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CLIENT'S COPY

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Form	330

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AF	or th	e 2015 calendar year, or tax year beginning a	nd ending	_	
<b>B</b> c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	AMERICAN THYROID ASSOCIATION			
	Name chang			41-6	038600
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	6066 LEESBURG PIKE	550	703-	998-8890
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,737,085.
	Amen			H(a) Is this a group re	
	Applio tion pendi			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X 501(c)(3) = 501(c) ( ) $ (insert no.) 4947(a)	(1) or 52	,	list. (see instructions)
		te: WWW.THYROID.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Yea	r of formation: 1923 N	State of legal domicile: VA
Pa	art I	Summary			DECENDOU
e	1	Briefly describe the organization's mission or most significant activities: THR EDUCATION, CLINICAL CARE, AND PUBLIC HE		VCEPPENCE IN	UF LEADING
nan		Check this box $\blacktriangleright$ if the organization discontinued its operations or dis			
veri	23	Number of voting members of the governing body (Part VI, line 1a)			17
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)			16
s S	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			9
itie	6	Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
θ	8	Contributions and grants (Part VIII, line 1h)		988,245.	1,311,147.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,836,809.	3,060,220.
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193,413.	63,545.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		3,018,467.	4,434,912.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		402,500.	490,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	778,614.	880,821.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 117,	<u> </u>	1,406,231.	2,564,592.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,587,345.	3,935,413.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		431,122.	
SS	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
anci	20	Total assets (Part X, line 16)		7,013,096.	7,872,589.
Ass Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		460,957.	929,995.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		6,552,139.	6,942,594.
Pa	art II	Signature Block		.,,,	-,-11,0710
		alties of perjury, I declare that I have examined this return, including accompanying sched	lules and stater	nents, and to the best of m	y 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 BARBARA R. SMITH, EXEC Type or print name and title	UTIVE DIRECTOR	Date
Paid	Print/Type preparer's name RUSTAM J. DALAL	Preparer's signature RUSTAM J. DALAL	Date Check PTIN 07/27/16 self-employed P00272049
Preparer	Firm's name 🕞 DALAL & COMPANY		Firm's EIN 🕨 20-3915596
Use Only	Firm's address 1500 KING STREET ALEXANDRIA, VA 2		Phone no. 703 - 548 - 1055
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
532001 12-1 S	6-15 LHA For Paperwork Reduction Act Notic EE SCHEDULE O FOR ORGANIZ	<i>i</i>	Form <b>990</b> (2015) ENT CONTINUATION

		038600	Page
Par			
		<u></u>	
1	Briefly describe the organization's mission:	ννα τι τ ο νι τ	т.
			mub
2		, 110	
2		Ves	XN
	If "Yes," describe these new services on Schedule O.		
3		Yes	XN
•	If "Yes," describe these changes on Schedule O.		
4	· · · · · · · · · · · · · · · · · · ·	ed by expense	s.
		•	
	revenue, if any, for each program service reported.	·····	
4a		2,640,	622
	THE ASSOCIATION FOSTERS CONTACT AND COLLABORATION AMONG MEM	BERS,	
	SUPPORTS THE EDUCATION OF TRAINEES, SCIENTISTS, PHYSICIANS A		IR
	HOLDS MEETINGS TO FACILITATE THE DISSEMINATION OF NEW KNOWLE	DGE IN	THE
	FIELD OF THYROID PATHOPHYSIOLOGY.		
		to f program Service Accomplishments adule Ocontains a response or note to any line in this Part III	
		ervice Accomplishments         Image: Complishments           esponse or note to any line in this Part III         Image: Complishments           STONAL SOCIETY OF OVER 1,600 US AND INTERNATIONAL WITSTS WIG SPECIALIZE IN THE RESEARCH AND TREATMENT         . THE ATA IS DEDICATED TO PROMOTING SCIENTIFIC AND           3 OF THE BIOLOGY OF THE THYROID GLAND AND ITS         Image: Complishments for Special Part of the services and services and services acomplishments for each of its three largest program services, and responded.           . or make significant changes in how it conducts, any program services, as measured by expenses.         atoes are required to report the amount of grants and allocations to others, the total expenses.           . atoes are required to report the amount of grants and allocations to others, the total expenses.         . (260, 734. houding grants of the structure o	
	F00.004		
4b			
			, 101
		SPECIALIZE IN THE RESEARCH AND TREATMENT IS DEDICATED TO PROMOTING SCIENTIFIC AND vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the year which were not listed on vices during the largest program services, as measured by expenses, or eport the amount of grants and allocations to others, the total expenses, and neuding grants of \$ 1 (Revenue \$ 2,640,622 CT AND COLLABORATION AMONG MEMBERS, INTHE DISSEMINATION OF NEW KNOWLEDGE IN THE DISSEMINATION OF NEW KNOWLEDGE IN THE DOGY.	
4c	(Code: ) (Expenses \$ 518,218. including grants of \$ 490,000. ) (Revenue \$		
	THE ASSOCIATION FOSTERS AND SUPPORTS RESEARCH ON THYROID MOI	ECULAR	AND
	CELL BIOLOGY, PHYSIOLOGY AND DISEASES.		
		of Program Service Accomplishments	
4d			
		98.)	
4e	Total program service expenses > 3,758,459.		
532002	02	Form <b>S</b>	<b>990</b> (20
12-16-	6-15		
		<b>MTO 100</b>	5 F
20	0804 136238 10055 2015.04010 AMERICAN THYROID ASSOCIA	TTO TOO	ວວ

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Part IV Checklist of Required Schedules

AMERICAN THYROID ASSOCIATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	17	<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		- 23
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

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Pa	Check if Schedule O contains a response or note to any line in this Part V					
			<u></u>	<u></u>	Yes	
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	42		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
-	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	┟───┤	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			70		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1 1		7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		±?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		l			
a	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-	┢──┤	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	<b>_</b>					
U	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	130 13c				
	Did the experimentian vession and required and the termine services during the terminer			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.			14b		
-						100.15

Form <b>990</b>	(2015)
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Form 990 (2015)

