Jump to Schedule: Form 990

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
245 RIVERSIDE AVE NO 200

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32202

D Employer identification number
59-3063956

E Telephone number
(904) 353-7878

G Gross receipts $ 14,807,785

F Name and address of principal officer:
PAUL A MARKOWSKI
245 RIVERSIDE AVE NO 200
JACKSONVILLE, FL 32202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AACE.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ENHANCING THE PRACTICE OF CLINICAL ENDOCRINOLOGY AND PROVIDING SUPPORT BY INVOLVEMENT IN THE DEVELOPMENT AND PRACTICE PARAMETERS AND GUIDELINES FOR ENDOCRINOLOGISTS

Activities & Governance

2	Check this box ▶ ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	60
6	Total number of volunteers (estimate if necessary)	**6**	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	12,482,109	7,235,464
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,760	324,659
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	487,162	252,712
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,149,031	7,812,835
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0

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Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,185,108	4,022,674
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,620,502	7,014,898
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,805,610	11,037,572
	19 Revenue less expenses. Subtract line 18 from line 12	-656,579	-3,224,737
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	12,058,555	8,868,070
	21 Total liabilities (Part X, line 26)	4,412,622	3,987,091
	22 Net assets or fund balances. Subtract line 21 from line 20	7,645,933	4,880,979

Part II **Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2020-10-30

PAUL A MARKOWSKI CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01226973

Firm's name ▶ JOHNSON LAMBERT LLP — Firm's EIN ▶ 52-1446779

Firm's address ▶ 4242 SIX FORKS ROAD SUITE 1500
RALEIGH, NC 27609 — Phone no. (919) 719-6400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ **Yes** ☐ **No**

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS IS A PROFESSIONAL COMMUNITY OF PHYSICIANS SPECIALIZING IN ENDOCRINOLOGY, DIABETES, AND METABOLISM COMMITTED TO ENHANCING THE ABILITY OF ITS MEMBERS TO PROVIDE THE HIGHEST QUALITY OF PATIENT CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☑ **No**

SCHEDULE C (Form 990 or 990-EZ) Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

If the organization answered "Yes," on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC	59-3063956

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions) ▶	$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶	$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes ☐ No ☐
4a	Was a correction made?	Yes ☐ No ☐
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶	$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶	$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶	$

		Yes	No
1	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*		
2	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*		
3	Did the filing organization file **Form 1120-POL** for this year?		
4	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*		
5	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*		
6	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*		
7	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*		
8	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*		

(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-

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	permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.				
3 a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes		
4 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		No	
5 c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No	
6 d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes		
	e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes		
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No	
	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	Yes		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
	b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 1c? *If "Yes," complete Schedule G, Part III*	19		No	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		No	
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		No	

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is: / **The lobbying nontaxable amount is:**		
	Not over $500,000 / 20% of the amount on line 1e.		
	Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000.		
	Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000.		
	Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000.		
	Over $17,000,000 / $1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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*		No
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*	Yes	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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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
2019
Open to Public Inspection

Name of the organization	**Employer identification number**
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC	59-3063956

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

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Additional Data

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL
ENDOCRINOLOGISTS INC

Employer identification number
59-3063956

Part I Questions Regarding Compensation

			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 (e.g., maid, chauffeur, chef)			
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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		No
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 ☑ 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:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		☑ No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	6a		

Part V Endowment Funds (fragments): Beginning of year balance; Contributions; Net investment earnings, gains, and losses; Grants or scholarships; Other expenditures for facilities and programs; Administrative expenses; End of year balance; Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment; b Permanent endowment; c Term endowment. The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations; b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment (fragments): Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value; 1a Land; b Buildings; c Leasehold improvements; d Equipment 72,445 72,445; 864,021 665,398; e Other; Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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Schedule D (Form 990) 2019

Part VII Investments—Other Securities (fragments): Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value; (1) Financial derivatives; (2) Closely-held equity interests; (3)Other; (A); (B)

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Part VI Governance, Management, and Disclosure (fragments): For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. **Section A. Governing Body and Management**. 1a Enter the number of voting members of the governing body at the end of the tax year 1a 26. If there are material differences in voting authority among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 23. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

Form 990 (2019)

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(C)	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
(D)	6	Did the organization have members or stockholders?	6		Yes
	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes
(E)	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes
	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8		
(F)	a	The governing body?	8a		Yes
	b	Each committee with authority to act on behalf of the governing body?	8b		Yes
	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		

(G) (H) (I)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2019**

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Schedule J (Form 990) 2019

Part VIII Investment Program Related

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

	(A) Description of investment	(B) Book value	(C) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶			

Part IX Other Assets

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	DUE FROM AFFILIATES	1,516,209
(2)	DEPOSITS	82,844

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

▶ THOMAS CONWAY - 245 RIVERSIDE AVE NO 200 - JACKSONVILLE, FL 32202 (904) 353-7877

Schedule J (Form 990) 2019

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 are not listed on Form 990, Part VII.

