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CLIENT'S COPY

DALAL & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
1500 KING STREET, SUITE 301
ALEXANDRIA, VA 22314-2730
703.548.1055

September 4, 2017

American Thyroid Association
6066 Leesburg Pike No. 550
Falls Church, VA 22041-2222
Attention: Barbara R. Smith, Executive Director

Dear Bobbi,

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Best regards,

Rustam J. Dalal, CPA CGMA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2016

Prepared for	American Thyroid Association 6066 Leesburg Pike No. 550 Falls Church, VA 22041-2222
Prepared by	Dalal & Company 1500 King Street, Ste 301 Alexandria, VA 22314-2730
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

AMERICAN THYROID ASSOCIATION

41-6038600

Name and title of officer

**BARBARA R. SMITH
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,952,324.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DALAL & COMPANY** to enter my PIN **22041**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54767122314

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **09/04/17**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN THYROID ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6066 LEESBURG PIKE 550 City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22041-2222 F Name and address of principal officer: BARBARA R. SMITH SAME AS C ABOVE	D Employer identification number 41-6038600 E Telephone number 703-998-8890 G Gross receipts \$ 4,734,783. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.THYROID.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THROUGH EXCELLENCE IN RESEARCH, EDUCATION, CLINICAL CARE, AND PUBLIC HEALTH, THE ATA IS THE LEADING 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,311,147.</td> <td style="text-align: right;">995,795.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">3,060,220.</td> <td style="text-align: right;">1,839,224.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">63,545.</td> <td style="text-align: right;">117,305.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">4,434,912.</td> <td style="text-align: right;">2,952,324.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,311,147.	995,795.	9 Program service revenue (Part VIII, line 2g)	3,060,220.	1,839,224.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,545.	117,305.	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)	4,434,912.	2,952,324.							
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Part II Signature Block

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

Sign Here	Signature of officer BARBARA R. SMITH, EXECUTIVE DIRECTOR Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name RUSTAM J. DALAL	Preparer's signature RUSTAM J. DALAL	Date 09/04/17	Check <input type="checkbox"/> if self-employed PTIN P00272049
	Firm's name ▶ DALAL & COMPANY Firm's address ▶ 1500 KING STREET, STE 301 ALEXANDRIA, VA 22314-2730	Firm's EIN ▶ 20-3915596 Phone no. 703-548-1055		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ATA IS A PROFESSIONAL SOCIETY OF OVER 1,600 US AND INTERNATIONAL PHYSICIANS AND SCIENTISTS WHO SPECIALIZE IN THE RESEARCH AND TREATMENT OF THYROID DISEASES. THE ATA IS DEDICATED TO PROMOTING SCIENTIFIC AND PUBLIC UNDERSTANDING OF THE BIOLOGY OF THE THYROID GLAND AND ITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,057,010. including grants of \$) (Revenue \$ 1,387,352.) THE ASSOCIATION FOSTERS CONTACT AND COLLABORATION AMONG MEMBERS, SUPPORTS THE EDUCATION OF TRAINEES, SCIENTISTS, PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS INVOLVED IN THE STUDY OF THYROID DISEASES, AND HOLDS MEETINGS TO FACILITATE THE DISSEMINATION OF NEW KNOWLEDGE IN THE FIELD OF THYROID PATHOPHYSIOLOGY.

4b (Code:) (Expenses \$ 687,682. including grants of \$ 5,000.) (Revenue \$) THE ATA PROVIDES THE PUBLIC AND HEALTH PROFESSIONALS WITH INFORMATION AND EDUCATION. PATIENT BROCHURES IN ENGLISH AND SPANISH ARE AVAILABLE FROM WWW.THYROID.ORG. SUMMARIES OF THYROID RESEARCH FOR PATIENTS ARE DISTRIBUTED MONTHLY BY EMAIL AND POSTED ONLINE. THYROID GUIDELINES FOR PROFESSIONALS ARE UPDATED PERIODICALLY.

4c (Code:) (Expenses \$ 490,459. including grants of \$ 460,000.) (Revenue \$) THE ASSOCIATION FOSTERS AND SUPPORTS RESEARCH ON THYROID MOLECULAR AND CELL BIOLOGY, PHYSIOLOGY AND DISEASES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 419,008. including grants of \$) (Revenue \$ 451,872.)

