Jump to Schedule: Form 990

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
7643 GATE PKWY STE 104-328

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32256

D Employer identification number
59-3063956

E Telephone number
(904) 353-7878

G Gross receipts $ 16,101,890

F Name and address of principal officer:
PAUL A MARKOWSKI
7643 GATE PKWY STE 104-328
JACKSONVILLE, FL 32256

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.AACE.COM

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

L Year of formation: 1992

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS ELEVATING THE PRACTICE OF CLINICAL ENDOCRINOLOGY TO IMPROVE GLOBAL HEALTH.

Activities & Governance

2	Check this box ▶ ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	43
6	Total number of volunteers (estimate if necessary)	**6**	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	1,405,395
9	Program service revenue (Part VIII, line 2g)	7,235,464	5,220,767
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	324,659	268,719
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252,712	2,815,376
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,812,835	9,710,257
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0

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Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,022,674	3,503,219
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,014,898	3,249,278
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,037,572	6,752,497
	19 Revenue less expenses. Subtract line 18 from line 12	-3,224,737	2,957,760
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	8,868,070	10,018,882
	21 Total liabilities (Part X, line 26)	3,987,091	1,795,870
	22 Net assets or fund balances. Subtract line 21 from line 20	4,880,979	8,223,012

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 — 2021-08-12 Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN P01226973
Firm's name ▶ JOHNSON LAMBERT LLP			Firm's EIN ▶ 52-1446779
Firm's address ▶ 4242 SIX FORKS ROAD SUITE 1500 RALEIGH, NC 27609			Phone no. (919) 719-6400

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2020)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

OUR MISSION IS ELEVATING THE PRACTICE OF CLINICAL ENDOCRINOLOGY TO IMPROVE GLOBAL HEALTH.

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

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

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

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

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 e

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number
59-3063956

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ
- ☐ 501(c)( ) (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

☐ **Section 501(c)(3) organizations.** 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 other 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 33⅓% 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*

Form **990** (2020)

Part IV **Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*		No
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*		No

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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).

Name of organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number
59-3062956

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	(c) Type of contribution
	RESTRICTED	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Part IV **Checklist of Required Schedules** *(continued)*

		Yes	No
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? *If "Yes," complete Schedule D, Part VI*	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*		No
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? *If "Yes," complete Schedule I, Parts I and II*		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	Yes	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to** ***www.irs.gov/Form990*** **for instructions and the latest information.**

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2020
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

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

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

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Overprinted text from other pages (Form 990 Part IV and Schedule B) also appears on this page:

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a — 24a No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? — 24b
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? — 24c
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? — 24d
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I — 25a No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I — 25b No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II — 26 No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III — 27 No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV — 28a No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV — 28b No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV — 28c No
29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M — 29 No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M — 30 No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I — 31 No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II — 32 No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I — 33 No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 — 34 Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? — 35a No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 — 35b
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 — 36
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI — 37 No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. — 38 Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person / Payroll / Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 3

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
		$	
		$	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Form **990** (2020)

Page 5

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2020

Form 990 (2020) Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page **2**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 43

Schedule C (Form 990 or 990-EZ) 2020

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

Page 4

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

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

3a Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | No

b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | 3b

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page **4**

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

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No

Name of organization: AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number: 59-3063556

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

(a) Filing organization's totals | (b) Affiliated group totals

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 information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c

1a Total lobbying expenditures to influence public opinion (grassroots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year | 7d

(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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h

4-Year Averaging Period Under Section 501(h)

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8

efile Public Visual Render | ObjectId: 202102249349302250 - Submission: 2021-08-12 | TIN: 59-3063956

SCHEDULE D (Form 990) **Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS

Employer identification number
59-3063956

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

	(a) Donor advised funds	(b) Funds and other accounts

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020 Page 3

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

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

	(a) Yes	No	(b) Amount

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a Volunteers? ......

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ......

c Media advertisements? ......

d Mailings to members, legislators, or the public? ......

e Publications, or published or broadcast statements? ......

f Grants to other organizations for lobbying purposes? ......

g Direct contact with legislators, their staffs, government officials, or a legislative body? ......

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ......

i Other activities? ......

j Total. Add lines 1c through 1i ......

