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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

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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 $ 13,912,594

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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	58
6	Total number of volunteers (estimate if necessary)	**6**	12
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 34	**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)	10,225,430	12,482,109
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,363	179,760
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,848,247	487,162
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,572,040	13,149,031
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)	3,843,746	4,185,108
	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)	7,750,351	9,620,502
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,594,097	13,805,610
	19 Revenue less expenses. Subtract line 18 from line 12	977,943	-656,579
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	14,165,744	12,058,555
	21 Total liabilities (Part X, line 26)	5,106,769	4,412,622
	22 Net assets or fund balances. Subtract line 21 from line 20	9,058,975	7,645,933

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: 2019-11-12

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**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

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**

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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2018

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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 ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				

Overprinted layer (Form 990, 2018, pages 2–3):

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 $ including grants of $) (Revenue $)

ANNUAL MEETING/EXHIBITORS - CONDUCTED TO PRESENT SCIENTIFIC AND EDUCATIONAL TOPICS TO MEMBERS AND TO CONDUCT BUSINESS WITH THE ORGANIZATION'S BYLAWS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

SATELLITE SYMPOSIA - THESE CME-ACCREDITED PROGRAMS ARE SUPPORTED BY EDUCATIONAL GRANTS AND ARE HELD EITHER BEFORE OR AFTER OFFICIAL SESSIONS AT THE ANNUAL MEETING.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Form **990** (2018)

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Form 990 (2018) Page **3**

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No

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2	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
3	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
4	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
5	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.			
6 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	
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
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
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*			
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*			
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 II*			
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*			
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		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	Yes	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
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		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.		
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?		

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

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)

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 the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number
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 ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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Form 990 (2018) Page 4

Part IV Checklist of Required Schedules *(continued)*

			Yes	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 Schedule J*	23		
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	**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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			

Schedule C (Form 990 or 990-EZ) 2018 Page 3

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)).

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

		(a) Yes	(a) No	(b) Amount
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?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No

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Schedule C (Form 990 or 990-EZ) 2018

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
2a	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):		
	a ☐ Public exhibition	d ☐ Loan or exchange programs	
	b ☐ Scholarly research	e ☐ Other	
	c ☐ Preservation for future generations		
2b	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		
2c	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	☐ Yes	☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	☐ Yes	☐ No
1b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	☐ Yes	☐ No

		Amount
1c	Beginning balance	
1d	Additions during the year	
1e	Distributions during the year	
1f	Ending balance	

2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	☐ Yes	☐ No
2b	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	☐	

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,933,687				
b	Contributions					
c	Net investment earnings, gains, and losses	150,856				
d	Grants or scholarships	57,825				
e	Other expenditures for facilities and programs	208,681				
f	Administrative expenses	80,891				
g	End of year balance	1,792,146				
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
a	Board designated or quasi-endowment ▶	8 %				
b	Permanent endowment ▶	0 %				
c	Term endowment ▶	92 %				
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					Yes / No
	(i) unrelated organizations				3a(i)	No
	(ii) related organizations				3a(ii)	No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the organization's endowment funds.					

Part VI Land, Buildings, and Equipment.

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				
e	Other				
Total	(add lines 1a through 1e)				

Part VII Investments—Other Securities.

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)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total	(add lines 1a through 1e)		

Part VIII Investments—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 type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total	(add lines 1a through 1e)		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(add lines 1a through 1e)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(add lines 1a through 1e)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Net Assets.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1
2	Total expenses (must equal Part IX, column (A), line 25)	2
3	Revenue less expenses. Subtract line 2 from line 1	3
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4
5	Net unrealized gains (losses) on investments	5
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 Part XIII)	9
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10

Part XII Financial Statements and Reporting.

1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Part XIII.		
b	Were the organization's financial statements compiled or reviewed by an independent accountant?	☐ Yes	☐ No
c	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 separate and consolidated basis		
3a	Were the organization's financial statements audited by an independent accountant?	☐ Yes	☐ No
b	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 separate and consolidated basis		
c	If "Yes," was the organization subject to the Single Audit Act and OMB Circular A-133?	☐ Yes	☐ No
d	If "Yes," explain in Part XIII the nature of the audit or review and the name of the independent accountant.		

Part XIII Supplemental Information.

Provide the descriptions required for Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions) and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

Return to Form

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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.

OMB No. 1545-0047

2018

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 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		No
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 in line 1a?		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?		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		
b	Any related organization?		
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?		

