CONVENING, AND THE NATIONAL CONFERENCE ON

COLLEGE WOMEN STUDENT LEADERS (NCCWSL).

EXPENSES \$ 712,888. INCLUDING GRANTS OF \$ 0. REVENUE \$ 429,165.

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.

EXPENSES \$ 1,180,010. INCLUDING GRANTS OF \$ 1,009,364. REVENUE \$ 0.

LEGAL ADVOCACY FUND (LAF) - LAF WORKS TO COMBAT SEX AND GENDER

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

**Employer identification number** 52-6037388

DISCRIMINATION, INCLUDING FUNDING FOR LEGAL CASES IN HIGHER EDUCATION AND THE WORKPLACE, COMMUNITY AND CAMPUS PROGRAMS, VARIOUS RESEARCH REPORTS, A LAWYER REFERRAL NETWORK AND ONLINE ADVOCACY TOOLS AND RESOURCES.

EXPENSES \$ 284,891. INCLUDING GRANTS OF \$ 45,380. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE-THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTS OF THE BOARD CHAIR, BOARD VICE CHAIR, BOARD FINANCE VICE CHAIR, BOARD SECRETARY, AND TWO ADDITIONAL DIRECTORS. THE CHIEF EXECUTIVE OFFICER SERVES EX-OFFICIO WITHOUT A VOTE.

FORM 990, PART VI, SECTION A, LINE 6:

AAUW, INC. HAS MEMBERS AND RECEIVES MEMBER DUES.

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

AAUW USES AN ANNUAL ELECTRONIC AND PAPER VOTING PROCEDURE TO ALLOW THE MEMBERSHIP TO ELECT TWELVE OUT OF THE FIFTEEN MEMBERS OF THE BOARD OF DIRECTORS ON STAGGERED TERMS INCLUDING CHAIR AND VICE CHAIR. THE BOARD OF DIRECTORS APPOINTS THREE ADDITIONAL BOARD MEMBERS ON STAGGERED TERMS.

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

MEMBERS ARE ENTITLED TO VOTE ON THE ELECTION OF THE BOARD OF DIRECTORS, ADOPTION OR AMENDMENT OF THE PUBLIC POLICY PROGRAM, RESOLUTIONS, AND AMENDMENTS TO THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING. THE RETURN IS 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 52-6037388

APPROVED BY THE CEO AND THE FINANCE VICE CHAIR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN A BIANNUAL

AFFIRMATION OF COMPLIANCE TO DISCLOSE ANY POTENTIAL SITUATION THAT MAY

RAISE CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHIEF EXECUTIVE OFFICER (CEO) HAS AN EMPLOYMENT AGREEMENT WITH AAUW.

THE BOARD OF DIRECTORS 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 APPROPRIATE COMPENSATION INFORMATION FOR THE CEO. ANNUAL PERFORMANCE REVIEWS ARE COMPLETED YEARLY BETWEEN THE MONTHS OF APRIL AND JUNE. YEARLY STAFF COMPENSATION IS RECOMMENDED BY SENIOR MANAGEMENT TO THE CEO. THE OVERALL COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS THROUGH THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC

TN, UT, VA, WV, WI, AK, CO, DC, LA, ME, ND, OH, WA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE IN THE WWW.AAUW.ORG WEBSITE. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

Name	of the or	ganizat	ion I	AMER WOME	ICAN	ASSO	CIAT	ON C	F UN	IVERS	SITY			Employer identification numbe 52-6037388
THE	BOAF	RD O	F D	IREC	TORS	ASSI	GNS A	AN AU	DIT	COMM	CTTE	THE	AT AS	SSUMES THE
RES	PONS	BIL	ITY	OF	OVER	SEEIN	G THI	E ANN	UAL	AUDI	OF	THE	FINA	ANCIAL
STA	TEME1	ITS	AND	THE	SEL	ECTIO:	N OF	THE	INDE	PENDE	ENT A	ACCOU	UNTIN	G FIRM. THIS
PRO	CESS	HAS	NO	г сн	ANGE	D FRO	M PR	OR Y	EAR.					
_												_		
_														
_														

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2017

OMB No 1545-0047

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

AMERICAN ASSOCIATION OF UNIVERSITY

Employer identification number 52-6037388

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

(b) (c) Primary activity Legal domicile (state or foreign country)	(c) Legal domicile foreign cou	(state or intry)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) ed
				501(c)(3))		Yes	Ž
					AMERICAN	+	
					ASSOCIATION OF		
SEE SCHEDULE R, PART VII MASSACHUSETTS	ASSACHU	SETTS	501(C)(4)	N/A	UNIVERSITY WOMEN		×
							1
							1
							Ĭ

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 WOMEN, INC.