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ......

b If "Yes," enter the amount of any tax incurred under section 4912 ......

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ......

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ......

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		No

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? 13a

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ☐ Yes ☐ No — No

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16

Schedule C Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

(a) Name, address, and EIN of noncharitable trust / (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

Additional Data

Software ID:
Software Version:

Form 990 (2020) Page 6

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

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

Section A. Governing Body and Management

			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.	1a		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No

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Did the organization agree to carry over lobbying and political expenditures from the prior year? Yes No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No

6 Did the organization have members or stockholders? 6 Yes

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Yes

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Yes

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? 8a Yes

b Each committee with authority to act on behalf of the governing body? 8b Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* 9 No

Part IV Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes".

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ $

2a 2,263,914 | 2b 123,437 | 2c 123,437 | 4 123,437

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	16b		

Return Reference | Explanation

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

Schedule C (Form 990 or 990EZ) 2020

Page 2

Schedule D (Form 990) 2020 Page **2**

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

Additional Data Return to Form

Software ID:

Software Version:

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 d ☐ Loan or exchange programs

b ☐ Scholarly research e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets 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 in Part XIII ☐

Part V Endowment Funds

Section C. Disclosure

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

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

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

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

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

▶THOMAS COXWAY 7646 GATE PKWY STE 104-328 JACKSONVILLE, FL 32256 (904) 353-7878

Form **990** (2020)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS Inc

Employer identification number

59-3063956

Part I Questions Regarding Compensation

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

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, or 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.

See instructions for the order in which to list the persons above.

☐ 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 dotted line)	(C) Position	(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
(1) PAUL A MARKOWSKI CHIEF EXECUTIVE OFFICER	37.50 1.00	X	357,149	0	
(2) THOMAS CONWAY CHIEF FINANCIAL OFFICER	37.50 1.00		243,855	0	42,868
(3) MICHELLE LENTZ CHIEF STRATEGIC ALLIANCE OFFICER	37.50	X	217,860	0	
(4) PAMELA WOOD CHIEF STRATEGY AND ORG. DEVELOPMENT OFFICER	37.50	X	212,162	0	
(5) ELIZABETH LEPKOWSKI CHIEF LEARNING OFFICER	37.50	X	190,466	0	
(6) MICHAEL WILLIAMS GENERAL COUNSEL	37.50	X	140,937	0	

Schedule D (Form 990) 2020 Page 3

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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations — 3a(i)

(ii) Related organizations — 3a(ii)

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? — 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		72,445	72,445	
d Equipment		384,922	765,234	
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶

Schedule D (Form 990) 2020

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)		

Schedule J (Form 990) 2020 Page **2**

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

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

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

(A) Name and Title		(B)(i) Base compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
1 PAUL A MARKOWSKI CHIEF EXECUTIVE OFFICER	(i)	350,149	7,000	0	29,498	22,239	408,886	0
	(ii)	0	0	0	0	0	0	0
2 THOMAS CONWAY CHIEF FINANCIAL OFFICER	(i)	237,855	6,000	0	10,910	31,958	286,723	0
	(ii)	0	0	0	0	0	0	0
3 MICHELE LENTZ CHIEF STRATEGIC ALLIANCE OFFICER	(i)	211,860	6,000	0	9,272	24,730	251,862	0
	(ii)	0	0	0	0	0	0	0
4 PAMELA WOOD CHIEF STRATEGY AND ORG. DEVELOPMENT	(i)	206,162	6,000	0	8,924	31,917	253,003	0
	(ii)	0	0	0	0	0	0	0
5 ELIZABETH LEPKOWSKI CHIEF LEARNING OFFICER	(i)	184,466	6,000	0	8,413	1,919	200,798	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL WILLIAMS GENERAL COUNSEL	(i)	134,937	6,000	0	6,028	27,435	174,400	0
	(ii)	0	0	0	0	0	0	0

6b ... 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 in lines 5 and 6? If "Yes," describe in Part III. — 7