Land 72,445 72,445

Equipment 679,343 600,645

Total number of voting members of the governing body at the end of the tax year 1a 28

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b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No	
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?	**3**			No	
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	
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	
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:					
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**			No	

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

10a	Did the organization have local chapters, branches, or affiliates?	**10a**			No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?	**12c**	Yes		
13	Did the organization have a written whistleblower policy?	**13**	Yes		
14	Did the organization have a written document retention and destruction policy?	**14**	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes		
b	Other officers or key employees of the organization	**15b**	Yes		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**			No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**			

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.

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
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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	1,530,876
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,530,876

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 MAROWSKI CHIEF EXECUTIVE OFFICER	541,058	29,250	0	30,104	16,863	417,275	0
	0	0	0	0	0	0	0
(2) THOMAS CONWAY CHIEF FINANCIAL OFFICER	225,000	27,000	10,000	8,441	25,494	295,935	0
	0	0	0	0	0	0	0
(3) PAMELA WOOD CHIEF STRATEGIC ALLIANCE OFFICER	195,001	2,000	8,309	7,312	2,041	214,663	0
	0	0	0	0	0	0	0
(4) RICHELLE ANT CHIEF STRATEGIC ALLIANCE OFFICER	200,000	27,000	0	7,157	19,813	228,970	0
	0	0	0	0	0	0	0
(5) SHARYN LEE CHIEF LEARNING OFFICER (TO JUNE 18)	95,000	200	95,000	2,931	4,749	197,880	0
	0	0	0	0	0	0	0
(6) ROBIN SHELLY CHIEF MARKETING OFFICER	190,000	500	0	6,743	16,254	213,497	0
	0	0	0	0	0	0	0

SCHEDULE O (Form 990 or 990-EZ) **Supplemental Information to Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to 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

2018

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

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	A MULTIPLICITY OF INTERESTS FORM IS SIGNED BY EACH MEMBER AT THE FIRST BOARD MEETING OF THE ASSOCIATION YEAR. BOARD MEMBERS WHO HAVE A MULTIPLICITY OF INTEREST WITH ANY ISSUE TO BE BROUGHT BEFORE THE BOARD MUST DISCLOSE TO THE PRESIDENT SUCH CONFLICT(S) VERBALLY AND IN WRITING AT EACH MEETING OF THE BOARD OF DIRECTORS, INCLUDING COMPLETION OF THE BOARD OF DIRECTORS MULTIPLICITY OF INTERESTS FORM WHICH SHOULD BE TURNED INTO THE AACE SECRETARY AT THE TIME OF THE MEETING. THIS POLICY IS ALSO APPLICABLE TO ALL AACE COUNCILS, COMMITTEES AND TASK FORCES. THE MULTIPLICITY OF INTERESTS FORM WILL BE SUBMITTED TO THE BOARD/COUNCIL/COMMITTEE/TASK FORCE CHAIR PRIOR TO THE MEETING. PRIOR TO EACH MEETING OF THE BOARD OF DIRECTORS, COUNCILS, COMMITTEES AND/OR TASK FORCES, THE CHAIR HAS THE RESPONSIBILITY, WITH THE ASSISTANCE OF STAFF, FOR REVIEWING MULTIPLICITY OF INTERESTS FORMS IN RELATION TO THE UPCOMING MEETING AND ITEMS TO BE ADDRESSED TO DETERMINE IF THERE IS A POTENTIAL CONFLICT OF INTEREST FOR ANY MEMBER. THE COUNCIL/COMMITTEE/TASK FORCE CHAIR HAS THE RESPONSIBILITY OF ENSURING THAT A POTENTIAL MULTIPLICITY OF INTEREST IS DISCLOSED AND DETERMINE WHETHER IT IS APPROPRIATE IN THE DISCUSSION AND/OR ACTION ON THE ISSUE WHICH RAISES THE CONFLICT OF INTEREST.
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,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

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LINE 19	
FORM 990, PART IX, LINE 11G	SATELLITE SYMPOSIA 1,503,356. BUSINESS DEVELOPMENT 1,216,566. AES CONTRACTORS 57,683. ALL OTHER FEES FOR SERVICES 1,781,355.
FORM 990, PART XI, LINE 9:	BAD DEBT EXPENSE 7,067.