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

Page 2

52-6037388

(j) (k) General or Percentage managing ownership			more related	Section 512(b) controlled entity?			Schedule R (Form 990) 2017
(j) Seneral or managing partner?			ad one or	(h) Percentage ownership			fule R (Fc
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			i4, because it ha	(g) Share of end-of-year assets			Scher
(h) Disproportionate allocations?			t IV, line 3	otal			
			n 990, Parl	(f) Share of total income			
Share of total Share of income end-of-year assets			ered "Yes" on Forr	(e) Type of entity (C corp., S corp., or trust)			
			tion answ				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organiza	(d) Direct controlling entity			
Predomin (related, excluded fr sections			mplete if tf	Legal domicile (state or foreign country)			59
(d) Direct controlling entity			ration or Trust. Co rear.	(b) Primary activity			OR.
(c) Legal domicile (state or foreign country)			us a Corpo	Prime			
(b) Primary activity			anizations Taxable a	7.			
(a) Name, address, and EIN of related organization			V Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			732162 09-11-17
			Part IV				732162

## AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Schedule R (Form 990) 2017

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

52-6037388 Page 3

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				-	1	1
1 During the tax year, did the organization engage in any of the following transact	ctions with one or more r	lowing transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			<u>1</u>	×	
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				4	×	
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan guarantees to or for related organization(s)				7	×	
e Loans or loan guarantees by related organization(s)				<u>-</u>	×	1
f Dividends from related organization(s)				7	*	۱.
(5	A STATE OF THE PROPERTY OF THE PARTY OF THE	***************************************	***************************************		*   >	4 .
	***************************************			s) ;	4 >	1
	***************************************	The thirth hand has been seen to be a second s		= :	4 3	11
related organization(s)	***************************************			<b>=</b> ;	4 >	11.
				-	4	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	<b>×</b>	М
I Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)		TO SERVICE AND A	=	×	M
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			14	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	nization(s)		***************************************	5	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				2	×	
					-	
				4	×	اب
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19	×	4
r Other transfer of cash or property to related organization(s)				÷	×	
s Other transfer of cash or property from related organization(s)			***************************************	= 4	*	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line including covered relationships and transaction throughout	on who must complete t	his line including covere	d relationshine and transaction thresholds	2	+	
	and the second s	ins mis, meddang covered	d relationships and transaction unresholds.			
(a)  Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) AAUW ACTION FUND, INC.	υ	200,000.CASH	.CASH			
(2)						
(3)						
(4)						
(5)						
(9)						
732163 09-11-17	09		Interface	Schedule B (Form 000) 2017	06 (000	1

Schedule R (Form 990) 2017

WOMEN, INC.

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

Page 4

52-6037388

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

(a)  Name, address, and EIN  Primary activity  Of entity  of entity  (c)  Predominant income (related, unrelated, unrelated, unrelated, country)  sections 512-514)	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income parmes sec. (related, unrelated, 5016)3 sections 512-514) Yess No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionale allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	bispoper Code V-UBI General or Percentage amount in box 20 managing ownership yes No (Form 1065) yes No
						1		

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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 WOMEN, INC.		52-603/388	Page 5
Part VII Supplemental Information.			
Provide additional information for responses to questions on Schedule R. See instructions	i.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGAN	TZATTONS:		
			-
PRIMARY ACTIVITY: AAUW ACTION FUND ADVANCES EQUITY 1	FOR WOMEN	AND GIRLS	
MIDOIGII MEMBER AGETUTOM AND MORED MORTITEARTON			
THROUGH MEMBER ACTIVISM AND VOTER MOBILIZATION.			
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7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814 (T) 301.986.0600 1150 18<sup>TH</sup> STREET, NW SUITE 550 WASHINGTON, DC 20036 (T) 202.822.0717

February 16, 2019

AAUW Action Fund, Inc. 1310 L Street, NW No. 1000 Washington, DC 20005

Dear Tom,

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Katuri angrolet

Councilor, Buchanan & Mitchell, P.C.



## **IMPORTANT E-FILING INSTRUCTIONS**

Dear CBM Client,

We cannot submit your return for e-filing unless you sign & return the attached authorization form(s).

Please review your tax return(s) & return the signed eFile form(s) to us as soon as possible by one of the following methods:

- Via your CBM Portal
- Via email to <u>EFile@cbmcpa.com</u>
- Via fax to 301-986-0432 (Attention: eFile Dept.)

Thank you!!

Councilor, Buchanan + Mitchell, P.C.

Councilor, Buchanan & Mitchell, P.C.

## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

June 30, 2018

Prepared for	AAUW Action Fund, Inc. 1310 L Street, NW No. 1000 Washington, DC 20005
Prepared by	Councilor, Buchanan & Mitchell, P.C. 7910 Woodmont Ave. Ste. 500 Bethesda, MD 20814
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2019.



## **IMPORTANT PUBLIC FILE INFORMATION**

Dear CBM Client,

This Federal 990 form should be used for copying, for anyone requesting a copy of the 990. All Schedules of contributors have been removed from this copy as allowed by law.

Do Not File This Copy!

If you have any questions, please do not hesitate to call 301-986-0600.

Thank you!!

Councilor Buchanen + Mitchell, P.C.