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. — 8

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? — 9

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Name and title	Average hours per week			Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
(7) DATE BULLIVANT CHIEF PUBLIC AFFAIRS OFFICER (TO JAN '20)	37.50		X	139,423	0	6b
(8) STEPHANIE ADAMS DIRECTOR OF CLINICAL PRACTICE GUIDELINES	37.50		X	117,279	0	6,008
(9) GLENN SEBOLD DIRECTOR OF PUBLIC MEDIA RELATIONS	37.50		X	111,674	0	32,477
(10) DEBORAH ... DIRECTOR OF LEADERSHIP SERVICES	37.50		X	107,581	0	6,605
(11) HOWARD M LANDO MD PRESIDENT	5.00 / 1.50	X		0	0	0
(12) ... WEBER MD IMMEDIATE PAST PRESIDENT	2.00 / 1.50	X		42,467	0	0
(13) FELICE A CALDARELLA MD PRESIDENT ELECT	2.00 / 1.50	X		18,657	0	0
(14) RACHEL PESSAH-POLLACK MD DIRECTOR	1.00 / 1.00	X		1,000	0	0
(15) S SETHU REDDY MD VICE PRESIDENT	2.00 / 1.50	X	X	0	0	0
(16) DANIEL L HURLEY MD CHANCELLOR	2.00 / 1.50	X	X	0	0	0
(17) JONATHAN LEFFERT MD CHANCELLOR (TO MAY '20)	2.00 / 1.50	X	X	0	0	0

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

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

Total. *(Column (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) (10)

Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)*

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,768,437
(2) DEPOSITS	8,726
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL

Employer identification number
59-3063956

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS HAVE BEEN UPDATED TO SPECIFY THAT THE FOCUS OF THE EFFORTS OF THE ORGANIZATION ARE ON PHYSICIANS SPECIALIZING IN ENDOCRINOLOGY, DIABETES, AND METABOLISM, TO PROVIDE THE HIGHEST QUALITY OF PATIENT CARE. THE QUALIFICATIONS FOR MEMBERSHIP WERE ADJUSTED FOR CONSISTENCY, AND IT WAS CLARIFIED THAT DIRECTORS ELIGIBLE FOR AN ADDITIONAL TERM MUST HAVE HAD A FIVE YEAR ABSENCE FROM THE BOARD AS A VOTING MEMBER, AND THAT THE ELIGIBILITY FOR DIRECTORS TO SERVE AS OFFICERS WAS CONTINGENT UPON THEIR HAVING PREVIOUSLY SERVED AS A VOTING MEMBER. AN INTRODUCTION DESCRIBING THE ORGANIZATION, AND INCORPORATING THE GOVERNANCE TRANSITION PLAN WAS ADDED. MEMBERSHIP FOR STUDENTS AT SCHOOLS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION WAS ADDED AS AN OFFERING, AS WELL AS FOR FOREIGN EQUIVALENTS. THE NUMBER OF DIRECTORS WAS REDUCED FROM 21 TO 15, THE OFFICE OF CHANCELLOR WAS ADDED, AND THE PRESIDENT, PRESIDENT ELECT AND IMMEDIATE PAST PRESIDENT OF AACE C3 WERE REMOVED FROM THE BOARD OF DIRECTORS OF AACE C6. THE OFFICE OF CHANCELLOR IS FILLED BY THE PREVIOUS IMMEDIATE PAST PRESIDENT. THE NUMBER OF VOTES REQUIRED TO FILL POSITIONS CREATED BY VACANCIES WAS REDUCED FROM 7 TO 5. THE ROLE OF ADVISORY MEMBER WAS ELIMINATED. IT WAS SPECIFIED THAT A "FULL TERM" FOR AN OFFICER IS A MINIMUM OF 8 MONTHS IN AN ASSOCIATION YEAR. IT WAS SPECIFIED THAT IN THE EVEN THAT BOTH THE PRESIDENT AND THE PRESIDENT ELECT ARE UNABLE TO PERFORM THEIR DUTIES, THE VICE PRESIDENT SHALL ASSUME THE DUTIES OF PRESIDENT UNTIL BOTH ARE ABLE TO RESUME THEIR DUTIES, OR UNTIL THE SUCCEEDING ANNUAL MEETING. IF THE OFFICE OF THE IMMEDIATE PAST PRESIDENT SHALL BECOME VACANT, THE CHANCELLOR SHALL ASSUME THE DUTIES OF THE IMMEDIATE PAST PRESIDENT. IN THE FOLLOWING YEAR, THE OFFICE OF CHANCELLOR WILL REMAIN VACANT AND THE DUTIES OF THE CHANCELLOR WILL BE ASSUMED BY THE THEN SITTING IMMEDIATE PAST PRESIDENT. IF THE OFFICE OF THE CHANCELLOR SHALL BECOME VACANT, THE IMMEDIATE PAST PRESIDENT SHALL ASSUME THE DUTIES OF THE CHANCELLOR. THE IMMEDIATE PAST PRESIDENT SHALL SERVE AS CHAIR OF THE PAST PRESIDENTS' COUNCIL, AND PERFORM SUCH DUTIES AS THE PRESIDENT OR BOARD OF DIRECTORS MAY PRESCRIBE. CERTAIN ADMINISTRATIVE INFORMATION ON MEMBERSHIP AND ELECTION PROCEDURES WAS MOVED TO THE POLICY COMPENDIUM. IT WAS SPECIFIED THAT THE QUORUM FOR THE ANNUAL MEETING SHALL BE THOSE MEMBERS PRESENT, AND AT LEAST TEN PERCENT OF THE TOTAL ASSOCIATION MEMBERSHIP MUST BE PRESENT AT A SPECIAL MEETING TO CONSTITUTE A QUORUM. A SPECIAL MEETING MAY NOW BE CALLED BY A SIMPLE MAJORITY OF THE BOARD, AND THREE DAYS NOTICE IS REQUIRED PRIOR TO SUCH A MEETING. THE ROLE OF THE BOARD OF DIRECTORS WAS CLARIFIED TO BE OVERSIGHT RATHER THAN ADMINISTRATION. THE BOARD OF DIRECTORS WAS TASKED WITH DETERMINING THE CHIEF EXECUTIVE OFFICER'S SALARY. BALLOTS SHALL BE NOW BE MAINTAINED UNTIL THE CONCLUSION OF THE ANNUAL MEETING. VERBIAGE WAS ADDED TO REFLECT AND CLARIFY AACE C6'S ROLE AS THE SOLE MEMBER OF AACE C3.
FORM 990, PART VI, SECTION A, LINE 6	PERSONS ELIGIBLE FOR APPLICATION FOR MEMBERSHIP INCLUDE ANY PHYSICIAN (MD, DO, OR FOREIGN EQUIVALENT) WITH AN ACTIVE, UNENCUMBERED LICENSE TO PRACTICE MEDICINE WHO IS ENGAGED, AT LEAST FIFTY PERCENT (50%) OF THEIR WORK TIME, IN THE TREATMENT OF PATIENTS WITH ENDOCRINE DISEASE OR INVOLVED IN RESEARCH OR EDUCATIONAL ACTIVITIES RELATING TO ENDOCRINE DISEASE; FELLOWS ENROLLED IN A POSTGRADUATE TRAINING PROGRAM FOR THE TREATMENT OR INVESTIGATION OF ENDOCRINE DISEASE; RESIDENTS AND MEDICAL STUDENTS ENROLLED IN A MEDICAL SCHOOL ACCREDITED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND THE AMERICAN OSTEOPATHIC ASSOCIATION, OR FOREIGN EQUIVALENT.
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE SUBMITS A SLATE OF CANDIDATES FOR THE BOARD OF DIRECTORS FOR VOTE BY THE AACE C6 MEMBERSHIP PRIOR TO THE AACE C6 ANNUAL BUSINESS MEETING.
FORM 990,	THESE BYLAWS MAY BE AMENDED OR REPEALED OR NEW BYLAWS ADOPTED UPON APPROVAL OF AT LEAST TWO

Schedule J (Form 990) 2020

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ete this part for any additional information.