Form 990	(2015)	)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Seci	tion A. Governing Body and Management			No.	
			17	Yes	s
		1a	<u> </u>		
			16		
			10		
	officer, director, trustee, or key employee?		2		
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a	X	
	persons other than the governing body?		7b	X	
8					
			8a	X	
h	Each committee with authority to act on behalf of the governing body?		8b	X	
5			9		
Sect			J		
				Yes	_
10-	Did the experimetion have legal chapters, branches, ar officiates?		10a	-	>
			<u>IUa</u>		
				37	
		dy before filing the fo	orm? <b>11a</b>	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
			<b>12</b> b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		120		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approv	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
				X	
		ement with a			
			16a		
					_
			104		
			16b		
		MA NT NW 177	<b>177</b> T	-	
		-1 (Section 501(c)(3)s	only) availa	ble	
		,			
		onflict of interest poli	cy, and fina	ncial	
<ul> <li>of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization have members or stockholders?</li> <li>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?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b 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</li> <li>Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)</li> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization's exempt purposes?</li> <li>11a Has the organization nave a written conflict of interest policy? If "No," g ot Dim to a sported the main conflict of interest policy? If "No," g ot Dim to a sported the main advector organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization's exempt purposes?</li> <li>11a Has the organizatio</li></ul>					
	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records: 🕨			
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Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees	, Highest	Compensated
	Employees, and Indepen	dent Contra	ctors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title         Average hours par week (ist any pour soft organization related organization inter and elemethy turked below line)         Reportable compensation from organization (W2/1099-MISC)         Estimated aunut of compensation rom eleted organization (W2/1099-MISC)           (1)         BARBARA R. SMITH, CAE EXECUTIVE DIRECTOR         55.00 X         X         X         222,583.         0.         35,395.           (1)         BARBARA R. SMITH, CAE EXECUTIVE DIRECTOR         55.00 X         X         X         0.         0.         0.           (2)         JOINT C. MORETS, MD         1.00 X         X         X         0.         0.         0.           (3)         VICTOR J. DERNET, MD         6.00 X         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50 X         X         0.         0.         0.           (5)         SUSAN A. SHERMAN, MD         0.50 X         X         0.         0.         0.           (6)         NOBERT C. SMALLENDER, MD         0.50 X         X         0.         0.         0.           (10)         DIRECTOR         X         X         0.         0.         0.         0.           (11)         MORENT C. SMALLENDER, MD         0.50 X         X <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations (li) BARBARA R. SMITH, CAE         bours for pression (li) BARBARA R. SMITH, CAE         compensation (metaled organizations (W2/1099-MISC)         compensation form metaled organizations (W2/1099-MISC)         compensation (W2/1099-MISC)         amount of other organizations (W2/1099-MISC)           (1) BARBARA R. SMITH, CAE         55.000         X         X         222,583.         0.         35,395.           (2) JOIN C. MORRIS, MD         1.000         X         X         X         0.         0.         0.           (3) VICTOR J. BERNET, MD         6.000         X         X         X         0.         0.         0.           (3) VICTOR J. BERNET, MD         6.000         X         X         0.         0.         0.           (4) JAMES V. HENNESSEY, MD         0.500         X         X         0.         0.         0.           (6) ROBERT C. SMALLRIDE, MD         0.500         X         X         0.         0.         0.           DIRECTOR         0.500         X         X         0.         0.         0.         0.           DIRECTOR         SHERHAN, MD         0.500         X         X         0.         0.         0.           DIRECTOR         SHERHAN, MD         0.500	Name and Title	Average	(do					one	Reportable	Reportable	Estimated
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(1)         BARBARA R. SMITH, CAE         55.00         X         X         X         222,583.         0.         35,395.           (2)         JOHN C. MORRIS, MD         1.00         X         X         0.         0.         0.           (3)         VICTOR J. BERNET, MD         6.00         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         0.         0.         0.         0.           (5)         SUSAN A. SHERMAN, MD         0.50         X         0.         0.         0.         0.           (6)         ROBERT C. SMALLRIDGE, MD         0.50         X         X         0.         0.         0.           (7)         ANTHONY N. HOLLENBERG, MD         0.50         X         X         0.         0.         0.           DIRECTOR         0.         0.50         X         0.         0.         0.         0.           (10)         DAVID N. HOLLENBERG, MD         0.50         X         0.         0.         0.         0.         0.         0. </td <td></td> <td></td> <td>rector</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>, and a second s</td> <td>·</td>			rector							, and a second s	·
(1)         BARBARA R. SMITH, CAE         55.00         X         X         X         222,583.         0.         35,395.           (2)         JOHN C. MORRIS, MD         1.00         X         X         0.         0.         0.           (3)         VICTOR J. BERNET, MD         6.00         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         0.         0.         0.         0.           (5)         SUSAN A. SHERMAN, MD         0.50         X         0.         0.         0.         0.           (6)         ROBERT C. SMALLRIDGE, MD         0.50         X         X         0.         0.         0.           (7)         ANTHONY N. HOLLENBERG, MD         0.50         X         X         0.         0.         0.           DIRECTOR         0.         0.50         X         0.         0.         0.         0.           (10)         DAVID N. HOLLENBERG, MD         0.50         X         0.         0.         0.         0.         0.         0. </td <td></td> <td></td> <td>or di</td> <td>ee</td> <td></td> <td></td> <td>ated</td> <td></td> <td></td> <td>(W-2/1099-MISC)</td> <td></td>			or di	ee			ated			(W-2/1099-MISC)	
(1)         BARBARA R. SMITH, CAE         55.00         X         X         X         222,583.         0.         35,395.           (2)         JOHN C. MORRIS, MD         1.00         X         X         0.         0.         0.           (3)         VICTOR J. BERNET, MD         6.00         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         X         0.         0.         0.           (4)         JAMES V. HENNESSEY, MD         0.50         X         0.         0.         0.         0.           (5)         SUSAN A. SHERMAN, MD         0.50         X         0.         0.         0.         0.           (6)         ROBERT C. SMALLRIDGE, MD         0.50         X         X         0.         0.         0.           (7)         ANTHONY N. HOLLENBERG, MD         0.50         X         X         0.         0.         0.           DIRECTOR         0.         0.50         X         0.         0.         0.         0.           (10)         DAVID N. HOLLENBERG, MD         0.50         X         0.         0.         0.         0.         0.         0. </td <td></td> <td></td> <td>ustee</td> <td>trust</td> <td></td> <td>e</td> <td>suadu</td> <td></td> <td>(W-2/1099-MISC)</td> <td></td> <td>e e</td>			ustee	trust		e	suadu		(W-2/1099-MISC)		e e
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(8)         JACQUELINE JONKLAAS, MD         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.	(7) ANTHONY N. HOLLENBERG, MD	0.50									
DIRECTOR         X         0         0.         0.         0.           (9) ANTONIO C. BIANCO, MD, PHD         1.00         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.         0.           (10) DAVID H. SARNE, MD, FACP         2.00         X         X         X         1,908.         0.         0.           (11) ANDREW J. BAUER, MD         0.50         X         X         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.           (12) SALLY E. CARTY, MD, FACS         0.50         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (13) M. REGINA CASTRO, MD         0.50         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (14) REBECCA E. SCHWEPPE, PHD         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0. </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(9) ANTONIO C. BIANCO, MD, PHD       1.00       X       X       X       0.0.0.0.         PRESIDENT       X       X       X       0.0.0.0.       0.0.0.         (10) DAVID H. SARNE, MD, FACP       2.00       X       X       X       1,908.0.0.         TREASURER (EFFFECTIVE 10/23/15)       X       X       X       1,908.0.0.       0.0.         (11) ANDREW J. BAUER, MD       0.50       X       X       0.0.0.       0.0.         DIRECTOR       X       0.050       X       0.0.0.       0.0.         (12) SALLY E. CARTY, MD, FACS       0.50       X       0.0.0.       0.0.         DIRECTOR       X       0.50       X       0.0.0.       0.0.         (12) SALLY E. CARTY, MD, FACS       0.50       X       0.0.0.       0.0.         DIRECTOR       X       0.50       X       0.0.0.       0.         (14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.0.0.       0.       0.         DIRECTOR       X       0.50       X       0.0.0.       0.       0.       0.         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       X       0.0.0.       0.       0.       0.         DIRECTOR	(8) JACQUELINE JONKLAAS, MD	0.50									
PRESIDENT         X         X         X         X         0.         0.         0.         0.           (10) DAVID H. SARNE, MD, FACP         2.00         X         X         1,908.         0.         0.           TREASURER (EFFFECTIVE 10/23/15)         X         X         X         1,908.         0.         0.           (11) ANDREW J. BAUER, MD         0.50         X         X         0.         0.         0.           (12) SALLY E. CARTY, MD, FACS         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.         0.           (13) M. REGINA CASTRO, MD         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.         0.           (14) REBECCA E. SCHWEPPE, PHD         0.50         X         0.         0.         0.         0.           DIRECTOR         X         0.50         X         0.         0.         0.         0.           (15) JULIE ANN SOSA, MD, MA, FACS         0.50         X         0.         0.         0.         <	DIRECTOR		Х						0.	0.	0.
(10) DAVID H. SARNE, MD, FACP       2.00       X       X       1,908.       0.       0.         TREASURER (EFFFECTIVE 10/23/15)       X       X       X       1,908.       0.       0.         (11) ANDREW J. BAUER, MD       0.50       X       X       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.       0.         (12) SALLY E. CARTY, MD, FACS       0.50       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.50       0.	(9) ANTONIO C. BIANCO, MD, PHD	1.00									
TREASURER (EFFFECTIVE 10/23/15)       X       X       X       1,908.       0.       0.         (11) ANDREW J. BAUER, MD       0.50       0.00       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         (12) SALLY E. CARTY, MD, FACS       0.50       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (13) M. REGINA CASTRO, MD       0.50       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (14) REBECCA E. SCHWEPPE, PHD       0.50       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       0.00       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00       0.00       0.00         (16) CHRISTINE SPITZWEG, MD       0.500       0.00       0.00       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00       0.00       0.00         DIRECTOR <t< td=""><td>PRESIDENT</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	PRESIDENT		Х		Х				0.	0.	0.
(11) ANDREW J. BAUER, MD       0.50       X       0.0.0.         DIRECTOR       X       0.00.0.       0.0.0.         (12) SALLY E. CARTY, MD, FACS       0.50       X       0.0.0.         DIRECTOR       X       0.00.0.       0.0.0.         (13) M. REGINA CASTRO, MD       0.50       X       0.0.0.         DIRECTOR       X       0.0.0.       0.0.0.         (14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.0.0.         DIRECTOR       X       0.00.0.       0.0.         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       0.0.0.         DIRECTOR       X       0.0.0.       0.0.         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.0.0.         DIRECTOR       X       0.0.0.       0.0.         (17) GREGORY RANDOLPH       2.00       X       7,500.       0.0.	(10) DAVID H. SARNE, MD, FACP	2.00									
DIRECTOR         X         0. <t< td=""><td>TREASURER (EFFFECTIVE 10/23/15)</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>1,908.</td><td>0.</td><td>0.</td></t<>	TREASURER (EFFFECTIVE 10/23/15)		Х		Х				1,908.	0.	0.
(12) SALLY E. CARTY, MD, FACS       0.50       X       0.0       0.0       0.0         DIRECTOR       X       0.50       0.0       0.0       0.0       0.0         (13) M. REGINA CASTRO, MD       0.50       X       0.0       0.0       0.0         DIRECTOR       X       0.00       0.0       0.0       0.0         (14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.00       0.0       0.0         DIRECTOR       X       0.50       0.0       0.0       0.0       0.0         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       X       0.0       0.0       0.0         DIRECTOR       X       0.50       0.0       0.0       0.0       0.0         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.0       0.0       0.0         DIRECTOR       X       0.00       0.0       0.0       0.0       0.0         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.0       0.0       0.0       0.0         DIRECTOR       X       X       0.0       0.0       0.0       0.0       0.0       0.0         (17) GREGORY RANDOLPH       2.00       X       X       7,500.0<	(11) ANDREW J. BAUER, MD	0.50									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(13) M. REGINA CASTRO, MD       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (16) CHRISTINE SPITZWEG, MD       0.50       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (17) GREGORY RANDOLPH       2.00       X       X       7,500.00       0.00	(12) SALLY E. CARTY, MD, FACS	0.50									_
DIRECTOR       X       0.       0.       0.       0.         (14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) GREGORY RANDOLPH       2.00       X       X       7,500.       0.       0.         TREASURER (UNTIL 10/23/15)       X       X       X       7,500.       0.       0.	DIRECTOR		X						0.	0.	0.
(14) REBECCA E. SCHWEPPE, PHD       0.50       X       0.       0.       0.         DIRECTOR       X       0.50       0.       0.       0.       0.         (15) JULIE ANN SOSA, MD, MA, FACS       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.50       X       0.       0.       0.       0.         (16) CHRISTINE SPITZWEG, MD       0.50       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         TREASURER (UNTIL 10/23/15)       X       X       X       7,500.       0.       0.	(13) M. REGINA CASTRO, MD	0.50									-
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(15) JULIE ANN SOSA, MD, MA, FACS       0.50       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (16) CHRISTINE SPITZWEG, MD       0.50       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         TREASURER (UNTIL 10/23/15)       X       X       7,500       0.00	(14) REBECCA E. SCHWEPPE, PHD	0.50									-
DIRECTOR         X         0. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>									0.	0.	0.
(16) CHRISTINE SPITZWEG, MD       0.50       X       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (17) GREGORY RANDOLPH       2.00       X       X       7,500.       0.       0.         TREASURER (UNTIL 10/23/15)       X       X       7,500.       0.       0.	(15) JULIE ANN SOSA, MD, MA, FACS	0.50									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			х						0.	0.	0.
(17) GREGORY RANDOLPH         2.00         X         X         7,500.         0.         0.	(16) CHRISTINE SPITZWEG, MD	0.50									_
TREASURER (UNTIL 10/23/15)     X     X     7,500.     0.     0.			X						0.	0.	0.
		2.00									_
	TREASURER (UNTIL 10/23/15)		X		Х				7,500.	0.	

