

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN THYROID ASSOCIATION	D Employer identification number 41-6038600
	Doing Business As	E Telephone number 703-998-8890
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6066 LEESBURG PIKE 550	G Gross receipts \$ 1,596,114.
	City or town, state or country, and ZIP + 4 FALLS CHURCH, VA 22041-2222	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: BARBARA R. SMITH SAME AS C ABOVE	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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	H(c) Group exemption number ▶
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: THE AMERICAN THYROID ASSOCIATION (ATA) IS THE LEADING ORGANIZATION FOCUSED ON THYROID BIOLOGY AND THE		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,101,077.	Current Year 898,332.
	9 Program service revenue (Part VIII, line 2g)	934,097.	324,237.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,904.	76,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,590.	7,602.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,089,668.	1,306,784.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	345,000.	287,500.
	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)	473,106.	469,088.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,082.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,135,442.	614,464.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,953,548.	1,371,052.
19 Revenue less expenses. Subtract line 18 from line 12	136,120.	-64,268.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,223,277.	End of Year 4,367,727.
	21 Total liabilities (Part X, line 26)	229,519.	251,591.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,993,758.	4,116,136.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 7 October 2011
	BARBARA R. SMITH, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name RUSTAM J. DALAL	Preparer's signature
	Firm's name ▶ DALAL & COMPANY	Date 10/7/11
	Firm's address ▶ 1500 KING STREET, STE 301 ALEXANDRIA, VA 22314-2730	Check if self-employed <input type="checkbox"/> PTIN
	Phone no. 703-548-1055	Firm's EIN ▶

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

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ATA IS A PROFESSIONAL SOCIETY OF OVER 1,400 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 803,989. including grants of \$) (Revenue \$ 148,854.) 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 PHYSIOPATHOLOGY.

4b (Code:) (Expenses \$ 287,500. including grants of \$ 287,500.) (Revenue \$) THE ASSOCIATION FOSTERED AND SUPPORTED RESEARCH ON THYROID MOLECULAR AND CELL BIOLOGY, PHYSIOLOGY AND DISEASES.

4c (Code:) (Expenses \$ 157,248. including grants of \$) (Revenue \$ 175,383.) THE ASSOCIATION ASSISTS IN 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 PHYSIOPATHOLOGY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,248,737.