Schedule J (Form 990) 2020

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FORM 990, PART VI, SECTION A, LINE 7B	THESE BYLAWS MAY BE AMENDED OR REPEALED OR NEW BYLAWS ADOPTED UPON APPROVAL OF AT LEAST TWO-THIRDS (2/3) OF THE VOTES CAST, BUT NO LESS THAN FIFTY PERCENT (50%) OF THE AACE C6 VOTING MEMBERSHIP IN GOOD STANDING BY MAIL-IN OR ELECTRONIC BALLOT. ALTERNATIVELY, THESE BYLAWS MAY BE AMENDED OR REPEALED OR NEW BYLAWS ADOPTED AT THE AACE C6 ANNUAL BUSINESS MEETING WHICH ACTION SHALL BE DETERMINED, A QUORUM BEING PRESENT, BY AN AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE MEMBERS PRESENT.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW, WHICH HAS BEEN CHARGED WITH THIS RESPONSIBILITY BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	AACE C6 MAINTAINS A COMPREHENSIVE CONFLICT OF INTEREST POLICY, WHICH IS APPLICABLE TO ALL AACE C6 STAFF AND VOLUNTEER LEADERSHIP, INCLUDING BOARD MEMBERS, COUNCILS, COMMITTEES AND TASK FORCES, AS WELL AS THE JOURNAL EDITOR-IN-CHIEF AND JOURNAL CO-OR ASSISTANT EDITORS-IN-CHIEF. ALL COVERED INDIVIDUALS ARE COLLECTIVELY REFERRED TO AS "MEMBERS." A CONFLICT OF INTEREST FORM IS SIGNED ANNUALLY BY EACH MEMBER. MEMBERS WHO HAVE A CONFLICT OF INTEREST ARE REQUIRED TO REPORT IT ON A SPECIFIED FORM WHEN THE CONFLICT HAS ARISEN, IN ADDITION TO THE ANNUAL DISCLOSURE REQUIREMENT. THE CONFLICT OF INTEREST FORMS ARE REVIEWED BY VOLUNTEERS AND COMPARED WITH PUBLICLY AVAILABLE INFORMATION TO DETERMINE ACCURACY. THE PROFESSIONAL STANDARDS COMMITTEE (PSC) WILL WORK WITH STAFF TO ENSURE THAT CONFLICTS ARE MANAGED APPROPRIATELY.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE ANNUALLY EVALUATES AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING THE TOTAL COMPENSATION, INCLUDING INCENTIVES AND BENEFITS, PAID TO THE CEO; REVIEW THE AGGREGATE COMPENSATION, INCLUDING INCENTIVES AND BENEFITS, PAID TO ALL AACE C6 EMPLOYEES; EVALUATE STIPENDS, AND OTHER COMPENSATION, PAID TO AACE C6 OFFICERS; REVIEW AACE C6 HONORARIUM POLICY AND MAKE RECOMMENDATIONS REGARDING CHANGES TO EXISTING POLICIES AND COMPENSATION LEVELS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CME SERVICES 1,171,375. ANNUAL MEETING SERVICES 305,228. NON-CME SERVICES 39,041. BOARD DESGINATED SERVICES 23,356. ALL OTHER FEES FOR SERVICES 264,064.
FORM 990 SCHEDULE B, PART I:	THE CONTRIBUTION OF $776,600 REPRESENTS THE AMOUNT OF THE PAYCHECK PROTECTION PLAN (PPP) LOAN TO AACE C6 THAT WAS FORGIVEN IN ENTIRETY BY THE US SMALL BUSINESS ADMINISTRATION.

ANY

FAIRFAX, VA 22030

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2020

MARRIOTT BUSINESS SERVICES — CONFERENCE SERVICES/ACCOMODATIONS — 152,796

Additional Data

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NORTHERN MAGNOLIA BRAND CONSULTING — BRAND CONSULTING — 134,646

411 SATULAH FALLS LN STE 1599
HIGHLANDS, NC 28741

Software ID:

Software Version:

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 ▶ 5

Form **990** (2020)

Part VIII **Statement of Revenue**

Check if Schedule Ocontains a response or note to any line in this Part VIII . . . . . ☐

	(A)	(B)	(C)	(D)

efile Public Visual Render | ObjectId: 202102249349302250 - Submission: 2021-08-12 | TIN: 59-3063956