4e Total program service expenses 2,654,159.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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 "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, CT, FL, MD, MA, NJ, NY, VA, WA, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 703-998-8890**
6066 LEESBURG PIKE, NO. 550, FALLS CHURCH, VA 22041-2222

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA R. SMITH, CAE EXECUTIVE DIRECTOR	55.00	X		X				229,080.	0.	59,124.
(2) JOHN C. MORRIS, MD PRESIDENT	1.00	X		X				0.	0.	0.
(3) VICTOR J. BERNET, MD SECRETARY/COO	6.00	X		X				0.	0.	0.
(4) ANTHONY N. HOLLENBERG, MD DIRECTOR	0.50	X						0.	0.	0.
(5) JACQUELINE JONKLAAS, MD DIRECTOR	0.50	X						0.	0.	0.
(6) ANTONIO C. BIANCO, MD, PHD PAST PRESIDENT	0.50	X		X				0.	0.	0.
(7) DAVID H. SARNE, MD, FACP TREASURER	2.00	X		X				9,999.	0.	0.
(8) ANDREW J. BAUER, MD DIRECTOR	0.50	X						0.	0.	0.
(9) SALLY E. CARTY, MD, FACS DIRECTOR	0.50	X						0.	0.	0.
(10) M. REGINA CASTRO, MD DIRECTOR	0.50	X						0.	0.	0.
(11) REBECCA E. SCHWEPPE, PHD DIRECTOR	0.50	X						0.	0.	0.
(12) JULIE ANN SOSA, MD, MA, FACS TREASURER-ELECT	0.50	X		X				0.	0.	0.
(13) CHRISTINE SPITZWEG, MD DIRECTOR	0.50	X						0.	0.	0.
(14) CHARLES H. EMERSON, MD PRESIDENT-ELECT	0.50	X		X				0.	0.	0.
(15) J. WOODY SISTRUNK, MD DIRECTOR	0.50	X						0.	0.	0.
(16) RALPH P. TUFANO, MD DIRECTOR	0.50	X						3,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							242,079.	0.	59,124.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							242,079.	0.	59,124.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARY ANN LIEBERT, INC., 140 HUGUENOT STREET, 3RD FLOOR, NEW ROCHELLE, NY	PUBLISHER	132,839.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	42,686.					
	b Membership dues	1b	415,886.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	537,223.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			995,795.				
Program Service Revenue	2 a MEETINGS	Business Code	900099	1,387,352.	1,387,352.			
	b THYROID PUBLICATIONS AND COMMUNIC	Business Code	900099	451,872.	451,872.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,839,224.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			133,169.			133,169.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses			1,781,645.	814.		
		c Gain or (loss)			-15,050.	-814.		
		d Net gain or (loss)			-15,864.			-15,864.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2,952,324.	1,839,224.	0.	117,305.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	407,500.	407,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	57,500.	57,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	301,203.	274,477.	13,363.	13,363.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	443,217.	396,511.	23,452.	23,254.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,661.	92,944.	4,370.	4,347.
9 Other employee benefits	35,513.	30,136.	2,694.	2,683.
10 Payroll taxes	43,396.	39,022.	2,192.	2,182.
11 Fees for services (non-employees):				
a Management				
b Legal	361.		361.	
c Accounting	117,876.	106,346.	5,601.	5,929.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,218.			32,218.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,618.	55,109.		8,509.
12 Advertising and promotion				
13 Office expenses	84,628.	75,280.	4,000.	5,348.
14 Information technology	115,356.	113,743.	634.	979.
15 Royalties				
16 Occupancy	29,835.	26,827.	1,507.	1,501.
17 Travel	108,752.	106,929.	1,823.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	622,073.	594,059.		28,014.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,627.	29,171.	824.	1,632.
23 Insurance	11,678.	10,847.	416.	415.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND DESIGN	164,876.	156,642.		8,234.
b EDITORIAL MANAGEMENT	81,116.	81,116.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,854,004.	2,654,159.	61,237.	138,608.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	446,959.	1	477,917.
	2 Savings and temporary cash investments	1,564,603.	2	1,195,806.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	136,385.	4	145,273.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,660.	9	32,484.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 193,386.		
	b Less: accumulated depreciation	10b 115,768.	10c	77,618.
	11 Investments - publicly traded securities	5,580,427.	11	5,999,008.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,348.	14	29,826.
	15 Other assets. See Part IV, line 11	40,687.	15	47,878.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,872,589.	16	8,005,810.	
Liabilities	17 Accounts payable and accrued expenses	430,980.	17	225,769.
	18 Grants payable		18	
	19 Deferred revenue	468,913.	19	497,161.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,102.	25	25,941.
	26 Total liabilities. Add lines 17 through 25	929,995.	26	748,871.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,901,020.	27	3,033,257.
	28 Temporarily restricted net assets	943,859.	28	997,599.
	29 Permanently restricted net assets	3,097,715.	29	3,226,083.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,942,594.	33	7,256,939.	
34 Total liabilities and net assets/fund balances	7,872,589.	34	8,005,810.	