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 Schedule B, Schedule of Contributors?	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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 11 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 to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 to any question 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		
	1a		14
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		14
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	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
BARBARA R. SMITH, CAE EXECUTIVE DIRECTOR	55.00	X		X			177,700.	0.	25,062.	
ALAN P. FARWELL, MD (RETIRED SEPT) DIRECTOR	1.00	X					0.	0.	0.	
RICHARD T. KLOOS, MD SECRETARY/COO	15.00	X		X			0.	0.	0.	
ANTONIO C. BIANCO, MD (RETIRED SEPT) DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL T. MCDERMOTT, MD (RETIRED SE DIRECTOR	1.00	X					0.	0.	0.	
DAVID H. SARNE, MD TREASURER	3.00	X		X			10,000.	0.	0.	
KENNETH D. BURMAN, MD (RETIRED SEPT) PAST PRESIDENT	1.00	X		X			0.	0.	0.	
IAN D. HAY, MD DIRECTOR	1.00	X					0.	0.	0.	
R. MICHAEL TUTTLE, MD DIRECTOR	1.00	X					0.	0.	0.	
TERRY F. DAVIES, MD PRESIDENT/PAST PRESIDENT	2.00	X		X			0.	0.	0.	
JAMES A. FAGIN, MD DIRECTOR/PRESIDENT-ELECT	2.00	X		X			0.	0.	0.	
M. CAROL GREENLEE, MD DIRECTOR	1.00	X					0.	0.	0.	
GREGORY A. BRENT, MD PRESIDENT-ELECT/PRESIDENT	3.00	X		X			0.	0.	0.	
PETER A. KOPP, MD DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH M. PEARCE, MD DIRECTOR	1.00	X					0.	0.	0.	
JOHN C. MORRIS, MD SECRETARY-ELECT	3.00	X		X			0.	0.	0.	
VICTOR J. BERNET, MD DIRECTOR	1.00	X					0.	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
GERARD M. DOHERTY, MD DIRECTOR	1.00	X						0.	0.	0.
SISSY M. JHIANG, PHD DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								187,700.	0.	25,062.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								187,700.	0.	25,062.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	43,792.				
	b	Membership dues	1b	292,835.				
	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	561,705.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		898,332.				
	Program Service Revenue	2 a	THYROID PUBLICATIONS A	Business Code	900099	175,383.	175,383.	
b		MEETINGS		900099	148,854.	148,854.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		324,237.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		72,067.			72,067.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		7,602.			7,602.	
	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	293876.			
		b	Less: cost or other basis and sales expenses		289330.			
		c	Gain or (loss)		4,546.			
		d	Net gain or (loss)		4,546.			4,546.
	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.			1306784.	324,237.	0.	84,215.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	230,000.	230,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	202,762.	186,541.	10,138.	6,083.
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	221,013.	176,595.	39,227.	5,191.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,038.	11,911.	1,800.	327.
9 Other employee benefits	3,998.	3,478.	440.	80.
10 Payroll taxes	27,277.	22,639.	4,092.	546.
11 Fees for services (non-employees):				
a Management				
b Legal	301.		301.	
c Accounting	16,799.	11,970.	3,119.	1,710.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,407.		15,407.	
g Other				
12 Advertising and promotion				
13 Office expenses	18,548.	13,908.	3,886.	754.
14 Information technology				
15 Royalties				
16 Occupancy	27,794.	20,845.	5,559.	1,390.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	162,263.	162,263.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,790.	9,593.	2,557.	640.
23 Insurance	8,715.	4,481.	2,245.	1,989.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PUBLICATIONS	157,248.	157,248.		
b PUBLIC AND PROFESSIONAL	122,780.	122,170.		610.
c PROGRAM IMPLEMENTATION	51,377.	46,569.	3,462.	1,346.
d RESEARCH INITIATIVES	11,026.	11,026.		
e FUNDRAISING COSTS - DIR	9,416.			9,416.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,371,052.	1,248,737.	92,233.	30,082.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	1,559,452.	2	1,536,504.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	9,191.	4	45,418.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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 instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	29,088.	9	25,701.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 147,981.			
	b Less: accumulated depreciation	10b 120,143.			
		32,575.	10c	27,838.	
	11 Investments - publicly traded securities	2,578,073.	11	2,713,394.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	4,619.	14	3,593.	
15 Other assets. See Part IV, line 11	10,279.	15	15,279.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,223,277.	16	4,367,727.		
Liabilities	17 Accounts payable and accrued expenses	54,356.	17	39,575.	
	18 Grants payable		18		
	19 Deferred revenue	175,163.	19	212,016.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	229,519.	26	251,591.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,322,983.	27	1,527,815.	
	28 Temporarily restricted net assets	282,874.	28	198,420.	
	29 Permanently restricted net assets	2,387,901.	29	2,389,901.	
	Organizations that do not follow SFAS 117, 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	3,993,758.	33	4,116,136.	
34 Total liabilities and net assets/fund balances	4,223,277.	34	4,367,727.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,306,784.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,371,052.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,268.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,993,758.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	186,646.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,116,136.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
3b	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 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,275,229.	1,411,777.	1,551,831.	1,101,077.	898,120.	6,238,034.
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	425,515.	595,953.	867,930.	934,097.	324,449.	3,147,944.
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	1,700,744.	2,007,730.	2,419,761.	2,035,174.	1,222,569.	9,385,978.
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.)						9,385,978.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,700,744.	2,007,730.	2,419,761.	2,035,174.	1,222,569.	9,385,978.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,040.	199,711.	94,243.	70,954.	79,669.	589,617.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	145,040.	199,711.	94,243.	70,954.	79,669.	589,617.
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 IV.)	6,817.	113,363.	-12,714.		4,546.	112,012.
13 Total support (Add lines 9, 10c, 11, and 12.)	1,852,601.	2,320,804.	2,501,290.	2,106,128.	1,306,784.	10,087,607.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	93.04 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	5.84 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	5.90 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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

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.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

AMERICAN THYROID ASSOCIATION

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 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?

Yes No

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

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

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

Yes No

9 In Part XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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 XIV.
- 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" to 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 XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,670,775.	2,398,053.	2,393,053.		
b Contributions	259,832.	291,541.	1,181,745.		
c Net investment earnings, gains, and losses	242,814.	330,416.	-774,245.		
d Grants or scholarships	244,761.	349,235.	402,500.		
e Other expenditures for facilities and programs	340,339.				
f Administrative expenses					
g End of year balance	2,588,321.	2,670,775.	2,398,053.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 92.00 %
- c Term endowment 8.00 %

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" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		147,981.	120,143.	27,838.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,838.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,306,784.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,371,052.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-64,268.
4	Net unrealized gains (losses) on investments	4	186,646.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	186,646.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	122,378.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,478,023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	186,646.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	186,646.
3	Subtract line 2e from line 1	3	1,291,377.
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	15,407.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	15,407.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,306,784.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,355,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,355,645.
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	15,407.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	15,407.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,371,052.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FIXED ASSET DISPOSITION LOSS PRESENTED AS EXPENSE ON AUDITED FINANCIALS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FIXED ASSET DISPOSITION LOSS PRESENTED AS EXPENSE ON AUDITED FINANCIALS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTMAKING	RESEARCH	57,500.
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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESEARCH	28,750.	CHECK	0.		
		EUROPE	RESEARCH	28,750.	CHECK	0.		

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 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)* 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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, 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.

SCHEDULE F, 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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE, SUITE 300 BOSTON, MA 02199	04-1564655	501C3	28,750.	0.			RESEARCH
UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE ROAD KINGSTON, RI 02881	05-6000522	501C3	28,750.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 1101 E 33RD STREET - BALTIMORE, MD 21218	52-0595110	501C3	28,750.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER 13001 E 17TH PLACE, C-295 AURORA, CO 80045	84-6000555	501C3	28,750.	0.			RESEARCH
THE UNIVERSITY OF TEXAS, MD ANDERSON CTR - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030-4009	74-6001118	501C3	28,750.	0.			RESEARCH
UNIVERSITY OF MIAMI, MILLER SCHOOL OF MEDICINE - PO BOX 025405 - MIAMI, FL 33124-5405	59-0624458	501C3	28,750.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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
UNIVERSITY OF ILLINOIS AT CHICAGO 506 S WRIGHT, 209 HAB, MC339 URBANA, IL 61801	37-6000511	501C3	28,750.	0.			RESEARCH RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET, STE 315-BOX 0962 - SAN FRANCISCO, CA 94118	94-6036493	501C3	28,750.	0.			RESEARCH

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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)**

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

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 in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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 from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in 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	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BARBARA R. SMITH, CAE	(i)	162,443.	15,257.	0.	17,925.	7,137.	202,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

OMB No. 1545-0047

2010

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:

PREVENTION AND TREATMENT OF THYROID DISORDERS THROUGH EXCELLENCE AND
INNOVATION IN RESEARCH, EDUCATION, CLINICAL CARE AND PUBLIC HEALTH.

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

DISORDERS IN ORDER TO IMPROVE METHODS FOR PREVENTION, DIAGNOSIS AND
MANAGEMENT. THE ATA ALSO GUIDES PUBLIC POLICY ABOUT THE PREVENTION AND
MANAGEMENT OF THYROID DISEASES.

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: BYLAW REVISIONS AND CANDIDATES FOR
OFFICE ARE SUBJECT TO APPROVAL BY THE MEMBERS. BOARD REPORTS ARE MADE TO
THE MEMBERSHIP VIA ONLINE NEWSLETTERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DISCUSSED IN DETAIL
WITH THE EXECUTIVE DIRECTOR AND THEN POSTED ON A SHARED WORKZONE WHERE THE
FINANCE AND AUDIT 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

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

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 WHERE 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 FOR THE HOURS SPENT SERVING THE ASSOCIATION.

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 XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 186,646.

2010 DEPRECIATION AND AMORTIZATION REPORT

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
1	FURNITURE AND FIXTURES	VARIABLE	SSL	7.00	17	9,016.			9,016.	9,016.		0.
23	IMPROVEMENTS	11/30/04	SL	5.00	17	2,513.			2,513.	2,513.		0.
24	CABINET	10/06/05	SL	7.00	17	7,150.			7,150.	4,212.		1,021.
25	BOOKSHELVES (2)	10/06/05	SL	7.00	17	1,467.			1,467.	866.		210.
31	COPIER	06/29/07	SL	5.00	17	8,445.			8,445.	4,223.		1,689.
37	AUDIENCE RESPONSE SYSTEM	12/30/08	SL	5.00	17	13,820.			13,820.	2,764.		2,764.
	* 990 PAGE 10 TOTAL					42,411.		0.	42,411.	23,594.	0.	5,684.
17	LCD PROJECTOR (D)	06/25/04	SL	5.00	17	2,402.			2,402.	2,402.		0.
21	FIREWALL COMPUTER	01/24/04	SL	5.00	17	795.			795.	795.		0.
22	(D) SERVER COMPUTER	01/05/04	SL	5.00	17	950.			950.	950.		0.
26	(D) LAPTOP COMPUTER	03/10/05	SL	5.00	17	2,694.			2,694.	2,627.		67.
27	DELL COMPUTER	06/11/06	SL	5.00	17	1,380.			1,380.	966.		276.
28	HP PRINTER	10/10/06	SL	5.00	17	1,593.			1,593.	1,116.		318.
32	DELL COMPUTERS (2)	09/08/07	SL	5.00	17	1,155.			1,155.	578.		231.
34	(D) COMPUTER (1 OF 3)	12/16/03	SL	5.00	17	963.			963.	963.		0.
35	(D) COMPUTER (1 OF 3)	12/16/03	SL	5.00	17	962.			962.	962.		0.
38	MAC LAPTOP	03/27/08	SL	5.00	17	2,099.			2,099.	733.		420.
43	DELL SERVER	10/02/09	SL	5.00	17	4,129.			4,129.	826.		826.

2010 DEPRECIATION AND AMORTIZATION REPORT

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
44	BACKUP RECOVERY PC	013109	SL	5.00	17	1,483.			1,483.	298.		297.
45	DELL COMPUTERS	121510	ADS	5.00	20A	3,033.			3,033.			23.
	* 990 PAGE 10 TOTAL					23,638.		0.	23,638.	13,216.	0.	2,458.
	(D)COMPUTER SOFTWARE	VARIABLE	SSL	3.00	17	1,726.			1,726.	1,726.		0.
11	(D)SERVER SOFTWARE	092002	SL	3.00	17	995.			995.	995.		0.
12	IMUS SYSTEM	110103	SL	3.00	17	23,165.			23,165.	23,165.		0.
	(D)IMUS SOFTWARE UPDATE	102604	SL	3.00	17	2,000.			2,000.	2,000.		0.
	(D)FIREWALL SOFTWARE	012404	SL	3.00	17	1,300.			1,300.	1,300.		0.
41	SYMANTEC BACKUP SYSTEM RECOVERY SOF	100209	SL	3.00	17	1,259.			1,259.	420.		420.
46	ASTARO FIREWALL SOFTWARE	011910	ADS	3.00	20A	1,958.			1,958.			653.
47	IMIS 15 SOFTWARE	093010	ADS	3.00	20A	2,035.			2,035.			169.
	* 990 PAGE 10 TOTAL					34,438.		0.	34,438.	29,606.	0.	1,242.
5	ATA WEBSITE MEMBER SERVICES	100101	SL	3.00	17	17,399.			17,399.	17,399.		0.
6	DATABASE	010102	SL	3.00	17	9,416.			9,416.	9,416.		0.
16	WEBSITE UPDATES	080803	SL	3.00	17	4,465.			4,465.	4,465.		0.
18	WEBSITE UPDATES	092404	SL	3.00	17	2,849.			2,849.	2,849.		0.
29	WEBSITE REDESIGN	053006	SL	3.00	17	12,500.			12,500.	12,500.		0.
30	DATABASE INTEGRATION	090606	SL	3.00	17	4,375.			4,375.	4,375.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
36	WEBSITE REDESIGN	101407	SL	3.00	17	3,475.			3,475.	2,895.		579.
42	IMIS UPGRADE	100109	SL	3.00	17	5,400.			5,400.	450.		1,800.
	* 990 PAGE 10 TOTAL					59,879.		0.	59,879.	54,349.	0.	2,379.
40	TRADEMARK	071509		60M	43	5,132.			5,132.	513.		1,027.
	* 990 PAGE 10 TOTAL					5,132.		0.	5,132.	513.	0.	1,027.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					165,498.		0.	165,498.	121,278.	0.	12,790.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2010

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **AMERICAN THYROID ASSOCIATION**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **41-6038600**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	10,918.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life	7,026.	VARIES	MQ	S/L	845.
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,763.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2010 tax year					43
					1,027.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,027.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization AMERICAN THYROID ASSOCIATION	Employer identification number 41-6038600
	Number, street, and room or suite no. If a P.O. box, see instructions. 6066 LEESBURG PIKE, NO. 550	
	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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE AUDIT OF THE FINANCIAL STATEMENTS IS IN PROCESS. ADDITIONAL TIME IS REQUESTED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

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

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>1306784</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, Part I, line 3c or Part II, line 8c)	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 2010 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 2010 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 2010 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 2010 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 ▶ _____

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

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

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	* 990 PAGE 10 TOTAL					42,411.		0.	42,411.	23,594.	0.	5,684.
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21	FIREWALL COMPUTER	01/24/04	SL	5.00	17	795.			795.	795.		0.
22	(D) SERVER COMPUTER	01/05/04	SL	5.00	17	950.			950.	950.		0.
26	(D) LAPTOP COMPUTER	03/10/05	SL	5.00	17	2,694.			2,694.	2,627.		67.
27	DELL COMPUTER	06/11/06	SL	5.00	17	1,380.			1,380.	966.		276.
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34	(D) COMPUTER (1 OF 3)	12/16/03	SL	5.00	17	963.			963.	963.		0.
35	(D) COMPUTER (1 OF 3)	12/16/03	SL	5.00	17	962.			962.	962.		0.
38	MAC LAPTOP	03/27/08	SL	5.00	17	2,099.			2,099.	733.		420.
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- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

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45	DELL COMPUTERS	121510	ADS	5.00	20A	3,033.			3,033.			23.
	* 990 PAGE 10 TOTAL											
	(D) COMPUTER					23,638.		0.	23,638.	13,216.	0.	2,458.
2	SOFTWARE	VARIABLE	SSL	3.00	17	1,726.			1,726.	1,726.		0.
11	(D) SERVER SOFTWARE	092002	SL	3.00	17	995.			995.	995.		0.
12	IMUS SYSTEM	110103	SL	3.00	17	23,165.			23,165.	23,165.		0.
	(D) IMUS SOFTWARE											
19	UPDATE	102604	SL	3.00	17	2,000.			2,000.	2,000.		0.
	(D) FIREWALL											
20	SOFTWARE	012404	SL	3.00	17	1,300.			1,300.	1,300.		0.
	SYMANTEC BACKUP											
41	SYSTEM RECOVERY SOF	100209	SL	3.00	17	1,259.			1,259.	420.		420.
	ASTARO FIREWALL											
46	SOFTWARE	011910	ADS	3.00	20A	1,958.			1,958.			653.
	IMIS 15 SOFTWARE											
47	WEB CONTENT MODULE	093010	ADS	3.00	20A	2,035.			2,035.			169.
	* 990 PAGE 10 TOTAL											
	-					34,438.		0.	34,438.	29,606.	0.	1,242.
5	ATA WEBSITE	100101	SL	3.00	17	17,399.			17,399.	17,399.		0.
	MEMBER SERVICES											
6	DATABASE	010102	SL	3.00	17	9,416.			9,416.	9,416.		0.
16	WEBSITE UPDATES	080803	SL	3.00	17	4,465.			4,465.	4,465.		0.
18	WEBSITE UPDATES	092404	SL	3.00	17	2,849.			2,849.	2,849.		0.
29	WEBSITE REDESIGN	053006	SL	3.00	17	12,500.			12,500.	12,500.		0.
	DATABASE											
30	INTEGRATION	090606	SL	3.00	17	4,375.			4,375.	4,375.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

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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
36	WEBSITE REDESIGN	101407	SL	3.00	17	3,475.			3,475.	2,895.		579.
42	IMIS UPGRADE	100109	SL	3.00	17	5,400.			5,400.	450.		1,800.
	* 990 PAGE 10 TOTAL					59,879.		0.	59,879.	54,349.	0.	2,379.
40	TRADEMARK	071509		60M	43	5,132.			5,132.	513.		1,027.
	* 990 PAGE 10 TOTAL					5,132.		0.	5,132.	513.	0.	1,027.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					165,498.		0.	165,498.	121,278.	0.	12,790.

2011 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
1	FURNITURE AND FIXTURES	VARIES	SL	7.00	9,016.		9,016.	9,016.	0.
23	IMPROVEMENTS	113004	SL	5.00	2,513.		2,513.	2,513.	0.
24	CABINET	100605	SL	7.00	7,150.		7,150.	5,233.	1,021.
25	BOOKSHELVES (2)	100605	SL	7.00	1,467.		1,467.	1,076.	210.
31	COPIER	062907	SL	5.00	8,445.		8,445.	5,912.	1,689.
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	13,820.		13,820.	5,528.	2,764.
	* 990 PAGE 10 TOTAL -				42,411.		42,411.	29,278.	5,684.
17	LCD PROJECTOR	062504	SL	5.00	2,402.		2,402.	2,402.	0.
27	DELL COMPUTER	061106	SL	5.00	1,380.		1,380.	1,242.	138.
28	HP PRINTER	101006	SL	5.00	1,593.		1,593.	1,434.	159.
32	DELL COMPUTERS (2)	090807	SL	5.00	1,155.		1,155.	809.	231.
38	MAC LAPTOP	032708	SL	5.00	2,099.		2,099.	1,153.	420.
43	DELL SERVER	100209	SL	5.00	4,129.		4,129.	1,652.	826.
44	BACKUP RECOVERY PC	013109	SL	5.00	1,483.		1,483.	595.	297.
45	5 DELL COMPUTERS	121510	ADS	5.00	3,033.		3,033.	23.	607.
	* 990 PAGE 10 TOTAL -				17,274.		17,274.	9,310.	2,678.
12	IMUS SYSTEM	110103	SL	3.00	23,165.		23,165.	23,165.	0.
	SYMANTEC BACKUP SYSTEM RECOVERY								
41	SOFTWARE	100209	SL	3.00	1,259.		1,259.	840.	419.
46	ASTARO FIREWALL SOFTWARE	011910	ADS	3.00	1,958.		1,958.	653.	653.
47	IMIS 15 SOFTWARE WEB CONTENT MODULE	093010	ADS	3.00	2,035.		2,035.	169.	678.
	* 990 PAGE 10 TOTAL -				28,417.		28,417.	24,827.	1,750.
5	AATA WEBSITE	100101	SL	3.00	17,399.		17,399.	17,399.	0.
6	MEMBER SERVICES DATABASE	010102	SL	3.00	9,416.		9,416.	9,416.	0.
16	WEBSITE UPDATES	080803	SL	3.00	4,465.		4,465.	4,465.	0.
18	WEBSITE UPDATES	092404	SL	3.00	2,849.		2,849.	2,849.	0.
29	WEBSITE REDESIGN	053006	SL	3.00	12,500.		12,500.	12,500.	0.
30	DATABASE INTEGRATION	090606	SL	3.00	4,375.		4,375.	4,375.	0.
36	WEBSITE REDESIGN	101407	SL	3.00	3,475.		3,475.	3,474.	0.
42	IMIS UPGRADE	100109	SL	3.00	5,400.		5,400.	2,250.	1,800.
	* 990 PAGE 10 TOTAL -				59,879.		59,879.	56,728.	1,800.
40	TRADEMARK	071509		60M	5,132.		5,132.	1,540.	1,026.
	* 990 PAGE 10 TOTAL -				5,132.		5,132.	1,540.	1,026.