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Form 990 (2015)

	<u>1990 (2015)</u> AMERICAN	THYROII		ASS	500	CIA	AT ]	[0]	N	41-603	<u>860</u>	0	Page 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour oth	ated nt of er
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)   c   ;	from from organiz and re rganiza	ation lated
											_		
											_		
	Sub-total Total from continuation sheets to Part VI								231,991.		).	35,	395. 0.
	Total (add lines 1b and 1c) Total number of individuals (including but n								231,991. eceived more than \$100	-	).	35,	395.
	compensation from the organization											Ye	1 s No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>					•			•		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	. 4		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-					5	;	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t										ensatio	n from	1
	(A) Name and business	,					<u>.</u>		(B) Description of s		Com	(C) pensat	tion
	RY ANN LIEBERT, INC., 1 REET, 3RD FLOOR, NEW RO				ר				PUBLISHER		1	29,	573.
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		ot li	mite	d to		se lis 1	stec	d above) who received n	nore than			-
53200 12-16	8 15										For	m <b>99(</b>	<b>)</b> (2015)

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		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>t</u>	1 a	Federated campaigns	1a	42,094.				012 014
unt		Membership dues		438,091.				
<u>م</u>		Fundraising events						
iifts ar A		Related organizations						
S,G		Government grants (contribut						
Sig		All other contributions, gifts, grant	· · ·					
her	•	similar amounts not included abov		830,962.				
Ē	a	Noncash contributions included in lines		5,797.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		<u> </u>	1,311,147.			
				Business Code				
e	2 a	MEETINGS		900099	2,640,622.	2,640,622.		
e Xi	b	THYROID PUBLICATIONS AN	ND COMMUNIC	900099	419,598.	419,598.		
Program Service Revenue	с							
ran ev	d							
5 E	е							
₽		All other program service reve						
	g	Total. Add lines 2a-2f			3,060,220.			
	3	Investment income (including						
		other similar amounts)			218,576.			218,576.
	4	Income from investment of tax	-	·				
	5	Royalties						
	<b>6</b> -	Overe verte	(i) Real	(ii) Personal				
		Gross rents Less: rental expenses		+				
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory	4,147,142					
	b	Less: cost or other basis	, ,					
		and sales expenses	4,302,173	.				
	с	Gain or (loss)						
		Net gain or (loss)			-155,031.			-155,031.
e		Gross income from fundraising						
nue		including \$	of					
sev.		contributions reported on line	1c). See					
Other Reven		Part IV, line 18		a				
Ę		Less: direct expenses		<u>ا</u>				
-		Net income or (loss) from func		····· •				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		°				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨 📘				
	12	Total revenue. See instructions.			4,434,912.	3,060,220.	0.	, ···
53200	9 12-16	6-15						Form <b>990</b> (2015)

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9

AMERICAN THYROID ASSOCIATION

Form 990 (2015) Part VIII Statement of Revenue Part IX Statement of Functional Expenses

AMERICAN THYROID ASSOCIATION

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
1 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21	375,000.	375,000.		
2	Grants and other assistance to domestic	575,000.	575,000.		
2					
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	115,000.	115,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	267,386.	241,678.	13,105.	12,603
6	Compensation not included above, to disqualified	20170001			
0	persons (as defined under section 4958(f)(1)) and				
	10 = 0.00				
7	Other salaries and wages	435,319.	395,695.	20,198.	19,426
8	Pension plan accruals and contributions (include	100,0101		2072501	
2	section 401(k) and 403(b) employer contributions)	92,391.	83,208.	4,678.	4.505
9	Other employee benefits	35,732.	28,423.	3,725.	4,505 3,584
0	Payroll taxes	49,993.	45,008.	2,540.	2,445
1	Fees for services (non-employees):				_,
	Management				
	Legal	4,297.		4,297.	
	Accounting	94,412.	89,124.	664.	4,624
	Lobbying				-,
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,759.			31,759
g		- ,			
J	column (A) amount, list line 11g expenses on Sch O.)	72,765.	72,613.		152
2	Advertising and promotion	,	/		
3	Office expenses	112,171.	100,924.	2,291.	8,956
4	Information technology	137,984.	133,789.	1,943.	2,252
5	Royalties	- ,	,	,	
6	Occupancy	29,220.	26,306.	1,485.	1,429
7	Travel	146,794.	142,581.	1,113.	3,100
8	Payments of travel or entertainment expenses				- ,
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,632,915.	1,616,442.	1,820.	14,653
20	Interest	,	, ,	_,	,
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	27,573.	24,824.	1,401.	1,348
3	Insurance	15,208.	14,389.	417.	402
4	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 0.)				
а	PRINTING AND DESIGN	181,167.	175,128.		6,039
b	EDITORIAL MANAGEMENT	78,327.	78,327.		
c					
d	[				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,935,413.	3,758,459.	59,677.	117,277
.5 :6	<b>Joint costs.</b> Complete this line only if the organization	3,203,1231	-,,		,_,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				

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Form **990** (2015)