Part 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	2,952,324.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,854,004.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,320.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,942,594.
5	Net unrealized gains (losses) on investments	5	216,025.
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	7,256,939.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the 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)					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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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		<input type="checkbox"/>
b 33 1/3% support test - 2015. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,330,724.	1,075,162.	988,245.	1,311,147.	995,795.	5,701,073.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,169,181.	1,215,914.	1,836,809.	3,060,220.	1,839,224.	9,121,348.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	2,499,905.	2,291,076.	2,825,054.	4,371,367.	2,835,019.	14,822,421.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b 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.)						14,822,421.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	2,499,905.	2,291,076.	2,825,054.	4,371,367.	2,835,019.	14,822,421.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	104,449.	190,967.	176,086.	218,576.	133,169.	823,247.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	104,449.	190,967.	176,086.	218,576.	133,169.	823,247.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,897.	55,904.	17,327.	-155,031.		-68,903.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,617,251.	2,537,947.	3,018,467.	4,434,912.	2,968,188.	15,576,765.

14 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	95.16 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	95.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	5.29 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	5.20 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section 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		

Section 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section 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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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.			
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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2016

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ETHICON-ENDO SURGERY 4545 CREEK ROAD CINCINNATI, OH 45242	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GENZYME - SANOFI-AVENTIS US 500 KENDALL STREET CAMBRIDGE, MA 02142-1108	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MARY ANN LIEBERT, INC. 140 HUGUENOT STREET, 3RD FLOOR NEW ROCHELLE, NY 10801-5215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VERACYTE 7000 SHORELINE COURT, SUITE 250 SOUTH SAN FRANCISCO, CA 94080	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ZAREEN TAJ MIRZA 11 SPRUCE LANE CUMBERLAND FORESIDE, ME 04110	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ABBVIE, INC. 1 NORTH WAUKEGAN ROAD NORTH CHICAGO, IL 60064	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BITE ME CANCER 4094 MAJESTIC LANE FAIRFAX, VA 22033	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THYROID CANCER SURVIVOR'S ASSOC. INC. PO BOX 1545 NEW YORK, NY 10159-1545	\$ 201,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ICALQ LLC 466 N. WALL STREET SALT LAKE CITY, UT 84103	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BIOMEDICAL RESEARCH FOUNDATION OF CO 2020 SOUTH ONEIDA STREET DENVER, CO 80224	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and 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
(e) Transfer of gift			
Transferee's name, address, and 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
(e) Transfer of gift			
Transferee's name, address, and 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AMERICAN THYROID ASSOCIATION **Employer identification number** 41-6038600

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
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

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,041,574.	4,031,874.	3,997,906.	3,350,712.	2,628,114.
b Contributions	386,054.	138,878.	51,628.	284,858.	685,083.
c Net investment earnings, gains, and losses	159,743.	-56,614.	58,574.	582,382.	300,008.
d Grants or scholarships					
e Other expenditures for facilities and programs	363,689.	72,564.	76,234.	220,046.	262,493.
f Administrative expenses					
g End of year balance	4,223,682.	4,041,574.	4,031,874.	3,997,906.	3,350,712.

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 76.40 %
- c Temporarily restricted endowment 23.60 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		193,386.	115,768.	77,618.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				77,618.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILTY	25,941.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	25,941.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	3,169,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 216,025.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	216,025.
3	Subtract line 2e from line 1		3	2,953,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -814.		
c	Add lines 4a and 4b		4c	-814.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,952,324.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,854,818.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c 814.		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	814.
3	Subtract line 2e from line 1		3	2,854,004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,854,004.