Additional Data — Return to Form

Form 990, Part IX, line 25, but not on line 1:

Software ID:

Software Version:

3	Subtract line 2e from line 1								3,500	3	0	13,743,229
4a	Investment expenses not included on Form 990, Part VIII, line 7b							4a	54,714		0	0
b	Other (Describe in Part XIII.)							4b	7,667			
c	Add lines 4a and 4b									4c		62,381
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)								3,900	5	0	13,805,610

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 ACE, COLLEGE AND AACECORP HAVE NOT TAKEN ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018.
PART VI, LINE 4B - OTHER ADJUSTMENTS:	LOSS ON DISPOSAL OF FIXED ASSETS 600.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBTS EXPENSE 7,067. LOSS ON DISPOSAL OF FIXED ASSETS 600.

(9) ELISE M BRETT MD DIRECTOR	1.00		X						0	0	0	0
(10) MICHAEL A BUSH MD DIRECTOR	1.00		X						0	0	0	0
(11) PAULINE CAMACHO CHANCELLOR	1.00		X						1,500	0	0	0
(12) [illegible] DIRECTOR	1.00		X						2,000	0	0	0
(13) W TIMOTHY GARVEY MD DIRECTOR	1.00		X						2,000	2,000	0	0
(14) VED V GOSSAIN MD DIRECTOR	1.00		X						0	0	0	0
[illegible] DIRECTOR (TO MAY '18)	1.00		X						43,000	2,000	0	0
(16) CHRIS K GUERIN MD DIRECTOR	1.00		X						21,000	1,500	0	0
(17) RICHARD A HAAS MD DIRECTOR (TO MAY '18)	1.00		X						0	0	0	0

Additional Data — Return to Form

Software ID:

Software Version:

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS

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
(1) AACE ENDOCRINOLOGY INSTITUTE INC 245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 59-3215539	EDUCATION	FL	0	0	AACE

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	No
(1) AMERICAN COLLEGE OF ENDOCRINOLOGY 245 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32202 59-3215539	EDUCATION	FL	501(C)(3)	LINE 10	AACE		No

CHIEF FINANCIAL OFFICER	37.50			X				262,000		0	33,935							
(37) PAMELA WOOD																		
CHIEF STRATEGY AND ORGANIZATIONAL DEVELOPMENT OFFI	37.50				X			205,310		0	9,353							
(38) MICHELE LENTZ																		
CHIEF STRATEGIC ALLIANCE OFFICER	37.50				X			202,000		0	26,970							
(39) LEE																		
CHIEF LEARNING OFFICER (TO JUNE '18)	37.50				X			190,200		0	7,680							
(40) ROBIN SHELLY																		
CHIEF MARKETING OFFICER	37.50				X			190,500		0	22,997							
(41) WILLIAM A HORN																		
DIRECTOR OF IT (TO NOV '18)	37.50					X		109,009		0	23,095							
(42) ANTHONY GUCCIONE																		
CONTROLLER	37.50					X		105,200		0	24,467							
(43) MICHAEL WILLIAMS																		
GENERAL COUNSEL	37.50					X		105,001		0	21,273							
(44) GLENN SEBOLD																		
DIRECTOR OF PUBLIC MEDIA RELATIONS	37.50					X		104,701		0	26,127							
(45) SARA MILO																		
DIRECTOR OF LEGISLATION/GOV AFFAIRS	37.50					X		101,001		0	12,356							
1b Sub-Total ▶																		
c Total from continuation sheets to Part VII**, Section A** ▶																		
d Total (add lines 1b and 1c) ▶								2,181,230		28,000	256,220							

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 ▶ 11

	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		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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*		No

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	(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 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	(i) No
(1) AACECORP INC 2445 MODENA AVE 200 JACKSONVILLE, FL 32202 59-3341037	PUBLISHING	FL	AACE	C	No 259,786	652,755	100.000 %	Yes	

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
FREEMAN AUDIO VISUAL INC 210 N UNION ST 210 ALEXANDRIA, VA 22314	EVENT TECHNOLOGY SERVICES	546,620
PRECISION MEETINGS 301 N FAIRFAX ST 104 ALEXANDRIA, VA 22314	EVENT MANAGEMENT COMPANY	448,156
MARIOTT BUSINESS SERVICES	CONFERENCE SERVICES/ACCOMODATIONS	443,250

10400 FERNWOOD RD
BETHESDA, MD 20817

ORGSOURCE — NFP CONSULTING — 296,810

251 LASALLE STREET
VERNON HILLS, IL 60061

LEVY RESTAURANTS — CATERING — 228,600

980 NORTH MICHIGAN AVE
CHICAGO, IL 606114501

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 ▶ 20

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	No
b	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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	Contributions, Gifts, Grants and Other Similar Amounts				
1a	Federated campaigns 1a				
1b	Membership dues 1b				
1c	Fundraising events 1c				
1d	Related organizations 1d				
1e	Government grants (contributions) 1e				
1f	All other contributions, gifts, grants, and similar amounts not included above 1f				
1g	Noncash contributions included in lines 1a - 1f: $				
1h	**Total.** Add lines 1a-1f ▶				
	Program Service Revenue	**Business Code**			
2a	ANNUAL MEETING	900099	3,670,725	3,670,725	
b	INDUSTRY TRAINING PROGRAMS	900099	2,570,096	2,570,096	
c	SATELLITE SYMPOSIA	900099	2,265,455	2,265,455	
d		900099	1,304,687	1,304,687	

	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
2a			
b			
c			
d			

Program Service Revenue

MBER DUES							
	900099	632,954	632,954				
SINESS DEVELOPMENT							
f All other program service revenue.		2,038,192	2,038,192				
9 **Total.** Add lines 2a–2f ▶	12,482,109						

3 Investment income (including dividends, interest, and other ir amounts) ▶		210,303				210,303	
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶		325,956				325,956	

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) Disproportionate 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
6a Gross rents														
b Less: rental expenses														
c Rental income or (loss)														
d Net rental income or (loss) ▶														

	(i) Securities	(ii) Other												
7a Gross amount from sales of assets other than inventory	732,420	600												
b Less: cost or other basis and sales expenses	763,563	0												
c Gain or (loss)	-31,143	600												
d Net gain or (loss) ▶				-30,543				-30,543						

Other Revenue

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a														
b Less: direct expenses b														
c Net income or (loss) from fundraising events ▶														
9a Gross income from gaming activities. See Part IV, line 19 a														
b Less: direct expenses b														
c Net income or (loss) from gaming activities ▶														
10a Gross sales of inventory, less returns and allowances a														
b Less: cost of goods sold b														
c Net income or (loss) from sales of inventory ▶														

Miscellaneous Revenue	Business Code													
11a ADMIN FEES - AFFILIATES	900099	161,206		161,206										

b					
c					
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶					
12 Total revenue. See Instructions. . . . . ▶	161,206 13,349,021	12,643,315	0	505,716	

Schedule R (Form 990) 2018

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2018

Part IX Statement of Functional Expenses

Additional Data

:)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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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) Fundraisingexpenses
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,trustees, and key employees	1,804,220			
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	1,643,726			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,213			
9 Other employee benefits	410,664			
10 Payroll taxes	271,285			
11 Fees for services (non-employees):				
a Management				
b Legal	10,104			
c Accounting	68,459			
d Lobbying	102,000			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,714			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,558,960			

12 Advertising and promotion	16,425			
13 Office expenses	340,018			
14 Information technology	196,972			
15 Royalties				
16 Occupancy	530,545			
17 Travel	938,579			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,313,200			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,668			
23 Insurance	82,013			
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 DUES & SUBSCRIPTIONS	118,976			
b EMPLOYEE RECUIRTMENT	3,664			
c TAXES, LICENSES, & FEES	184			
d				
e All other expenses	235,021			
25 **Total functional expenses.** Add lines 1 through 24e	13,805,610			
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
1	Cash–non-interest-bearing	563,366	**1**	1,165,523
2	Savings and temporary cash investments	2,291,845	**2**	1,678,216
3	Pledges and grants receivable, net		**3**	
4	Accounts receivable, net	1,371,819	**4**	306,234
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		**5**	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		335,492	9	333,890
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 751,988			
	b	Less: accumulated depreciation	10b 673,090	102,861	10c	78,898
	11	Investments—publicly traded securities		7,991,693	11	6,963,918
	12	Investments—other securities. See Part IV, line 11		252,378	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		1,256,290	15	1,530,876
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,165,744	16	12,058,555
Liabilities	17	Accounts payable and accrued expenses		754,111	17	1,945,062
	18	Grants payable			18	
	19	Deferred revenue		4,334,410	19	2,130,921
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		18,248	25	336,639
	26	**Total liabilities.** Add lines 17 through 25		5,106,769	26	4,412,622
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,058,975	27	7,645,933
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,058,975	33	7,645,933
	34	Total liabilities and net assets/fund balances		14,165,744	34	12,058,555

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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	13,149,031
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,805,610
3	Revenue less expenses. Subtract line 2 from line 1	3	-656,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,058,975
5	Net unrealized gains (losses) on investments	5	-763,530
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	7,067
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,645,933

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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