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Part II of Schedule L       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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       179,875.         b       Less: accumulated depreciation         11       Investments - publicly traded securities         12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         14       Intangible assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         18       Grants payable         19       Deferred revenue	18.       10c         99.       11         12       13         33.       14         19.       15         96.       16	5,580,427.
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 instr). Complete Part II of Sch L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       L79,875.         b       Less: accumulated depreciation         11       Investments - publicly traded securities         12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses	7 8 0.9 10 99.11 12 13 33.14 19.15 96.16	89,520. 5,580,427. 1,348.
employers and sponsoring organizations of section 501(c)(9) voluntary         employees' beneficiary organizations (see instr). Complete Part II of Sch L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       179,875.         b       Less: accumulated depreciation         10b       90,355.         86,81         11       Investments - publicly traded securities         5,590,75         12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         62,52       18	7 8 0.9 10 99.11 12 13 33.14 19.15 96.16	89,520. 5,580,427. 1,348.
employees' beneficiary organizations (see instr). Complete Part II of Sch L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         b       Less: accumulated depreciation         11       Investments - publicly traded securities         12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         62, 52         18       Grants payable	7 8 0.9 10 99.11 12 13 33.14 19.15 96.16	89,520. 5,580,427. 1,348.
7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         b       Less: accumulated depreciation         11       Investments - publicly traded securities         12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         62, 52         18       Grants payable	7 8 0.9 10 99.11 12 13 33.14 19.15 96.16	89,520. 5,580,427. 1,348.
8       Inventories for sale or use       18,81         9       Prepaid expenses and deferred charges       18,81         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       179,875.         b       Less: accumulated depreciation       10b       90,355.       86,81         11       Investments - publicly traded securities       5,590,79         12       Investments - other securities. See Part IV, line 11       1         13       Investments - program-related. See Part IV, line 11       1         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       0	8 10.9 10.9 10 10 11 12 13 13 13 14 19.15 96.16	89,520. 5,580,427. 1,348.
8       Inventories for sale or use       18,81         9       Prepaid expenses and deferred charges       18,81         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       179,875.         b       Less: accumulated depreciation       10b       90,355.       86,81         11       Investments - publicly traded securities       5,590,79         12       Investments - other securities. See Part IV, line 11       1         13       Investments - program-related. See Part IV, line 11       1         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       0		89,520. 5,580,427. 1,348.
9       Prepaid expenses and deferred charges       18,81         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       179,875.         b       Less: accumulated depreciation       10b       90,355.       86,81         11       Investments - publicly traded securities       5,590,75         12       Investments - other securities. See Part IV, line 11       1         13       Investments - program-related. See Part IV, line 11       1         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,05         17       Accounts payable and accrued expenses       62,52         18       Grants payable       251	18.       10c         99.       11         12       13         33.       14         19.       15         96.       16	89,520. 5,580,427. 1,348.
10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       179,875.         b       Less: accumulated depreciation       10b       90,355.       86,81         11       Investments - publicly traded securities       5,590,75         12       Investments - other securities. See Part IV, line 11       11         13       Investments - program-related. See Part IV, line 11       11         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,05         17       Accounts payable and accrued expenses       62,52         18       Grants payable       251	99.       11         12       13         33.       14         19.       15         96.       16	5,580,427.
basis. Complete Part VI of Schedule D       10a       179,875.         b Less: accumulated depreciation       10b       90,355.       86,81         11       Investments - publicly traded securities       5,590,75         12       Investments - other securities. See Part IV, line 11       11         13       Investments - program-related. See Part IV, line 11       11         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,05         17       Accounts payable and accrued expenses       62,52         18       Grants payable       251	99.       11         12       13         33.       14         19.       15         96.       16	5,580,427.
11       Investments - publicly traded securities       5,590,79         12       Investments - other securities. See Part IV, line 11       1         13       Investments - program-related. See Part IV, line 11       1         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       0	99.       11         12       13         33.       14         19.       15         96.       16	5,580,427.
11       Investments - publicly traded securities       5,590,79         12       Investments - other securities. See Part IV, line 11       1         13       Investments - program-related. See Part IV, line 11       1         14       Intangible assets       1,73         15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       0	99.11         12         13         33.14         19.15         96.16	5,580,427.
12       Investments - other securities. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         18       Grants payable	12 13 33.14 19.15 96.16	1,348.
13       Investments - program-related. See Part IV, line 11         14       Intangible assets         15       Other assets. See Part IV, line 11         16       Total assets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         18       Grants payable	13 33.14 19.15 96.16	1,348.
14Intangible assets1,7315Other assets. See Part IV, line 1130,9416Total assets. Add lines 1 through 15 (must equal line 34)7,013,0917Accounts payable and accrued expenses62,5218Grants payable2,54	33.14 19.15 96.16	1,348.
15       Other assets. See Part IV, line 11       30,94         16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       25,52	19. 15 96. 16	= /
16       Total assets. Add lines 1 through 15 (must equal line 34)       7,013,09         17       Accounts payable and accrued expenses       62,52         18       Grants payable       2,51,00	96. 16	40,687.
17     Accounts payable and accrued expenses     62,52       18     Grants payable     2,51,02		
18 Grants payable	20. 17	430,980.
	18	
		468,913.
	20	
20       Lax-exempt bond liabilities         21       Escrow or custodial account liability. Complete Part IV of Schedule D	20	
<ul> <li>21 Esclow of custodial account liability. Complete Part V of Schedule D</li> <li>22 Loans and other payables to current and former officers, directors, trustees,</li> </ul>		
key employees, highest compensated employees, and disqualified persons.		
	22	
Complete Part II of Schedule L		+
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		30,102.
		929,995.
Schedule D 33, 45		
26 Total liabilities. Add lines 17 through 25 460,95		929,995.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ► X and		929,995.
26 Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.       400,95	57.26	
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       2,520,26	57.26 55.27	
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       2,520,26         28       Temporarily restricted net assets       972,00	57.26 55.27 9.28	2,901,020. 943,859.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       2,520,26         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86	57.26 55.27 9.28	
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3	57.26 55.27 9.28	2,901,020. 943,859.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       and complete lines 30 through 34.	57.26       55.27       9.28       55.29	2,901,020. 943,859.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       2,520,26         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         30       Capital stock or trust principal, or current funds	57.26 55.27 99.28 55.29 30	2,901,020. 943,859.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       2,520,26         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         30       Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund	57.26 55.27 99.28 55.29 30 31	2,901,020. 943,859. 3,097,715.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         and complete lines 30 through 34.       30         Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds	57.26 55.27 99.28 55.29 30 31 32	2,901,020. 943,859. 3,097,715.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         and complete lines 30 through 34.       30         Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances       6,552,13	57.26 55.27 99.28 55.29 30 31 32 39.33	2,901,020. 943,859. 3,097,715. 6,942,594.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         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       1         31       Paid-in or capital surplus, or land, building, or equipment fund       1         32       Retained earnings, endowment, accumulated income, or other funds       1	57.26 55.27 99.28 55.29 30 31 32 39.33	2,901,020. 943,859. 3,097,715. 6,942,594. 7,872,589.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         and complete lines 30 through 34.       30         Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances       6,552,13	57.26 55.27 99.28 55.29 30 31 32 39.33	2,901,020. 943,859. 3,097,715. 6,942,594.
26       Total liabilities. Add lines 17 through 25       460,95         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       2,520,26         27       Unrestricted net assets       972,00         28       Temporarily restricted net assets       972,00         29       Permanently restricted net assets       3,059,86         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       3,059,86         and complete lines 30 through 34.       30         Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances	57.26 55.27 99.28 55.29 30 31 32 39.33	2,901,020. 943,859. 3,097,715. 6,942,594. 7,872,589.

AMERICAN THYROID ASSOCIATION

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 41-6038600 Page 11

(A)

Beginning of year

260,293.

898,783.

124,911.

1

2

3

4

(B)

End of year

446,959.

136,385.

1,564,603.

#### Form 990 (2015) Part X Balance Sheet

1

2

3

4 5

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2015) AMERICAN THYROID ASSOCIATION	41-6	038600	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,434		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,935	5,4	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	499	, 49	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,552		
5	Net unrealized gains (losses) on investments	5	-109	),04	44.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	6,942	2,59	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000 //	

Form **990** (2015)

532012 12-16-15

(Form	990	or	990-	·ΕΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

LU	IJ
Open to	
Inspec	ction

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990
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Name of the organization	
--------------------------	--

Name	e of t	he organization							identification number
_	_			ID ASSOCIATI					1-6038600
Par	tI	Reason for Public (	Charity Status (	All organizations must c	omplete th	is part.) Se	e instruction	S.	
The o	rgan	ization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 L		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
г	_	city, and state:							
5 L		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental u	unit descrik	bed in
г	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 L		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 L		An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
г	_	section 170(b)(1)(A)(vi). (Co							
8 L		A community trust describe							
9 L	Х	An organization that norma							
		activities related to its exem							-
		income and unrelated busir	ness taxable income	(less section 511 tax) fi	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
г	_	See section 509(a)(2). (Cor	mplete Part III.)						
<b>10</b>		An organization organized a	and operated exclus	ively to test for public s	afety. See	section 50	)9(a)(4).		
<b>11</b> L		An organization organized a		•	-			-	
		more publicly supported or	-						Check the box in
		lines 11a through 11d that				-		-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. <b>You must c</b>	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			same perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). <b>You mus</b>	-						
С		<b>Type III functionally inte</b>						lly integrate	ed with,
	_	its supported organization							
d		J Type III non-functionally						-	
		that is not functionally int		• •	-		-	d an attent	iveness
	_	requirement (see instruct		-					
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or							
		r the number of supported o							_
g		ride the following information ) Name of supported	about the supporte	ed organization(s).	(iv) Is the o	ragnization	(v) Amount of	monoton	(vi) Amount of
	(	organization		(described on lines 1-9	listed i	n your	support	,	other support (see
		organization		above (see instructions))		document?	instruct		instructions)
					Yes	No		,	,
Total									
lha F	or F	aperwork Reduction Act N	lotice, see the Instr	uctions for			Schee	dule A (For	m 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15 16350804 136238 10055

# Schedule A (Form 990 or 990-EZ) 2015 AMERICAN THYROID ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(

41-6038600 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fixed year beginning in) (g) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levided for the organ- ization's benefit and dither paid to or expended on its behaft 3 The value of services or facilities 4 Total. Additions the end from and there training a governmental unit to the organization without charge 4 Total. Additions the end for the organ- ization's benefit and dither paid to or expended on its behaft 4 Total. Additions the end for the organ- ization's benefit and dither paid to or expended on its behaft 4 Total. Additions the end for the organization's th	See	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")       2         2 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf       4         3 The value of services or facilities trunished by a governmental unit to the organization without charge       4         4 Total. Add lines 1 through 3       4         9 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 threaceeds 2% of the amount shown on line 11, column (f)       4         6 Public support: Subset the 5 form time 4       4         7 Amounts from line 4       (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total         7 Amounts from line 4       6         8 Cress income from intreest, dividends, symmetrix received on securities loans, rents, royatties and income from intreest, dividends, symmetrix received on securities loans, rents, royatties activities, whether or not the business is regularly carried on or loss from the sale of capital assots (Explain in Part VI).       12         19 Net income. Do not include gain or loss from related activities, etc. (see instructors)       12         11 Total support percentage from 2015 (line 6, course), dividend course), dividend course, dividend course, dividend course, and stop here section C. Computation or Public Support Percentage       14         9 Net income. Do not include gain or loss from related activities, etc. (see instructors)       12         19 Total support percentage from 2015 (line 6, course), dividend course)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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business is regularly carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >         16a       33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13 or 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization         17a       10% -facts-and-circumstances* test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	9	Net income from unrelated business						
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11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   Section C. Computation of Public Support Percentage   14   15   Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))   14   15   Public support percentage from 2014 Schedule A, Part II, line 14   16   16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions) 12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here Image: Section C. Computation of Public Support Percentage   14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14   15 Public support percentage from 2014 Schedule A, Part II, line 14 15   16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		assets (Explain in Part VI.)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14         15 Public support percentage from 2014 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶□         17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the         b 10% -facts-and-circumstances test - 2014. If the organization dualifies as a publicly supported organization       ▶□         17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization       ▶□         16w -facts-and-circumstances" test. The organization dualifies as a publicly supported organization       ▶□         17a 10% -facts-and-circumstances" test. The organization dualifies as a publicly supported organization       ▶□         10% -facts-and-circumstances" test. The organization dualifies as a publicly supported orga	11	Total support. Add lines 7 through 10						
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14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support percentage from 2014 Schedule A, Part II, line 14       15       %         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization       ▶         b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	_							<b>&gt;</b>
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		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions L	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