Part XIII Supplemental Information.

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

PART X, 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, 2013 THROUGH 2016 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -814.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	GRANTMAKING	RESEARCH	28,750.
SOUTH AMERICA	0	0	GRANTMAKING	RESEARCH	28,750.
3 a Sub-total	0	0			57,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			57,500.

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	RESEARCH	28,750.	CHECK	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	RESEARCH	28,750.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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 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 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 No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes 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 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 No

Part V Supplemental Information

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

PART I, LINE 2:

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants 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

2016

**Open to Public
Inspection**

Name of the organization **AMERICAN THYROID ASSOCIATION** Employer identification number **41-6038600**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN STREET CHICAGO, IL 60612	36-2174823	501C3	28,750.	0.			RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1624182	501C3	28,750.	0.			RESEARCH
YALE SCHOOL OF MEDICINE P.O. BOX 208327 NEW HAVEN, CT 06520-8047	06-0646973	501C3	28,750.	0.			RESEARCH
THE GENERAL HOSPITAL CORPORATION DBA MASSACHUSETTS GENERAL HOSPITAL - 101 HUNTINGTON AVENUE - BOSTON, MA 02199	04-2697983		57,500.	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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2016)

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

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF PROGRAM DIRECTORS IN ENDOCRINOLOGY, DIABETES AND METABOLISM - 2055 L ST NW - WASHINGTON, DC 20036	52-2004501	501C3	5,000.	0.			RESEARCH
JOAN & SANFORD I. WEILL MEDICAL COLLEGE, CORNELL UNIVERSITY - 1300 YORK AVENUE, NOX 89 - NEW YORK, NY 10065-4805	13-1623978		28,750.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 02241-3149	04-2312909		28,750.	0.			RESEARCH
THE UNIVERSITY OF COLORADO DENVER 13002 E 17TH PLACE AURORA, CO 80045-2571	84-6000555		28,750.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MT. SINAI - ONE GUSTAVE L LEVY PLACE, BOX 1075 - NEW YORK, NY 10029-6574	13-6171197		28,750.	0.			RESEARCH
MINNESOTA STATE UNIVERSITY - MANKATO - 236 WIGLEY ADMINISTRATION CENTER - MANKATO, MN 56001	41-1687554		28,750.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE - 120 THEORY - IRVINE, CA 92697	95-2226406		28,750.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL SCHOOL - 330 BROOKLINE AVENUE - BOSTON, MA 02215-5491	04-2103881		28,750.	0.			RESEARCH

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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA R. SMITH, CAE EXECUTIVE DIRECTOR	(i)	215,107.	13,973.	0.	53,000.	6,124.	288,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

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 \$ 419,008. INCLUDING GRANTS OF \$ 0. REVENUE \$ 451,872.

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) (2016)

632211 08-25-16

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

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 11B:

THE FORM 990 IS DISCUSSED IN DETAIL WITH THE EXECUTIVE DIRECTOR AND THEN POSTED ON A SHARED WORKZONE WHERE THE FINANCE AND AUDIT COMMITTEE 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.

Name of the organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
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FORM 990, PART VI, SECTION C, LINE 19:

THE BYLAWS, CONFLICT OF INTEREST POLICY, FORM 990, AND THE AUDITED
 FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE,
 WWW.THYROID.ORG. ALL DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCEDURE DID NOT CHANGE FROM THE PRIOR YEAR.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	AUDIENCE RESPONSE SYSTEM	12/30/08	SL	5.00		MC17	13,820.				13,820.	13,820.		0.	13,820.
59	TABLES (2) BRS OFFICE	05/02/14	SL	7.00		16	998.				998.	238.		143.	381.
60	STOOLS (6) BRS OFFICE	05/02/14	SL	7.00		16	1,074.				1,074.	255.		153.	408.
61	BOOKCASES (2) BRS OFFICE	05/02/14	SL	7.00		16	398.				398.	95.		57.	152.
62	LIBRARY SYSTEM SHELVES - COPY ROOM	07/22/14	SL	7.00		16	11,769.				11,769.	2,382.		1,681.	4,063.
68	CENTRIC BUSINESS SYSTEMS RICOH COPIER	09/26/15	SL	7.00		16	5,621.				5,621.	201.		803.	1,004.
80	COSTCO WATER COOLER	05/20/16	SL	7.00		16	1,877.				1,877.			156.	156.
	* 990 PAGE 10 TOTAL -						35,557.				35,557.	16,991.		2,993.	19,984.
17	LCD PROJECTOR	06/25/04	SL	5.00		HY17	2,402.				2,402.	2,402.		0.	2,402.
28	HP PRINTER	10/10/06	SL	5.00		HY17	1,593.				1,593.	1,593.		0.	1,593.
43	DELL SERVER	10/02/09	SL	5.00		MC17	3,254.				3,254.	3,254.		0.	3,254.
44	(D)BACKUP RECOVERY PC	01/31/09	SL	5.00		MC17	1,483.				1,483.	1,483.		0.	1,483.
45	(D)5 DELL COMPUTERS	12/15/10	ADS	5.00		MC17	3,033.				3,033.	3,033.		0.	3,033.
49	3 IPADS	09/15/12	SL	5.00		HY17	2,097.				2,097.	1,380.		419.	1,799.
50	(D)MACBOOK PRO	11/13/12	SL	5.00		HY17	2,515.				2,515.	1,575.		126.	1,701.
55	3 COMPUTERS	08/28/13	SL	3.00		HY17	4,007.				4,007.	3,340.		667.	4,007.
63	SEC MNAIR 13"	08/06/14	SL	3.00		16	2,117.				2,117.	1,000.		706.	1,706.
69	DELL PRECISION T1700 SCANO	05/18/15	SL	3.00		16	1,075.				1,075.	209.		358.	567.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
70	2 DELL XPS 13 SEG EDITION LAPTOPS	09/23/15	SL	3.00		16	3,178.				3,178.	265.		1,059.	1,324.
71	DELL XPS SIG EDITION LAPTOP (BRS)	10/08/15	SL	3.00		16	1,416.				1,416.	118.		472.	590.
78	6 MONITORS, 4 COMPUTERS, CABLES	04/13/16	SL	3.00		16	5,943.				5,943.			1,486.	1,486.
79	DELL COMPUTER	12/29/16	SL	3.00		16	1,399.				1,399.			0.	
	* 990 PAGE 10 TOTAL -						35,512.				35,512.	19,652.		5,293.	24,945.
41	SYMANTEC BACKUP SYSTEM RECOVERY SOFTWARE	10/02/09	SL	3.00	MO	17	1,259.				1,259.	1,259.		0.	1,259.
56	ASTARO FIREWALL SOFTWARE	01/19/13	SL	3.00	HY	17	3,712.				3,712.	3,093.		619.	3,712.
	* 990 PAGE 10 TOTAL -						4,971.				4,971.	4,352.		619.	4,971.
51	WEBSITE REDESIGN	07/24/12	SL	3.00	HY	17	20,283.				20,283.	20,283.		0.	20,283.