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PAUL A MARKOWSKI CHIEF EXECUTIVE OFFICER	(i)	350,000	17,500	0	20,633	33,200	421,333	0
		(ii)	0	0	0	0	0	0	0
2	THOMAS CONWAY CHIEF FINANCIAL OFFICER	(i)	232,102	16,380	0	32,833	9,939	291,254	0
		(ii)	0	0	0	0	0	0	0
3	KATIE SULLIVAN HARE CHIEF PUBLIC AFFAIRS OFFICER	(i)	240,769	0	0	27,361	7,308	275,438	0
		(ii)	0	0	0	0	0	0	0
4	MICHELLE CHRISTIANSEN CHIEF STRATEGIC ALLIANCE OFFICER	(i)	206,700	16,200	0	25,386	8,877	256,193	0
		(ii)	0	0	0	0	0	0	0
5	PAMELA WOOD CHIEF STRATEGY AND ORG. DEVELOPMENT	(i)	200,723	15,000	0	3,583	8,627	227,933	0
		(ii)	0	0	0	0	0	0	0
6	ELIZABETH LEPKOWSKI CHIEF LEARNING OFFICER	(i)	180,000	8,400	0	1,919	7,536	197,855	0
		(ii)	0	0	0	0	0	0	0
7	MICHAEL WILLIAMS GENERAL COUNSEL	(i)	128,600	8,600	0	25,320	2,292	159,812	0
		(ii)							

Form **990** (2019)

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SCHEDULE O (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL

Employer identification number
59-3063956

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PERSONS ELIGIBLE FOR MEMBERSHIP INCLUDE ANY PHYSICIAN WITH AN ACTIVE, UNENCUMBERED LICENSE TO PRACTICE MEDICINE WHO IS ENGAGED, AT LEAST 50% OF THEIR WORK TIME, IN THE TREATMENT OF PATIENTS WITH ENDOCRINE DISEASE OR INVOLVED IN RESEARCH OR EDUCATIONAL ACTIVITIES RELATING TO ENDOCRINE DISEASE; FELLOWS ENROLLED IN A POSTGRADUATE TRAINING PROGRAM FOR THE TREATMENT OR INVESTIGATION OF ENDOCRINE DISEASE; RESIDENTS IN INTERNAL MEDICINE OR PEDIATRICS; AND MEDICAL STUDENTS ENROLLED IN A MEDICAL SCHOOL ACCREDITED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE SUBMITS A SLATE OF CANDIDATES FOR THE BOARD OF DIRECTORS FOR VOTE BY THE AACE MEMBERSHIP PRIOR TO THE AACE ANNUAL BUSINESS MEETING.
FORM 990, PART VI, SECTION A, LINE 7B	THE BYLAWS MAY BE AMENDED OR REPEALED OR NEW BYLAWS ADOPTED UPON APPROVAL OF AT LEAST TWO-THIRDS OF THE AACE VOTING MEMBERSHIP IN GOOD STANDING.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW, WHICH HAS BEEN CHARGED WITH THIS RESPONSIBILITY BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	AACE MAINTAINS A COMPREHENSIVE CONFLICT OF INTEREST POLICY, WHICH IS APPLICABLE TO ALL AACE SENIOR STAFF AND VOLUNTEER LEADERSHIP, INCLUDING BOARD MEMBERS, COUNCILS, COMMITTEES AND TASK FORCES, AS WELL AS THE JOURNAL EDITOR-IN-CHIEF AND JOURNAL CO-OR ASSISTANT EDITORS-IN-CHIEF. ALL COVERED INDIVIDUALS ARE COLLECTIVELY REFERRED TO AS "MEMBERS." A CONFLICT OF INTEREST FORM IS SIGNED ANNUALLY BY EACH MEMBER. MEMBERS WHO HAVE A CONFLICT OF INTEREST ARE REQUIRED TO REPORT IT ON A SPECIFIED FORM WHEN THE CONFLICT HAS ARISEN, IN addition TO THE ANNUAL DISCLOSURE REQUIREMENT. THE CONFLICT OF INTEREST FORMS ARE REVIEWED BY VOLUNTEERS AND COMPARED WITH PUBLICLY AVAILABLE INFORMATION TO DETERMINE ACCURACY. THE PROFESSIONAL STANDARDS COMMITTEE (PSC) WILL WORK WITH STAFF TO ENSURE THAT CONFLICTS ARE MANAGED APPROPRIATELY.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE ANNUALLY EVALUATES AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING THE TOTAL COMPENSATION, INCLUDING INCENTIVES AND BENEFITS, PAID TO THE CEO; REVIEW THE AGGREGATE COMPENSATION, INCLUDING INCENTIVES AND BENEFITS, PAID TO ALL AACE EMPLOYEES; EVALUATE STIPENDS, AND OTHER COMPENSATION, PAID TO AACE OFFICERS; REVIEW AACE HONORARIUM POLICY AND MAKE RECOMMENDATIONS REGARDING CHANGES TO EXISTING POLICIES AND COMPENSATION LEVELS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	ANNUAL MEETING SERVICES 921,186. BOARD DESGINATED SERVICES 797,219. CME SERVICES 662,554. NON-CME SERVICES 77,696. ALL OTHER FEES FOR SERVICES 338,249.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines **2a** through **2d**		2e
3	Subtract line **2e** from line **1**		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines **4a** and **4b**		4c
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS CONCLUDED THAT AACE, COLLEGE AND AACECORP HAVE NOT TAKEN ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019.