# Schedule A (Form 990 or 990-EZ) 2015 AMERICAN THYROID ASSOCIATION

#### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		sloto i art ii.j				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,323,029.	1,330,724.	1,075,162.	988,245.	1,311,245.	6,028,405.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	976,270.	1,169,181.	1,215,914.	1,836,809.	3,060,220.	8,258,394.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,299,299.	2,499,905.	2,291,076.	2,825,054.	4,371,465.	14,286,799.
	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						14,286,799.
-	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	2,299,299.	2,499,905.	2,291,076.	2,825,054.	4,371,465.	14,286,799.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,025.	104,449.	190,967.	176,086.	218,576.	780,103.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	90,025.	104,449.	190,967.	176,086.	218,576.	780,103.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,589.	12,897.	55,904.		-155,031.	-58,314.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,399,913.	2,617,251.	2,537,947.	3,018,467.	4,435,010.	15,008,588.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_							<b>)</b>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (I					15	95.19 %
16	Public support percentage from 2014					16	93.75 %
-	ction D. Computation of Inves						E 00
17	Investment income percentage for 20					17	5.20 %
18	Investment income percentage from					18	5.40 %
19a	<b>33 1/3% support tests - 2015.</b> If the more than 33 1/3%, check this box a						
ł	<b>33 1/3% support tests - 2014.</b> If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟_
5320	23 09-23-15			1 -	Sche	edule A (Form 990	) or 990-EZ) 2015
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16350804 136238 10055

## Schedule A (Form 990 or 990-EZ) 2015 AMERICAN THYROID ASSOCIATION

### Part IV Supporting Organizations

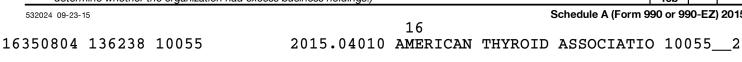
(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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532024 09-23-15



Yes

No

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 AMERICAN THYROID ASSOCIATION Part IV Supporting Organizations (continued)

			Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		0		
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a				
4	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
u		26		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2015

16350804 136238 10055

#### Schedule A (Form 990 or 990-EZ) 2015 AMERICAN THYROID ASSOCIATION

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990 EZ) 2015 AMERICAN THYROID ASSOCIATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	i		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>	Eveness from 2012			
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

16350804 136238 10055

Part VI	Form 990 or 990-EZ) 2015 AMER Supplemental Information.				41-6038600 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a, 9b, 9c,	11a, 11b, and 11c; F	Part IV, Section B, lines 1	and 2; Part IV, Section C
	line 1; Part IV, Section D, lines 2 and	3; Part IV, Section E, lin	es 1c, 2a, 2b, 3a and	3b; Part V, line 1; Part V,	Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Par	t V, Section E, lines 2, 5,	and 6. Also complete	this part for any addition	nal information.
	(See instructions.)				
2028 09-23-1	5		20	Schedule	A (Form 990 or 990-EZ)
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

41-6038600

AMERICAN	THYROID	ASSOCIATION
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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

41-6038600

#### AMERICAN THYROID ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 154,500. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 24,750. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

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2015.04010 AMERICAN THYROID ASSOCIATIO 10055\_2

16350804 136238 10055

41-6038600 AMERICAN THYROID ASSOCIATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** X 8 Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 57,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 5,010. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 30,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

523452 10-26-15

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2015.04010 AMERICAN THYROID ASSOCIATIO 10055\_2

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41-6038600

#### AMERICAN THYROID ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 14 Person Payroll 24,750. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 201,250. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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41-6038600

#### AMERICAN THYROID ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
    -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

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Name of orga	nization		Employer identification number		
AMERIC	AN THYROID ASSOCIATION		41-6038600		
Part III		ributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)		
(a) No. from	Use duplicate copies of Part III if addition				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
		[			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Parti					
		(e) Transfer of gif	t		
			Deletionship of two of over to two of over		
-	Transferee's name, address, ar		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Fulpose of gift	(c) use of gift			
-		(e) Transfer of gif	*		
			·		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
Γ					
523454 10-26-	15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015)		

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



	■ Attach to Form 990. Il Revenue Service Information about Schedule D (Form 990) and its instru	ctions is at www.irs.	aov/form990.	Inspection
-	e of the organization			identification number
	AMERICAN THYROID ASSOCIATION		4	1-6038600
Pa	rt I Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
	(a) Donor advi	sed funds	(b) Funds and	d 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 advise	ed funds	
	are the organization's property, subject to the organization's exclusive legal contro			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose c	onferring	
Dec	impermissible private benefit?			Yes No
	rt II Conservation Easements. Complete if the organization answered "		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that appl	.,		
		reservation of a histor		
		reservation of a certif	ied historic structi	ure
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation cont	ribution in the form o		
-	day of the tax year.			at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements included in (c) acquired after 8/17/06, and not			
u				
3	listed in the National Register			a the tax
Ŭ	year	si terminated by the	organization dann	g the tax
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, insp	ection. handling of		
		, J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservati	on easements du	ring the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirem	ents of section 170(h	ı)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easements in its re	venue and expense	statement, and ba	lance sheet, and
	include, if applicable, the text of the footnote to the organization's financial stateme	ents that describes the	he organization's a	accounting for
	conservation easements.			
Pai	rt III Organizations Maintaining Collections of Art, Historical T	reasures, or Ot	ner Similar As	ssets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report i			
	historical treasures, or other similar assets held for public exhibition, education, or	research in furtheran	ce of public servic	e, provide, în Part XIII,
h	the text of the footnote to its financial statements that describes these items.	rovonuo ototomont	and halanaa ahaa	tworks of art bistorias
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its teacures, or other similar assets held for public axhibition, education, or research is			
	treasures, or other similar assets held for public exhibition, education, or research i relating to these items:	in furtherance of pub	ne service, provide	a ne ionowing amounts
			► ¢	
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul>			
2	If the organization received or held works of art, historical treasures, or other simila			
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating		gain, provide	
а			▶ \$	
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			dule D (Form 990) 2015