52	WEBSITE REDESIGN	12/31/12	SL	3.00	HY	17	1,914.				1,914.	1,914.		0.	1,914.
53	WEB CACLULATOR	12/28/12	SL	3.00	HY	17	1,280.				1,280.	1,280.		0.	1,280.
54	IMIS SOFTWARE UPGRADE	09/28/12	SL	3.00	HY	17	1,980.				1,980.	1,980.		0.	1,980.
57	WEBSITE REDESIGN	07/03/13	SL	3.00	HY	17	2,498.				2,498.	2,082.		416.	2,498.
58	WEBSITE REDESIGN	12/31/13	SL	3.00	HY	17	2,400.				2,400.	2,000.		400.	2,400.
64	IMIS 20 UPGRADE BUNDLE	06/23/14	SL	3.00		16	20,398.				20,398.	10,199.		6,799.	16,998.
72	RESPONSIVE DESIGN - WEBSITE RESTRUCTURE	09/17/15	SL	3.00		16	8,700.				8,700.	725.		2,900.	3,625.
73	SPEAKER ENGAGEMENT TOOL	09/04/15	SL	3.00		16	3,465.				3,465.	385.		1,155.	1,540.
74	IMIS UPGRADE INSTALLATION	10/01/15	SL	3.00		16	4,320.				4,320.	360.		1,440.	1,800.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
75	USER ENHANCEMENTS	10/01/15	SL	3.00		16	2,115.				2,115.	176.		705.	881.
76	RESPONSIVE ATA TEMPLATE	07/01/16	SL	3.00		16	5,085.				5,085.			848.	848.
77	FACULTY ENGAGEMENT SYSTEM	07/01/16	SL	3.00		16	5,850.				5,850.			975.	975.
	* 990 PAGE 10 TOTAL -						80,288.				80,288.	41,384.		15,638.	57,022.
40	TRADEMARK	07/15/09		60M		HY43	5,132.				5,132.	5,132.		0.	5,132.
66	TRADEMARK RENEWAL	07/01/14	SL	5.00		16	1,925.				1,925.	578.		385.	963.
	* 990 PAGE 10 TOTAL -						7,057.				7,057.	5,710.		385.	6,095.
65	IMPROVEMENTS - HAMMERHEAD CONSTRUCTION	06/01/14	SL	7.00		16	43,703.				43,703.	9,885.		6,243.	16,128.
	* 990 PAGE 10 TOTAL -						43,703.				43,703.	9,885.		6,243.	16,128.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						207,088.				207,088.	97,974.		31,171.	129,145.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						186,934.			0.	186,934.	97,974.			125,680.
	ACQUISITIONS						20,154.			0.	20,154.	0.			3,465.
	DISPOSITIONS						7,031.			0.	7,031.	6,091.			6,217.
	ENDING BALANCE						200,057.			0.	200,057.	91,883.			122,928.
	ENDING ACCUM DEPR LESS DISPOSITIONS											122,928.			
	ENDING BOOK VALUE											77,129.			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 print	Name of exempt organization or other filer, see instructions. AMERICAN THYROID ASSOCIATION	Employer identification number (EIN) or 41-6038600
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6066 LEESBURG PIKE, NO. 550	Social security number (SSN)
	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 return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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 ORGANIZATION - 6066 LEESBURG PIKE, NO. 550 - FALLS CHURCH, VA 22041-2222