Schedule D (Form 990) 2019

Additional Data

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Software ID:

Software Version:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K **Schedule O (Form 990 or 990-EZ) 2019**

(A) Name and title	(B) Average hours per week	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
(7) MICHAEL WILLIAMS	37.50					X		132,200	0	27,612
(8) ANTHONY GUCCIONE CONTROLLER	37.50					X		113,780	0	30,139
(9) KERRI LEO DIRECTOR OF EDUCATION DEVELOPMENT	37.50					X		120,192	0	16,346
(10) ROBIN SHELLY CHIEF MARKETING OFFICER	37.50					X		120,180	0	9,949
(11) STEPHANIE ADAMS DIRECTOR OF CLINICAL PRACTICE GUIDELINES	37.50					X		114,500	0	5,452
(12) SANDRA L WEBER MD	5.00 1.50	X		X				91,183	0	0
(13) DANIEL HURLEY MD	2.00	X		X				13,100	1,500	0
(14) HOWARD M LANDO MD PRESIDENT-ELECT	2.00 1.50	X		X				15,657	0	0
(15) MARK A LUPO MD DIRECTOR	1.00 1.00	X						4,000	5,000	0
(16) ELISE M BRETT MD DIRECTOR	1.00 1.00	X						1,800	0	0
DIRECTOR	1.00 1.00	X						1,500	0	0

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Software Version:

Form **990** (2019)

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number
59-3063956

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) AMERICAN COLLEGE OF ENDOCRINOLOGY 245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 59-3115539	EDUCATION	FL	501(C)(3)	LINE 10	AACE		No

(39) CHERYL R ROSENFELD DO DIRECTOR (FROM APRIL '19)	1.00 1.00	X	0	0	0
(40) CHRISTINE L TWINING MD DIRECTOR	1.00 1.00	X	0	0	0
(41) GUILLERMO E UMPIERREZ MD DIRECTOR	1.00 1.00	X	0	0	0
(42) AARON I VINIK MD PHD DIRECTOR	1.00 1.00	X	0	0	0
(43) WILLIAM D ZIGRANG MD DIRECTOR	1.00 1.00	X	0	0	0

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	2,216,906	11,000	276,700

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DO VISUAL INC 210 N UNION ST STE 210 ALEXANDRIA, VA 22314	EVENT TECHNOLOGY SERVICES	1,302,959
PRECISION MEETINGS 301 N FAIRFAX ST STE 104 ALEXANDRIA, VA 22314	EVENT MANAGEMENT COMPANY	696,422
MARIOTT BUSINESS SERVICES 10400 FERNWOOD RD BETHESDA, MD 20817	CONFERENCE SERVICES/ACCOMODATIONS	562,123
ORGSOURCE 251 LASALLE ST VERNON HILLS, IL 60061	NFP CONSULTING	373,684
MEDSCAPE 395 HUDSON ST 3RD FLOOR NEW YORK, NY 10014	MEDICAL INFORMATION PROVIDOR	288,412

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 13

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) 2019**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) AACECORP INC 245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 59-3341[illegible]	PUBLISHING	FL	AACE	C	225,300	366,302	100.000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	AMERICAN COLLEGE OF ENDOCRINOLOGY	Q	843,376	FMV

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Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c				
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f				
g	Noncash contributions included in lines 1a - 1f:$	1g				
h	**Total.** Add lines 1a-1f					

Program Service Revenue

		Business Code	(A)	(B)	(C)	(D)
2a	ANNUAL MEETING	900099	3,112,171	3,112,171		
b	MEMBER DUES	900099	1,256,937	1,256,937		
c	CME FEES	900099	972,862	972,862		
d	SATELLITE SYMPOSIUM	900099	355,419	355,419		
e	DISEASE INITIATIVES AND AWARENESS	900099	325,000	325,000		
f	All other program service revenue		1,213,075	1,213,075		
g	**Total.** Add lines 2a-2f		7,235,464			
3	Investment income (including dividends, interest, and other similar amounts)		184,760			184,760
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		250,995			250,995
	(i) Real	(ii) Personal				

Other Revenue

		(i) Securities	(ii) Other	(A)	(B)	(C)	(D)
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss) . . . . ▶							
7a Gross amount from sales of assets other than inventory	7a	7,134,449	400				
b Less: cost or other basis and sales expenses	7b	6,994,950	0				
c Gain or (loss)	7c	139,499	400				
d Net gain or (loss) . . . . ▶				139,899			139,899
8a Gross income from fundraising events (not including $ ____________ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events . . ▶							
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a						
b Less: direct expenses . . .	9b						
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances . .	10a						
b Less: cost of goods sold . .	10b						
c Net income or (loss) from sales of inventory . . ▶							

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a					
b					
c					
d All other revenue		1,717			1,717
e **Total.** Add lines 11a–11d . . . . ▶		1,717			
12 **Total revenue.** See instructions . . . . . . ▶		7,812,835	7,235,464	0	577,371

Form **990** (2019)

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,trustees, and key employees	1,803,256			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,526,566			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,751			
9 Other employee benefits	355,863			
10 Payroll taxes	280,238			
11 Fees for services (non-employees):				
a Management				
b Legal	3,593			
c Accounting	35,533			
d Lobbying	65,082			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,669			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,796,904			
12 Advertising and promotion	27,653			
13 Office expenses	328,631			
14 Information technology	287,499			
15 Royalties				
16 Occupancy	374,323			
17 Travel	920,016			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,626,455			
20 Interest				

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

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21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	64,754			
23 Insurance . . .	73,908			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL WRITING	190,759			
b HONORARIA	118,800			
c DUES & SUBSCRIPTIONS	50,187			
d EMPLOYEE RECRUITMENT	8,797			
e All other expenses	5,335			
25 **Total functional expenses.** Add lines 1 through 24e	11,037,572			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	**1**	Cash–non-interest-bearing		1,165,523	**1**	760,094
	2	Savings and temporary cash investments		1,678,216	**2**	839,577
	3	Pledges and grants receivable, net			**3**	
	4	Accounts receivable, net		306,234	**4**	75,598
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			**5**	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .			**6**	
	7	Notes and loans receivable, net			**7**	
	8	Inventories for sale or use			**8**	
	9	Prepaid expenses and deferred charges		333,890	**9**	93,618
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	**10a** 936,466			
	b	Less: accumulated depreciation	**10b** 737,843	78,898	**10c**	198,623
	11	Investments—publicly traded securities .		6,963,918	**11**	5,300,507
	12	Investments—other securities. See Part IV, line 11		1,000	**12**	1,000
	13	Investments—program-related. See Part IV, line 11			**13**	

	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,530,876	15	1,599,053
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	12,058,555	16	8,868,070
Liabilities	17	Accounts payable and accrued expenses	1,945,062	17	1,653,916
	18	Grants payable		18	
	19	Deferred revenue	2,130,921	19	2,307,278
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	336,639	25	25,897
	26	**Total liabilities.** Add lines 17 through 25	4,412,622	26	3,987,091
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ ☑ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,645,933	27	4,880,979
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,645,933	32	4,880,979
	33	Total liabilities and net assets/fund balances	12,058,555	33	8,868,070

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,812,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,037,572
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,224,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,645,933
5	Net unrealized gains (losses) on investments	5	459,783
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 32, column (B))	**10**	4,880,979

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth inthe Single Audit Act and OMB Circular A-133?	**3a**		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**		

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