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued]         a Unapt the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items         a Poble schibtion       d       Loan or exchange programs         b Schalary research       e       Other         c Provide a description of hurre generations       e       Other         4 Provide a description of the organization scienctor?       Yes       No         5 Using the year, did the organization scienctor?       Yes       No         Part III       Escrow and Custodial Arrangements. Complete if the organization scienctor?       Yes       No         Part IIII       Provide a anount on form 990. Part X, line 21.       Yes       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Image and Image an	Sche	dule D (Form 990) 2015 AMERICA	N THYROID	ASSOCIATIO	N		41-60	38600	Page <b>2</b>
check all that apply):       a       b       b       b       Schdarly research       b <th>Pa</th> <th>t III Organizations Maintaining C</th> <th>collections of A</th> <th>t, Historical Tr</th> <th>easures, or Ot</th> <th>ner Si</th> <th>milar Asse</th> <th>ts(continu</th> <th>ed)</th>	Pa	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Ot	ner Si	milar Asse	ts(continu	ed)
a       Public schiption       d       Lean or exchange programs         b       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signific	ant use of its	collection i	items
b       Scholary research       e       Other									
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         13       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         14       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2       Destributions during the year.         16       Indiance         2       Destributions during the year.         16       Indiance         2       Destributions during the year.         17       Endowment Funds. Complete if the organization nawwerd 'Yes' on Form 990, Part X, line 21.         2       Destributions during the year.         16       Indiance         2       Destributions during the year.         16       Indiance         2       Destributions during the year.         17       Foldowment Funds. Complete if the organization naswered 'Yes' (Nor Form 990, Part X, line 10.<	а		d						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is didutions during the year     Is didutions     Is diduting     Is difficient     Is diduting     Is difficien	b		e	Other					
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid 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.       Yes       No         I       Is the organization an agent. fustlee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Imount       1         c       Beginning balance       1       1       Imount       1         d       Additions during the year       1       1       Imount       1         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         fa       Beginning of year balance       (a) 0.1 (Prives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         for the schendture to main the part XII. The organization answered 'Yes' on Form 990, Part X, line 10.	с	-							
top out for 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 X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Id       Id<								t XIII.	
Part W       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 // es       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custolial account liability?       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for escrow or custolial account liability?       No         b If "Yes," explain the arrangement in Part XII.       Complete in the explanation back mode on Part XIII       Image: Complete intermediary for escrew or custolial account liability?       No         b If "Yes," explain the arrangement in Part XII.       Controbutions during the year       Image: Complete int the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Controbutions	5			,	,			٦	<u> </u>
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, line 21, for each other assets not included on Form 990, Part X, line 21, for each other assets not included on Form 990, Part X, line 21, for each other assets not included on Form 990, Part X, line 21, for each other assets not included on Form 990, Part X, line 21, for each other assets not include an amount on Form 990, Part X, line 21, for each or Part XIII         Part V       Endowment Funds. Complete if the organization has been provided on Part XIII       Yes       No         b If Yes, 's explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization nawered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Integrating the set of the organization answered 'Yes' on Form 990, Part X, line 10.         Is Beginning of year balance       (a) Outrent year (b) Forty eart (c) Inter yearts back (c) Four yeart (c) Howe yearts back (c) Four yearts back (c) Four yearts back	De								
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       Amount         c       Beginning balance       1c       Amount       1c       Amount         d       Additions during the year       1d       1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       [e] Four years back (e] other years other ships       2, 588, 321, 23, 252, 114, 2, 528, 114, 2, 588, 114, 867.         1a       Begin fund of year balance       4, 031, 874, 3, 997, 906, 3, 350, 712, 2, 628, 114, 2, 588, 324, 300, 008, -101, 149, 4, 041, 574, 4, 031, 874, 3, 997, 906, 3, 350, 712, 2, 628, 114, 2, 588, 324, 300, 008, -101, 149, 4, 041, 574, 4, 031, 874, 3, 997, 906, 3, 350, 712, 2, 628, 114, 2, 104 event weat met adowment }         a       Order expenditures for facilities       72, 564, 76, 234, 220, 046, 262, 493, -273, 925, 144, 3, 997, 906, 3, 350, 712, 2, 628, 114, 2, 104 event weat met adowment }       _2, 628, 114, 2, 584, 324, 3350, 712, 2, 628, 114, 2, 104, 12, 12, 12, 12,	Pa			ete if the organizatio	n answered "Yes" (	on Form	990, Part IV,	line 9, or	
on Form 990, Part X?       Yes       No         b       If 'Yes,' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Editions during the year       1d         d       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part X       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Intervest tables, 100 Three years back (e) Four years back (e)				lion for contribution	a ar athar agasta n	ot in olu	dad		
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>a</li> <li>a</li> <li>a</li> <li>b</li> <li>a</li> <li>c</li> <li>a</li> <li>d</li> <lid< li=""> <li>d</li> <li>d</li></lid<></ul>	Ia							Vec	
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Check here if the explanation form severed "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Proryear       (c) Two years back.       (e) Four years back.         1a       Contributions       13.8, 978, 153, 528, 238, 238, 300, 008, -101, 149.       Grants or scholarships       -273, 925.         6       Other expenditures for facilities       72, 564, 76, 234, 220, 046, 262, 493, -273, 925.       -273, 925.         9       End of year balance       4, 041, 574, 4, 031, 874, 3, 997, 906, 3, 350, 712, 2, 628, 114.       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	h	If "Yee " explain the errongement in Dert YIII	and complete the fe	llowing table:			L		
c       Beginning balance       ic       id         d       Additions during the year       id       id         Distributions during the year       ie       if         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit f'vse; veplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         bit f'vse; veplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       2,628,114.       2,588,321.         b Contributions       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back (e) Fouryears back (e) Fouryears back (e) Fouryears back (e) Fo	D		and complete the lo	nowing table.				Amount	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         Distributions during the year       10         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       No         b If 'Yes, 'explain the arangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X, line 10.       (e) Four years back (e) Four years back (e) Four years back (e) Four years back if (a) Three years back if (b) Thre	~	Beginning balance						Amount	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         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       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) 0.31, 874       3, 997, 906       3, 350, 712       2, 628, 114       2, 588, 321         b       Orther expenditures for facilities       and programs       72, 564       76, 234       220, 046       262, 493       -273, 925         f       Administrative expenses       4, 041, 574       4, 031, 874       3, 997, 906       3, 350, 712       <									
f Ending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Second Se									
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, 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       (a) 0.1 as 8,781.       3,997,906.       3,350,712.       2,628,114.       2,588,321.         1b       Contributions       138,878.       51,628.       284,858.       665,083.       414,867.         c       No expenditures for facilities       1.42,574.       76,234.       220,046.       262,493.       -273,925.         c       Other expenditures for facilities       72,564.       76,234.       220,046.       262,493.       -273,925.         f       Administrative expenses       4,041,574.       4,031,874.       3,997,906.       3,350,712.       2,628,114.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment >	f								
b       If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered *Yes* on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         1b       Contributions       138, 878.       51, 628.       284, 958.       6685, 083.       414, 667.         c       Net investment earnings, gains, and losses       -56, 614.       58, 574.       582, 382.       300, 008.       -101, 149.         e       Other expenditures for facilities       72, 564.       76, 234.       220, 046.       262, 493.       -273, 925.         f       Administrative expenses       4, 041, 574.       4, 031, 874.       3, 997, 906.       3, 350, 712.       2, 628, 114.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	·····		Yes	No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       4,031,874.       3,997,906.       3,350,712.       2,628,114.       2,588,321.         b       Contributions       138,878.       51,628.       284,858.       685,003.       414,867.         c       Net investment earnings, gains, and losses       -56,614.       58,574.       582,382.       300,008.       -101,149.         d       Grants or scholarships       -       -       -       -       -       -       -       -       -       -       -       101,149.         d       Grants or scholarships       -       -       -       -       -       -       -       -       101,149.         e       Other expenditures for facilities       -       -       -       -       -       -       -       -       -       -       2,628,114.       -       2       -       2,628,114.       -       2,628,114.       -       2,628,114.       -       2,628,114.       -       2,628,114.       -       3,350,712.       2,628,114.       -       3,350,712.       2,628,114.       .       -       -       - </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>									
1a       Beginning of year balance       4, 031, 874.       3, 997, 906.       3, 350, 712.       2, 628, 114.       2, 588, 321.         b       Contributions       138, 878.       51, 628.       284, 858.       685, 083.       414, 867.         c       Net investment earnings, gains, and losses       -56, 614.       58, 574.       582, 382.       300, 008.       -101, 149.         d       Grants or scholarships       -       -       -       -273, 925.         f       Administrative expenses       -       -273, 925.       -273, 925.         g       End of year balance       4, 041, 574.       4, 031, 874.       3, 997, 906.       3, 350, 712.       2, 628, 114.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶	Pa	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.			
b Contributions       138,878.       51,628.       284,858.       685,083.       414,867.         c Net investment earnings, gains, and losses       -56,614.       58,574.       582,382.       300,008.       -101,149.         d Grants or scholarships			(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Four ye	ears back
c       Net investment earnings, gains, and losses       -56,614.       58,574.       582,382.       300,008.       -101,149.         d       Grants or scholarships       -0       -0       -0       -0       -0       -0       -0       -0       -0       -0       -0       -0       1       -0       -0       -0       -0       -0       1       -0       -0       -0       -0       1       149.       -0       0 </th <th>1a</th> <th>Beginning of year balance</th> <th>4,031,874.</th> <th>3,997,906.</th> <th>3,350,712</th> <th>•</th> <th>2,628,114.</th> <th>2,5</th> <th>88,321.</th>	1a	Beginning of year balance	4,031,874.	3,997,906.	3,350,712	•	2,628,114.	2,5	88,321.
d Grants or scholarships	b	Contributions	138,878.	51,628.	284,858	•	685,083.	4	14,867.
e       Other expenditures for facilities and programs       72,564.       76,234.       220,046.       262,493.       -273,925.         f       Administrative expenses       4,041,574.       4,031,874.       3,997,906.       3,350,712.       2,628,114.         2       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       Temporarily restricted endowment ▶      %         maint b      %      %         c       Temporarily restricted endowment ▶      %         g End of year balance      %         stated organizations      %         c       Temporarily restricted endowment ▶      %         g End of year balance      %         there endowment funds not in the possession of the organization that are held and administered for the organization by:			-56,614.	58,574.	582,382	•	300,008.	-1	01,149.
and programs       72,564.       76,234.       220,046.       262,493.       -273,925.         f Administrative expenses       4,041,574.       4,031,874.       3,997,906.       3,350,712.       2,628,114.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       3,997,906.       3,350,712.       2,628,114.         2 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 >%       %       %       ************************************	d	Grants or scholarships							
f       Administrative expenses       4,041,574.       4,031,874.       3,997,906.       3,350,712.       2,628,114.         2       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       Temporarily restricted endowment ▶       %         f       Are there endowment ▶       %         f       Model or quasi-endowment ▶       %         6       Temporarily restricted endowment ▶       %         7       Temporarily restricted endowment ▶       %         6       Temporarily restricted endowment ▶       %         7       Temporarily restricted endowment ▶       %         7       Temporarily restricted endowment ▶       %         7       Temporarily restricted endowment ▶       %         8       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       3a(ii) X         9       If "Yes" on line 3a(ii), are the related organization's endowment funds.       3b       4         Pet VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Pa	е	Other expenditures for facilities							
g End of year balance       4,041,574.       4,031,874.       3,997,906.       3,350,712.       2,628,114.         2 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 Temporarily restricted endowment ▶      %      %      %         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) are the related organization's endowment funds.</li> </ul> Yes No         3a(ii)       X         4_082.rbe in Part NII 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 (other)       (c) Accumulated depreciation         1a       Land		and programs	72,564.	76,234.	220,046	•	262,493.	- 2	73,925.
2       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       Temporarily restricted endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.       3a         a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations	f	Administrative expenses							
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted 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:	g	End of year balance	4,041,574.	4,031,874.	3,997,906	•	3,350,712.	2,6	28,114.
b       Permanent endowment ▶      %         c       Temporarily restricted 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			rent year end balanc	e (line 1g, column (a	a)) held as:				
c       Temporarily restricted 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cupment</li> <li>(f) Rate</li> <li>(f) Rate</li> <li>(h) Rate</li> <li>(h) Rate</li> <li>(h) Rate</li> <li>(h) Rate</li> <li>(h) Rate&lt;</li></ul>		-		_%					
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization as wered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cost or the related organization</li> <li>(f) So (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)</li></ul>		· · · · · · · · · · · · · · · · · · ·	%						
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)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings	с								
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 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. 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 b Buildings c Leasehold improvements d Equipment e Other 179,875. 90,355. 89,520.	-								
(i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(i)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       5       5         c       Leasehold improvements       5       5         d       Equipment       179, 875.       90, 355.       89, 520.	За		ession of the organiza	ation that are held a	nd administered to	r the org	ganization		
(ii) related organizations       3a(ii) X         b If "Yes" on line 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.       3b         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 (other)       (c) Accumulated depreciation         1a Land       b         b Buildings       1         c Leasehold improvements       1         d Equipment       179,875.       90,355.         e Other       179,875.       90,355.									
b       If "Yes" on line 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         1a       Land									
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 Buildings       (d) Book value         c Leasehold improvements       1         d Equipment       179,875.90,355.89,520.	h	(ii) related organizations		rad on Sabadula D2				. 3a(II)	
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								. 30	
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	_			wittent funds.					
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land				). Part IV. line 11a. S	See Form 990, Part	X. line 1	0.		
basis (investment)     basis (other)     depreciation       1a Land		1 8		<u>, , , , , , , , , , , , , , , , , , , </u>		,		(d) Book	/alue
1a Land								(-, 200)	
b Buildings	<b>1</b> a	Land				-			
c         Leasehold improvements           d         Equipment           e         Other         179,875.         90,355.         89,520.									
d Equipment         179,875.         90,355.         89,520.									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17	9,875.	90	,355.		
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		►	89	,520.