- The books are in the care of ▶ **CHURCH, VA 22041-2222**
Telephone No. ▶ **703-998-8890** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- 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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	17	13,820.			13,820.	13,820.		0.
59	TABLES (2) BRS OFFICE	050214	SL	7.00	16	998.			998.	238.		143.
60	STOOLS (6) BRS OFFICE	050214	SL	7.00	16	1,074.			1,074.	255.		153.
61	BOOKCASES (2) BRS OFFICE	050214	SL	7.00	16	398.			398.	95.		57.
62	LIBRARY SYSTEM SHELVES - COPY ROOM	072214	SL	7.00	16	11,769.			11,769.	2,382.		1,681.
68	CENTRIC BUSINESS SYSTEMS RICOH COPIER	092615	SL	7.00	16	5,621.			5,621.	201.		803.
80	COSTCO WATER COOLER	052016	SL	7.00	16	1,877.			1,877.			156.
	* 990 PAGE 10 TOTAL					35,557.		0.	35,557.	16,991.		2,993.
17	LCD PROJECTOR	062504	SL	5.00	17	2,402.			2,402.	2,402.		0.
28	HP PRINTER	101006	SL	5.00	17	1,593.			1,593.	1,593.		0.
43	DELL SERVER	100209	SL	5.00	17	3,254.			3,254.	3,254.		0.
44	(D)BACKUP RECOVERY PC	013109	SL	5.00	17	1,483.			1,483.	1,483.		0.
45	(D)5 DELL COMPUTERS	121510	ADS	5.00	17	3,033.			3,033.	3,033.		0.
49	3 IPADS	091512	SL	5.00	17	2,097.			2,097.	1,380.		419.
50	(D)MACBOOK PRO	111312	SL	5.00	17	2,515.			2,515.	1,575.		126.
55	3 COMPUTERS	082813	SL	3.00	17	4,007.			4,007.	3,340.		667.
63	SEC MNAIR 13" DELL PRECISION	080614	SL	3.00	16	2,117.			2,117.	1,000.		706.
69	T1700 SCANO	051815	SL	3.00	16	1,075.			1,075.	209.		358.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	2 DELL XPS 13 SEG EDITION LAPTOPS	092315	SL	3.00	16	3,178.			3,178.	265.		1,059.
71	DELL XPS SIG EDITION LAPTOP (BRS	100815	SL	3.00	16	1,416.			1,416.	118.		472.
78	6 MONITORS, 4 COMPUTERS, CABLES	041316	SL	3.00	16	5,943.			5,943.			1,486.
79	DELL COMPUTER	122916	SL	3.00	16	1,399.			1,399.			0.
	* 990 PAGE 10 TOTAL					35,512.		0.	35,512.	19,652.		5,293.
41	SYMANTEC BACKUP SYSTEM RECOVERY SOF	100209	SL	3.00	17	1,259.			1,259.	1,259.		0.
56	ASTARO FIREWALL SOFTWARE	011913	SL	3.00	17	3,712.			3,712.	3,093.		619.
	* 990 PAGE 10 TOTAL					4,971.		0.	4,971.	4,352.		619.
51	WEBSITE REDESIGN	072412	SL	3.00	17	20,283.			20,283.	20,283.		0.
52	WEBSITE REDESIGN	123112	SL	3.00	17	1,914.			1,914.	1,914.		0.
53	WEB CACLULATOR	122812	SL	3.00	17	1,280.			1,280.	1,280.		0.
54	IMIS SOFTWARE UPGRADE	092812	SL	3.00	17	1,980.			1,980.	1,980.		0.
57	WEBSITE REDESIGN	070313	SL	3.00	17	2,498.			2,498.	2,082.		416.
58	WEBSITE REDESIGN	123113	SL	3.00	17	2,400.			2,400.	2,000.		400.
64	IMIS 20 UPGRADE BUNDLE	062314	SL	3.00	16	20,398.			20,398.	10,199.		6,799.
72	RESPONSIVE DESIGN - WEBSITE RESTRUCTUR	091715	SL	3.00	16	8,700.			8,700.	725.		2,900.
73	SPEAKER ENGAGEMENT TOOL	090415	SL	3.00	16	3,465.			3,465.	385.		1,155.
74	IMIS UPGRADE INSTALLATION	100115	SL	3.00	16	4,320.			4,320.	360.		1,440.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	USER ENHANCEMENTS RESPONSIVE ATA	100115	SL	3.00	16	2,115.			2,115.	176.		705.
76	TEMPLATE	070116	SL	3.00	16	5,085.			5,085.			848.
77	FACULTY ENGAGEMENT SYSTEM	070116	SL	3.00	16	5,850.			5,850.			975.
	* 990 PAGE 10 TOTAL					80,288.		0.	80,288.	41,384.		15,638.
40	TRADEMARK	071509		60M	43	5,132.			5,132.	5,132.		0.
66	TRADEMARK RENEWAL	070114	SL	5.00	16	1,925.			1,925.	578.		385.
	* 990 PAGE 10 TOTAL					7,057.		0.	7,057.	5,710.		385.
65	IMPROVEMENTS - HAMMERHEAD CONSTRUCTION	060114	SL	7.00	16	43,703.			43,703.	9,885.		6,243.
	* 990 PAGE 10 TOTAL					43,703.		0.	43,703.	9,885.		6,243.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					207,088.		0.	207,088.	97,974.		31,171.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					186,934.		0.	186,934.	97,974.		
	ACQUISITIONS					20,154.		0.	20,154.	0.		
	DISPOSITIONS					7,031.		0.	7,031.	6,091.		
	ENDING BALANCE					200,057.		0.	200,057.	91,883.		