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS INC

Employer identification number
59-3063956

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) AMERICAN COLLEGE OF ENDOCRINOLOGY 7643 GATE PKWY STE 104-328 JACKSONVILLE, FL 32256 59-3215539	EDUCATION	FL	501(C)(3)	LINE 10	AACE		No

Program Service Revenue		Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e	776,600			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	628,795			
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f ▶		1,405,395			
	2a CME FEES	900099	1,976,074	1,976,074		
	b MEMBER DUES	900099	1,418,914	1,418,914		
	c IDEA PHASE 1	900099	487,467	487,467		
	d DISEASE INITIATIVES AND AWARENESS	900099	269,350	269,350		
	e ANNUAL MEETING	900099	94,549	94,549		
	f All other program service revenue.		974,413	974,413		
	g **Total.** Add lines 2a–2f. ▶		5,220,767			
	3 Investment income (including dividends, interest, and other similar amounts) ▶		137,831			137,831
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		331,371			331,371

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

d Net rental income or (loss) . . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	6,522,371	150
b Less: cost of other basis and sales expenses	7b	6,391,633	0
c Gain or (loss)	7c	130,738	150

d Net gain or (loss) . . . . . ▶ 130,888

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

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

Other Revenue

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

Miscellaneous Revenue	Business Code		
11a INSURANCE PROCEEDS	900099	2,479,476	2,479,476
b			
c			
d All other revenue		5,529	5,529
e **Total.** Add lines 11a–11d . . . . . ▶		2,484,005	

12 Total revenue. See instructions . . . . . ▶ 9,710,257 5,220,767 0 3,084,095

Form **990** (2020)

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).

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) AACECORP INC 7643 GATE PKWY STE 104-328 JACKSONVILLE, FL 32256 59-3341037	PUBLISHING	FL	AACE	C	-38,766	246,377	100.000 %	Yes	

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,554,759			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,231,659			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,738			
9 Other employee benefits	348,707			
10 Payroll taxes	280,356			
11 Fees for services (non-employees):				
a Management				
b Legal	26,898			
c Accounting	36,750			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,934			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,869,864			
12 Advertising and promotion	171,466			
13 Office expenses	138,306			
14 Information technology	222,898			
15 Royalties				
16 Occupancy	335,774			
17 Travel	69,033			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	156,893			
20 Interest	7,578			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,836			
23 Insurance	69,789			
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				

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AACE C3	Q	1,009,963	FMV

expenses on Schedule O.)

a MEDICAL WRITING	33,360			
b HONORARIA	28,000			
c DUES & SUBSCRIPTIONS	12,783			
d EMPLOYEE RECRUITMENT	4,290			
e All other expenses	-6,374			
25 Total functional expenses. Add lines 1 through 24e	6,752,497			
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).

Schedule R (Form 990) 2020

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

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

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

Part X **Balance Sheet**

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

			(A) Beginning of year		(B) End of year
	1	Cash–non-interest-bearing	760,094	1	683,850
	2	Savings and temporary cash investments	839,577	2	507,288
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	75,596	4	22,004
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	93,618	9	167,174
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 956,467			
	10b	Less: accumulated depreciation — 10b: 835,679	198,623	10c	120,788
	11	Investments—publicly traded securities	5,300,507	11	5,739,545
	12	Investments—other securities. See Part IV, line 11	1,000	12	1,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,599,053	15	2,777,163
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	8,868,070	16	10,018,882
	17	Accounts payable and accrued expenses	1,653,916	17	305,619

	18	Grants payable			18		
	19	Deferred revenue		2,307,278	19		1,464,364
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25,897	25		25,897

Part VII Supplemental Information

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

Return Reference	Explanation

		Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions		4,880,979	27		7,594,217
	28	Net assets with donor restrictions			28		628,795
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		4,880,979	32		8,223,012
	33	Total liabilities and net assets/fund balances		8,868,070	33		10,018,882

Additional Data

Software ID:

Software Version:

Return to Form

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,710,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,752,497
3	Revenue less expenses. Subtract line 2 from line 1	3	2,957,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,880,979
5	Net unrealized gains (losses) on investments	5	384,273
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,223,012

Part XII **Financial Statements and Reporting**

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

	Yes	No

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

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Additional Data

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