Schedule D (Form 990) 2015

532052 09-21-15

Part VII	Investments - C	other Securities	5.	
Schedule D	(Form 990) 2015	AMERICAN	THYROID	ASSOCIATION

(a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value		valuation: Cost or end-	of-year market val
) Financial derivatives	(	(1),		
Closely-held equity interests				
Other				
(A) (D)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		_		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market val
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	I ' on Form 990, Part IV, I	ine 11d. See Form 990	, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	I ' on Form 990, Part IV, I Description	ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX Other Assets. Complete if the organization answered "Yes" (a)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		ine 11d. See Form 990	, Part X, line 15.	<b>(b)</b> Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)		ine 11d. See Form 990	I, Part X, line 15.	( <b>b)</b> Book valu
Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           ottal. (Column (b) must equal Form 990, Part X, col. (B) lint	Description	ine 11d. See Form 990	, Part X, line 15.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.	Description			(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"	Description	ine 11e or 11f. See For		(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"	Description			(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"	Description	ine 11e or 11f. See For		(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tatl. (Column (b) must equal Form 990, Part X, col. (B) lint         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability	Description	ine 11e or 11f. See For	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)         (4)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)         (4)         (5)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Dotal. (Column (b) must equal Form 990, Part X, col. (B) lint         Part X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)         (4)         (5)         (6)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)         (4)         (5)         (6)         (7)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets. Complete if the organization answered "Yes"         (1)       (a)         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (a)         (8)       (9)         other Liabilities.       Complete if the organization answered "Yes"         (1)       Federal income taxes         (2)       DEFERRED RENT LIABILTY         (3)       (4)         (5)       (6)         (7)       (8)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X         Other Liabilities.         Complete if the organization answered "Yes"         .         (a) Description of liability         (1) Federal income taxes         (2) DEFERRED RENT LIABILTY         (3)         (4)         (5)         (6)         (7)	Description	ine 11e or 11f. See For <b>(b)</b> Book value	m 990, Part X, line 25.	(b) Book valu

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 AMERICAN THYROID ASSOCIAT	ION	41-	6038600 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,434,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,434,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,434,912.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	3,935,413.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,935,413.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,935,413.
Do	t XIII Supplemental Information.			

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

#### PART X, LINE 2:

THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. AT A MINIMUM, THE DECEMBER

31, 2012 THROUGH 2015 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING

AUTHORITIES.

532054 09-21-15

Department of the Treasury	Information 1	aut Cabadul -	Attach to Form 990.	ununu ire an. le		Open to Public
Internal Revenue Service	information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection entification number
Name of the organization					Employer la	enuncation number
AMERICAN THYROI					41-6038	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answer	ed "Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gr			Yes X No
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes X No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance	e outside the
3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
	In the region	independent contractors	recipients located in the region)		ce(s) in region	investments
		in region			(-,, eg.en	in region
EUROPE	0	0	GRANTMAKING	RESEARCH		57,500.
			GRANTMAKING			
CANADA	0	0	GRANTMAKING	RESEARCH		28,750.
SOUTH AMERICA	0	0	GRANTMAKING	RESEARCH		28,750.
	-					
2 a Subtatal	^	0				115 000
<b>3 a</b> Sub-total <b>b</b> Total from continuation		U				115,000.
sheets to Part I	0	0				0.
c Totals (add lines 3a						

Statement of Activities Outside the United States

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

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

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Schedule F (Form 990) 2015

115,000.

OMB No. 1545-0047

2015

532071 10-01-15

and 3b)

16350804 136238 10055

SCHEDULE F (Form 990)

41-6038600

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	28,750.	CHECK	0.		
		EUROPE	RESEARCH	28,750.	CHECK	0.		
		CANADA	RESEARCH	28,750.	CHECK	0.		
		SOUTH AMERICA	RESEARCH	28,750.	CHECK	0.		
			recognized as charities by the					
the IRS, or for which t 3 Enter total number of	the grantee or couns other organizations	el has provided a section or entities	n 501(c)(3) equivalency letter			▶		

Schedule F (Form 990) 2015

AMERICAN INIKUID ABBUCIAIIU	AMERICAN	THYROID	ASSOCIATION
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41-6038600

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Page 3

# Schedule F (Form 990) 2015 AMERICAN THYROID ASSOCIATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

532074 10-01-15

Schedule F (Form 990) 2015	AMERICAN	THYROID	ASSOCIATION
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**Supplemental Information** 

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

Part V

GRANTS ISSUED TO INTERNATIONAL RECIPIENTS ARE SUBJECT TO THE SAME

REQUIREMENTS AS DOMESTIC RECIPIENTS. THE ATA'S RESEARCH COMMITTEE (7-9

MEMBERS) DEVELOPS DEADLINES, GUIDELINES AND TIMELINES FOR PROPOSAL

SUBMISSION; PUBLISHES ANNOUNCEMENTS AND REQUIREMENTS; RANKS PROPOSALS

ACCORDING TO THEIR MERIT AND RELEVANCE; REVIEWS PROPOSALS FOR GRANT

APPLICATIONS; INVITE AUTHORS OF SELECTED PROPOSALS TO SUBMIT COMPLETE

GRANT APPLICATIONS USING NIH FORMAT; REVIEWS SUBMITTED GRANT APPLICATIONS

AND DETERMINES WHICH GRANTS WILL BE FUNDED. THE CHAIR REVIEWS PROGRESS

REPORTS AND GRANT RECIPIENTS ARE EXPECTED TO PRESENT AT THE ATA ANNUAL

MEETING.

PART I, LINE 3:

GRANTS ARE RECORDED WHEN FUNDING IS APPROVED BY ATA'S RESEARCH COMMITTEE.

532075 10-01-15

Schedule F (Form 990) 2015

CHEDULE I Form 990) epartment of the Treasury ternal Revenue Service CHEDULE I Governments, and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							OMB No. 1545-0047
Name of the organization							Employer identification number
		SSOCIATION					41-6038600
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Det 11/1/the organization is not set in the set of th</li></ol>	stance?						
2 Describe in Part IV the organization's pro					nization answered "	(aall an Earm 000, Dar	t N/ line O1 for any
Part II Grants and Other Assistance to recipient that received more than S	. –				anization answered in	res" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHEPENS EYE RESEARCH INST 20 STANIFORD ST							
BOSTON, MA 02114	04-2129889	501C3	28,750.	0.			RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501C3	57,500.	0.			RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1624182	501C3	57,500.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, N-4327B BALTIMORE, MD 21211	52-0595110	501C3	28,750.	0.			RESEARCH
UNIVERISTY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD, #1644 - HOUSTON, TX 77030	74-6001118	501C3	57,500.	0.			RESEARCH
YALE SCHOOL OF MEDICINE P.O. BOX 208327 NEW HAVEN, CT 06520-8047	06-0646973	501C3	28,750.	0.			RESEARCH
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	s listed in the line	1 table	ne line 1 table				Schedule I (Form 990) (2015)

### Schedule | (Form 990) AMERICAN THYROID ASSOCIATION

(b) EIN

(a) Name and address of

organization or government

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

(c) IRC section

if applicable

				assistance	appraisal, other)	
THE GENERAL HOSPITAL CORPORATION						
55 FRUIT STREET						
BOSTON, MA 02114-2696	04-2697983		28,750.	0.		RESEARCH
THE UNIVERSITY OF TEXAS						
SOUTHWESTERN MEDICAL CENTER - 5323						
HARRY HINES BLVD - DALLAS, TX						
75390	75-2556007	501C3	28,750.	0.		RESEARCH
CARL T HAYDEN MEDICAL RESEARCH						
FOUNDATION - 650 E. INDIAN SCHOOL						
ROAD - PHOENIX, AZ 85012-1839	86-0907729	501C3	28,750.	0.		RESEARCH
						SUPPORT OF THE 12TH
INTERNATIONAL WORKSHOP ON						INTERNATIONAL WORKSHOP ON
RESISTANCE TO THYROID HORMONE - 3	26 44 02 64 5	504 70				RESISTANCE TO THYROID
BLACKFAN CIRCLE - BOSTON, MA 02115	36-4103645	501C3	30,000.	0.		HORMONE

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

(g) Description of

non-cash assistance

41-6038600 Page 1

(h) Purpose of grant

or assistance

#### Schedule I (Form 990) (2015)

AMERICAN	THYROID	ASSOCIATION

41-6038600

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ATA'S RESEARCH COMMITTEE (7-9 MEMBERS) DEVELOPS DEADLINES, GUIDELINES

AND TIMELINES FOR PROPOSAL SUBMISSION; PUBLISHES ANNOUNCEMENTS AND

REQUIREMENTS; RANKS PROPOSALS ACCORDING TO THEIR MERIT AND RELEVANCE;

REVIEWS PROPOSALS FOR GRANT APPLICATIONS; INVITE AUTHORS OF SELECTED

PROPOSALS TO SUBMIT COMPLETE GRANT APPLICATIONS USING NIH FORMAT; REVIEWS

SUBMITTED GRANT APPLICATIONS AND DETERMINES WHICH GRANTS WILL BE FUNDED.

THE CHAIR REVIEWS PROGRESS REPORTS AND GRANT RECIPIENTS ARE EXPECTED TO

PRESENT AT THE ATA ANNUAL MEETING.

SCH	EDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Forr	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	)
Departm	ent of the Treasury	Attach to Form 990.		Open to Public		
Internal I	Revenue Service	► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Name	of the organizatio		Employer in			mber
Devi		AMERICAN THYROID ASSOCIATION	41-6	03860	0	
Part	uestion	s Regarding Compensation				
4- 0		inte la colon de la compania de la companya de la c			Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
Р Г	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.				
	Travel for com	Ŭ				
Ē		ation and gross-up payments I Pay				
Ē		spending account Personal services (e.g., maid, chauffeur,				
L			51101)			
h lf	any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
c,	dotooo, and onioc					
<b>3</b> Ir	ndicate which. if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio					
		compensation consultant I Compensation survey or study				
		ther organizations X Approval by the board or compensation	committee			
<b>4</b> D	ouring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
0	rganization or a re	lated organization:				
a R	leceive a severand	e payment or change-of-control payment?		4a		X
bΡ	articipate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
		ceive payment from, an equity-based compensation arrangement?		4c		X
lf	"Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on			
	ontingent on the r					37
						X
		ation?		5b		X
		r 5b, describe in Part III.	·			
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	'n			
	ontingent on the r					x
						X
		ation?		<u>6b</u>		
		or 6b, describe in Part III.	+c			
		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen		7		x
		nes 5 and 6? If "Yes," describe in Part III		7		
				8		x
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III d the organization also follow the rebuttable presumption procedure described in				
		a the organization also follow the rebuttable presumption procedure described in a 53.4958-6(c)?		9		
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n <u>990</u> 1	2015
<i>"</i> • •			5050			,

Schedule J (Form 990) 2015

41-6038600

Page 2

#### 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BARBARA R. SMITH, CAE	(i)	209,646.	12,937.	0.	31,569.	3,826.	257,978.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

532113 10-14-15 SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

### 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.

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

OMB No. 1545-0047

AMERICAN THYROID ASSOCIATION

Employer identification number 41 - 6038600

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION DEVOTED TO THYROID BIOLOGY AND THE PREVENTION AND

TREATMENT OF THYROID DISEASE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISORDERS IN ORDER TO IMPROVE METHODS FOR PREVENTION, DIAGNOSIS AND

MANAGEMENT. THE ATA ALSO ISSUES PUBLIC HEALTH STATEMENTS ON THE

MANAGEMENT OF THYROID DISEASES.

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

THE ASSOCIATION MANAGES THE PUBLICATION OF "THYROID", THE OFFICIAL

PUBLICATION OF THE ATA, FOR DISTRIBUTION TO ITS MEMBERS. THE

ASSOCIATION ALSO PUBLISHES "SIGNAL" AND "CLINICAL THYROIDOLOGY" FOR

DISTRIBUTION TO ITS MEMBERS. THESE PUBLICATIONS KEEP MEMBERS INFORMED

OF CHANGES IN THE FIELD OF THYROID PATHOPHYSIOLOGY.

EXPENSES \$ 399,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 419,598.

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

THE ASSOCIATION HAS MEMBERS WHO ARE PHYSICIANS, SCIENTISTS, AND OTHER

HEALTH CARE PROFESSIONALS.

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

THE MEMBERSHIP OF THE ATA ELECTS THE BOARD OF DIRECTORS AS THEIR STAGGERED

TERMS EXPIRE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

16350804 136238 10055

42 0 XMEE Name of the organization

AMERICAN THYROID ASSOCIATION

BYLAW REVISIONS AND CANDIDATES FOR OFFICE ARE SUBJECT TO VOTE BY THE

MEMBERS. BOARD REPORTS ARE MADE TO THE MEMBERSHIP VIA ONLINE NEWSLETTERS

AND AT THE ANNUAL BUSINESS MEETING.

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

THE FORM 990 IS DISCUSSED IN DETAIL WITH THE EXECUTIVE DIRECTOR AND THEN POSTED ON A SHARED WORKZONE WHERE THE FINANCE AND AUDIT COMMITTE MEMBERS AND BOARD MEMBERS REVIEW THE FORM. ONCE REVIEWED AND CHANGES MADE APPROPRIATELY, THE FORM IS FILED.

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

ANNUALLY, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. THESE STATEMENTS ARE PUBLISHED IN THE ANNUAL MEETING PROGRAM BOOK. ADDITIONALLY, PRIOR TO ALL BOARD MEETINGS, ANY CHANGES TO EXISTING DISCLOSURES ARE MADE VERBALLY TO THE BOARD AS A WHOLE. DIRECTORS RECUSE THEMSELVES WHEN NECESSARY.

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

THE PERSONNEL COMMITTEE REVIEWS COMPENSATION AND BENEFIT STUDIES FROM LIKE ORGANIZATIONS IN DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD ESTABLISHED AN ACCEPTABLE COMPENSATION AMOUNT FOR TWO OFFICERS. THE OFFICERS ARE PRECLUDED FROM ACCEPTING CERTAIN NON-CME COMPENSATION, HONORARIA, ETC. THE PAYMENT TO THE TREASURER IS MADE TO COMPENSATE FOR LOST INCOME WHILE SERVING THE ATA. THE SECRETARY DOES NOT RECEIVE COMPENSATION FROM THE ATA; HOWEVER, THE ATA PAID HIS EMPLOYER \$25,000 DIRECTLY TO COMPENSATE THE INSTITUTION FOR COSTS AND/OR TIME SPENT SERVING THE ASSOCIATION.

43

532212 09-02-15

FORM 990, PART VI, SECT THE BYLAWS, CONFLICT OF	' INTEREST POLICY, FORM 990, AND THE AUDITED
FINANCIAL STATEMENTS AR	E AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE,
WWW.THYROID.ORG. ALL DO	CUMENTS ARE ALSO AVAILABLE UPON REQUEST.
PART XII, LINE 2C EXPLA	NATION:
	HANGE FROM THE PRIOR YEAR.
532212 09-02-15	Schedule O (Form 990 or 990-EZ) ( 44

Schedule O (Form 990 or 990-EZ) (2015)

AMERICAN THYROID ASSOCIATION

Name of the organization

Page 2

Employer identification number 41-6038600

Form <b>8868</b>	}
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(Rev. January 2014)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

► X

Department	of the	Treasur
Internal Rev	enue S	Service

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this</li> </ul>	s box
---	-------

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	AMERICAN THYROID ASSOCIATION	41-6038600
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 6066 LEESBURG PIKE, NO. 550	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FALLS CHURCH, VA $22041-2222$	

Enter the Return code for the return that this application is for (file a separate application for each r	return)	Γ	0	1	1

Application	Return	Application						
Is For	Code	Is For						
Form 990 or Form 990-EZ	01	Form 990-T (corporation)						
Form 990-BL	02	Form 1041-A	08					
Form 4720 (individual)	03	Form 4720 (other than individual)	09					
Form 990-PF	04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990-T (trust other than above)	06	Form 8870	12					
• The books are in the care of  CHURCH, VA 2204		5066 LEESBURG PIKE, NO. 550 - FAI 22	LS					
Telephone No. ► 703-998-8890		Fax No. 🕨						
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> </ul>								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this								
box 🕨 🛄 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for.								
AUGUST 15, 2016 , to file the exemption is for the organization's return for: $\mathbf{X}$ calendar year 2015 or	t organiza	tion return for the organization named above. The extension						
▶ tax year beginning, and ending								
If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Change in accounting period								
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,		•					
nonrefundable credits. See instructions.		3a \$	0.					
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069			•					
estimated tax payments made. Include any prior year overp			0.					
c Balance due. Subtract line 3b from line 3a. Include your pa			•					
by using EFTPS (Electronic Federal Tax Payment System).			0.					
<b>Caution.</b> If you are going to make an electronic funds withdrawal instructions.	(direct de	bit) with this Form 8868, see Form 8453-EO and Form 8879-EO fo	r payment					
LHA 523841 04-01-15For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form 8868 (Rev. 1-2014)								
		44.4						

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