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	13,820.		13,820.	13,820.	0.
59	TABLES (2) BRS OFFICE	050214	SL	7.00	998.		998.	381.	143.
60	STOOLS (6) BRS OFFICE	050214	SL	7.00	1,074.		1,074.	408.	153.
61	BOOKCASES (2) BRS OFFICE	050214	SL	7.00	398.		398.	152.	57.
62	LIBRARY SYSTEM SHELVES - COPY ROOM	072214	SL	7.00	11,769.		11,769.	4,063.	1,681.
	CENTRIC BUSINESS SYSTEMS RICOH								
68	COPIER	092615	SL	7.00	5,621.		5,621.	1,004.	803.
80	COSTCO WATER COOLER	052016	SL	7.00	1,877.		1,877.	156.	268.
	* 990 PAGE 10 TOTAL -				35,557.		35,557.	19,984.	3,105.
17	LCD PROJECTOR	062504	SL	5.00	2,402.		2,402.	2,402.	0.
28	HP PRINTER	101006	SL	5.00	1,593.		1,593.	1,593.	0.
43	DELL SERVER	100209	SL	5.00	3,254.		3,254.	3,254.	0.
49	3 IPADS	091512	SL	5.00	2,097.		2,097.	1,799.	298.
55	3 COMPUTERS	082813	SL	3.00	4,007.		4,007.	4,007.	0.
63	SEC MNAIR 13"	080614	SL	3.00	2,117.		2,117.	1,706.	411.
69	DELL PRECISION T1700 SCANO	051815	SL	3.00	1,075.		1,075.	567.	358.
70	2 DELL XPS 13 SEG EDITION LAPTOPS	092315	SL	3.00	3,178.		3,178.	1,324.	1,059.
71	DELL XPS SIG EDITION LAPTOP (BRS)	100815	SL	3.00	1,416.		1,416.	590.	472.
78	6 MONITORS, 4 COMPUTERS, CABLES	041316	SL	3.00	5,943.		5,943.	1,486.	1,981.
79	DELL COMPUTER	122916	SL	3.00	1,399.		1,399.		466.
	* 990 PAGE 10 TOTAL -				28,481.		28,481.	18,728.	5,045.
	SYMANTEC BACKUP SYSTEM RECOVERY								
41	SOFTWARE	100209	SL	3.00	1,259.		1,259.	1,259.	0.
56	ASTARO FIREWALL SOFTWARE	011913	SL	3.00	3,712.		3,712.	3,712.	0.
	* 990 PAGE 10 TOTAL -				4,971.		4,971.	4,971.	0.
51	WEBSITE REDESIGN	072412	SL	3.00	20,283.		20,283.	20,283.	0.
52	WEBSITE REDESIGN	123112	SL	3.00	1,914.		1,914.	1,914.	0.
53	WEB CACLULATOR	122812	SL	3.00	1,280.		1,280.	1,280.	0.
54	IMIS SOFTWARE UPGRADE	092812	SL	3.00	1,980.		1,980.	1,980.	0.
57	WEBSITE REDESIGN	070313	SL	3.00	2,498.		2,498.	2,498.	0.
58	WEBSITE REDESIGN	123113	SL	3.00	2,400.		2,400.	2,400.	0.
64	IMIS 20 UPGRADE BUNDLE	062314	SL	3.00	20,398.		20,398.	16,998.	3,400.
	RESPONSIVE DESIGN - WEBSITE								
72	RESTRUCTURE	091715	SL	3.00	8,700.		8,700.	3,625.	2,900.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
73	SPEAKER ENGAGEMENT TOOL	09/04/15	SL	3.00	3,465.		3,465.	1,540.	1,155.
74	IMIS UPGRADE INSTALLATION	10/01/15	SL	3.00	4,320.		4,320.	1,800.	1,440.
75	USER ENHANCEMENTS	10/01/15	SL	3.00	2,115.		2,115.	881.	705.
76	RESPONSIVE ATA TEMPLATE	07/01/16	SL	3.00	5,085.		5,085.	848.	1,695.
77	FACULTY ENGAGEMENT SYSTEM	07/01/16	SL	3.00	5,850.		5,850.	975.	1,950.
	* 990 PAGE 10 TOTAL -				80,288.		80,288.	57,022.	13,245.
40	TRADEMARK	07/15/09		60M	5,132.		5,132.	5,132.	0.
66	TRADEMARK RENEWAL	07/01/14	SL	5.00	1,925.		1,925.	963.	385.
	* 990 PAGE 10 TOTAL -				7,057.		7,057.	6,095.	385.
65	IMPROVEMENTS - HAMMERHEAD CONSTRUCTION	06/01/14	SL	7.00	43,703.		43,703.	16,128.	6,243.
	* 990 PAGE 10 TOTAL -				43,703.		43,703.	16,128.	6,243.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				200,057.		200,057.	122,928.	28,023.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone