

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

**2008**

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 2008 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		AMERICAN THYROID ASSOCIATION		41-6038600
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
	6066 LEESBURG PIKE	550	703-998-8890	
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 3,878,588.		
Falls Church, VA 22041-2222		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F Name and address of principal officer:</b> BARBARA R. SMITH		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶		
<b>J Website:</b> WWW.THYROID.ORG		<b>L Year of formation:</b> 1923 <b>M State of legal domicile:</b> VA		
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

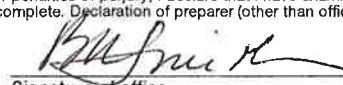
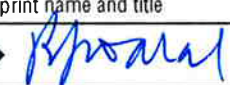
**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	<b>5</b> Total number of employees (Part V, line 2a)	5 5
	<b>6</b> Total number of volunteers (estimate if necessary)	6 200
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0.	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,310,411.	1,551,831.
<b>9</b> Program service revenue (Part VIII, line 2g)	697,319.	867,930.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199,711.	68,423.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,363.	13,106.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,320,804.	2,501,290.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,250.	425,000.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	376,610.	377,188.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,961.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,395,052.	1,276,917.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,057,912.	2,079,105.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	262,892.	422,185.
	Beginning of Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,097,557.	3,847,124.
<b>21</b> Total liabilities (Part X, line 26)	300,609.	443,120.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,796,948.	3,404,004.

**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.

<b>Sign Here</b>		17 Aug 09		
	Signature of officer	Date		
	BARBARA R. SMITH, EXECUTIVE DIRECTOR			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 8/17/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DALAL & COMPANY 1500 KING STREET, STE 301 ALEXANDRIA, VA 22314-2730		EIN ▶ Phone no. ▶ 703-548-1055

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

\* SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE ATA IS A PROFESSIONAL SOCIETY OF OVER 1,000 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 No [X] No If "Yes", describe these new services on Schedule O.

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

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 \$ 1,391,475. including grants of \$ ) (Revenue \$ ) 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 \$ 425,000. including grants of \$ ) (Revenue \$ ) THE ASSOCIATION FOSTERED AND SUPPORTED RESEARCH ON THYROID MOLECULAR AND CELL BIOLOGY, PHYSIOLOGY AND DISEASES.

4c (Code: ) (Expenses \$ 149,109. including grants of \$ ) (Revenue \$ ) 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 \$ 1,965,584. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
<b>3</b> 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> .....		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
<b>6</b> Did the organization maintain any donor advised funds or any 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> .....		<input checked="" type="checkbox"/>
<b>7</b> 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> .....		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
<b>9</b> 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> .....		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input checked="" type="checkbox"/>	
<b>15</b> 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, Part II</i> .....	<input checked="" type="checkbox"/>	
<b>16</b> 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, Part III</i> .....		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		<input checked="" type="checkbox"/>
<b>26</b> 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> .....		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		<input checked="" type="checkbox"/>

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 42		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 5		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</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? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</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**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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	173,127.	0.	16,119.	
REBECCA S. BAHN, MD DIRECTOR/OFFICER	3.00	X		X			0.	0.	0.	
ALAN P. FARWELL, MD DIRECTOR	1.00	X					0.	0.	0.	
RICHARD T. KLOOS, MD SECRETARY/COO	15.00	X		X			0.	0.	0.	
ANTONIO C. BIANCO, MD DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL T. MCDERMOTT, MD DIRECTOR	2.00	X					0.	0.	0.	
MATTHEW D. RINGEL, MD DIRECTOR	3.00	X					0.	0.	0.	
DAVID H. SARNE, MD TREASURER	3.00	X		X			10,000.	0.	0.	
MARY H. SAMUELS, MD DIRECTOR	2.00	X					0.	0.	0.	
KENNETH D. BURMAN, MD PRESIDENT	2.00	X		X			0.	0.	0.	
IAN HAY, MD DIRECTOR	1.00	X					0.	0.	0.	
R. MICHAEL TUTTLE, MD DIRECTOR	2.00	X					0.	0.	0.	
TERRY DAVIES, MD PRESIDENT-ELECT	1.00	X		X			0.	0.	0.	
JAMES FAGIN, MD DIRECTOR	1.00	X					0.	0.	0.	
M. CAROL GREENLEE, MD DIRECTOR	1.00	X					0.	0.	0.	





Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a 32,859.					
	b	Membership dues .....	1b 127,083.					
	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 1,391,889.					
	g	Noncash contributions included in lines 1a-1f: \$ .....	399.					
	h	<b>Total.</b> Add lines 1a-1f .....		1551831.				
	Program Service Revenue	2 a	<u>MEETINGS</u> .....	Business Code 900099	692,364.	692,364.		
b		<u>THYROID PUBLICATIONS A</u> .....	900099	175,566.	175,566.			
c		.....						
d		.....						
e		.....						
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....		867,930.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		82,296.			82,296.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....		11,947.			11,947.	
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
			b	Less: rental expenses .....				
			c	Rental income or (loss) .....				
			d	Net rental income or (loss) .....				
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses .....				
			c	Gain or (loss) .....				
			d	Net gain or (loss) .....		-13,873.	-13,873.	
	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 .....				
			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 .....					
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 .....					
		c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue			Business Code					
11 a	<u>OTHER INCOME</u> .....	900099	1,159.	1,159.				
b	.....							
c	.....							
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....		1,159.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		2501290.	855,216.	0.	94,243.		

**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 .....	396,250.	396,250.		
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 .....	28,750.	28,750.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	199,247.	169,293.	25,686.	4,268.
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 .....	146,368.	135,849.	8,251.	2,268.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	5,993.	5,274.	599.	120.
9 Other employee benefits .....	5,490.	3,989.	1,095.	406.
10 Payroll taxes .....	20,090.	17,679.	2,009.	402.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	325.		325.	
c Accounting .....	32,267.	22,587.	6,453.	3,227.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	15,766.		15,766.	
g Other .....	34,060.	25,000.		9,060.
12 Advertising and promotion .....				
13 Office expenses .....	54,575.	43,049.	5,348.	6,178.
14 Information technology .....	50,783.	49,086.	1,629.	68.
15 Royalties .....				
16 Occupancy .....	24,849.	18,637.	4,970.	1,242.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	805,109.	805,109.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	13,279.	9,959.	2,656.	664.
23 Insurance .....	8,342.	4,308.	2,122.	1,912.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>PUBLICATIONS</b> .....	149,109.	149,109.		
b <b>PROGRAM IMPLEMENTATION</b> .....	47,992.	43,193.	4,319.	480.
c <b>PUBLIC AND PROFESSIONAL</b> .....	33,800.	33,800.		
d <b>PUBLIC AFFAIRS</b> .....	6,661.	4,663.	1,332.	666.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,079,105.	1,965,584.	82,560.	30,961.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	487,278.	<b>2</b>	1,970,984.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	642,005.	<b>4</b>	21,832.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,030.	<b>9</b>	155,340.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	<b>10a</b> 145,531.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 107,039.	<b>10c</b>	38,492.
	<b>11</b> Investments - publicly traded securities .....	2,921,854.	<b>11</b>	1,645,997.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	4,200.
	<b>15</b> Other assets. See Part IV, line 11 .....	8,000.	<b>15</b>	10,279.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,097,557.	<b>16</b>	3,847,124.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	211,213.	<b>17</b>	123,755.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	89,396.	<b>19</b>	319,365.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	300,609.	<b>26</b>	443,120.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,403,895.	<b>27</b>	1,005,951.
	<b>28</b> Temporarily restricted net assets .....	10,252.	<b>28</b>	10,252.
	<b>29</b> Permanently restricted net assets .....	2,382,801.	<b>29</b>	2,387,801.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,796,948.	<b>33</b>	3,404,004.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,097,557.	<b>34</b>	3,847,124.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b>	If "Yes" to lines 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? .....	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....						
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	439,796.	866,836.	1,275,229.	1,411,777.	1,551,831.	5,545,469.
<b>2</b> 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 .....	827,813.	340,460.	425,515.	595,953.	867,930.	3,057,671.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....	1,267,609.	1,207,296.	1,700,744.	2,007,730.	2,419,761.	8,603,140.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						8,603,140.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....	1,267,609.	1,207,296.	1,700,744.	2,007,730.	2,419,761.	8,603,140.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	61,747.	85,860.	145,040.	199,711.	94,243.	586,601.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	61,747.	85,860.	145,040.	199,711.	94,243.	586,601.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	6,774.	16,448.	6,817.	113,363.	-12,714.	130,688.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						9,320,429.

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	92.30 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	93.75 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	6.29 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	5.86 %

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GAIN(LOSS) ON SALE OF INVESTMENTS

LOSS ON SALE OF OTHER ASSETS

OTHER REVENUE

Multiple horizontal lines for providing supplemental information.

**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, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**General Rule**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



Name of organization <b>AMERICAN THYROID ASSOCIATION</b>	Employer identification number <b>41-6038600</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ABBOTT LABORATORIES 200 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-3501	\$ 704,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ASTRAZENECA MEDICAL EDUCATION GRANTS OFFICE 1800 CONCORD PIKE, PO BOX 15437 WILMINGTON, DE 19850	\$ 66,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GENZYME ONE KENDALL SQUARE CAMBRIDGE, MA 02139-1562	\$ 198,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	KING PHARMACEUTICALS 501 FIFTH STREET BRISTOL, TN 37620	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THYCA PO BOX 1545 NEW YORK, NY 10159-1545	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THANC FOUNDATION 304 PARK AVENUE S. #1002 NEW YORK, NY 10010	\$ 172,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  <b>AMERICAN THYROID ASSOCIATION</b>	<b>Employer identification number</b>  <b>41-6038600</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>BAYER</u>  <u>6 WEST BELT</u>  <u>WAYNE, NJ 07470-6806</u>	\$ <u>19,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>OXIGENE</u>  <u>230 THIRD STREET</u>  <u>WALTHAM, MA 02451</u>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>THYROID FOUNDATION OF AMERICA</u>  <u>ONE LONGFELLOW PLACE, SUITE 1518</u>  <u>BOSTON, MA 02451</u>	\$ <u>8,424.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>EXELIXIS</u>  <u>PO BOX 511, 170 HARBOR WAY SOUTH</u>  <u>SAN FRANCISCO, CA 94083-0511</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>KV PHARM</u>  <u>2503 HANLEY ROAD</u>  <u>ST. LOUIS, MO 63144-2555</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

- 3** Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 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
<b>1a</b> Beginning of year balance .....	2393053.				
<b>b</b> Contributions .....	1181745.				
<b>c</b> Investment earnings or losses .....	-774,245.				
<b>d</b> Grants or scholarships .....	402,500.				
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	2398053.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  99.00 %
  - c** Term endowment  1.00 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - 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) Depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		145,531.	107,039.	38,492.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				38,492.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,501,290.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,079,105.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	422,185.
4	Net unrealized gains (losses) on investments	4	-815,129.
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 4-8	9	-815,129.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-392,944.

**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	2,501,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
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	0.
3	Subtract line 2e from line 1	3	2,501,290.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,501,290.

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

1	Total expenses and losses per audited financial statements	1	2,063,339.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,063,339.
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	15,766.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	15,766.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,079,105.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>Name of the organization</b>  AMERICAN THYROID ASSOCIATION	<b>Employer identification number</b>  41-6038600
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**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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
EUROPE	0	0	GRANT TO RECIPIENT LOCATED IN REGION	RESEARCH	28,750.
<b>Totals</b> .....					28,750.









**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**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" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CHICAGO 1225 E 60TH STREET CHICAGO, IL 60637	36-2177139	501C3	28,750.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL PO BOX 3149 BOSTON, MA 022413149	04-2312909	501C3	28,750.	0.			RESEARCH
THE OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY ROAD - COLUMBUS, OH 43210	31-6401599	501C3	28,750.	0.			RESEARCH
SLOAN-KETTERING INSTITUTE FOR CANCER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1624182	501C3	57,500.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 1101 E 33RD STREET - BALTIMORE, MD 21218	52-0595110	501C3	28,750.	0.			RESEARCH
NEW ENGLAND MEDICAL CENTER HOSPITALS INC - 750 WASHINGTON STREET, #817 - BOSTON, MA 02111	04-3400617	501C3	28,750.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **15.**
- 3** Enter total number of other organizations ..... ▶ **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 1: 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 I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**AMERICAN THYROID ASSOCIATION**

Employer identification number

**41-6038600**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NYU SCHOOL OF MEDICINE 545 FIRST AVENUE, GREENBERG HALL SC NEW YORK, NY 10016	06-7604830	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
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501C3	28,750.	0.			RESEARCH
BRENTWOOD BIOMEDICAL INSTITUTE 11301 WILSHIRE BLVD, BLDG 114 #218 LOS ANGELES, CA 90073	95-4183712	501C3	28,750.	0.			RESEARCH
THE UNIVERSITY OF TEXAS, MD ANDERSON CTR - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030-4009	74-6000203	501C3	28,750.	0.			RESEARCH
PORTLAND VA RESEARCH FOUNDATION PO BOX 69539 PORTLAND, OR 97239	94-3090170	501C3	28,750.	0.			RESEARCH
ASSOCIATION OF PROGRAM DIRECTORS IN ENDOCRINOLOGY, DIABETES, METABOLISM - 8401 CONNNECTICUT AVE, NW STE	52-2004501	501C3	5,000.	0.			EDUCATION SUPPORT EDUCATION
THE ENDOCRINE SOCIETY 8401 CONNNECTICUT AVE, NW STE 900 CHEVY CHASE, MD 20815	73-0531256	501C3	5,000.	0.			COLLABORATIVE WORKSHOP

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**AMERICAN THYROID ASSOCIATION**

Employer identification number

**41-6038600**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ENDOCRINE SOCIETY 8401 CONNNECTICUT AVE, NW STE 900 CHEVY CHASE, MD 20815	73-0531256	501C3	12,500.	0.			SAWIN MEMORIAL LIBRARY

**2** Enter total number of Section 501(c)(3) and government organizations ..... **30**

**3** Enter total number of other organizations ..... **30**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization <b>AMERICAN THYROID ASSOCIATION</b>	Employer identification number <b>41-6038600</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</b> If line 1a is 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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes," to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) 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 compensation				
BARBARA R. SMITH, CAE	(i)	147,000.	26,127.	0.	10,388.	5,731.	189,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

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 2: BOARD BUSINESS RELATIONSHIPS: TWO BOARD MEMBERS ARE EMPLOYED AT THE SAME INSTITUTION (IN 2 INSTANCES)

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 A, LINE 10: 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.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. THESE STATEMENTS ARE PUBLISHED IN THE ANNUAL MEETING PROGRAM BOOK. ADDITIONALLY, PRIOR TO ALL BOARD MEETINGS, ANY CHANGES TO EXISTING DISCLOSURES ARE MADE VERBALLY TO THE BOARD AS A WHOLE. DIRECTORS RECUSE THEMSELVES 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 OF ATA ARE PRECLUDED FROM ACCEPTING FEES FOR SPEAKING ENGAGEMENTS, 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, AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE WEBSITE, WWW.THYROID.ORG. THE FORM 990 IS AVAILABLE ONLINE THROUGH WWW.GUIDESTAR.COM. ALL DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

THE FINANCE AND AUDIT COMMITTEE ASSUME RESPONSIBILITY FOR OVERSIGHT OF AUDIT, SELECTION OF AUDITOR, AND REVIEW OF AUDIT OF FINANCIAL STATEMENTS. PROCESS IS UNCHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

AMERICAN THYROID ASSOCIATION

Employer identification number

41-6038600

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: KENDALL SMITH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 757.

(D) DESCRIPTION OF TRANSACTION: TEMPORARY OFFICE HELP

(E) SHARING OF ORGANIZATION REVENUES? = NO

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	113004	SL	5.00	17	2,513.			2,513.	1,760.		503.
24	CABINET	100605	SL	7.00	17	7,150.			7,150.	2,170.		1,021.
25	BOOKSHELVES (2)	100605	SL	7.00	17	1,467.			1,467.	446.		210.
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	19B	13,820.			13,820.			0.
	* 990 PAGE 10 TOTAL -					33,966.		0.	33,966.	13,392.	0.	1,734.
17	LCD PROJECTOR	062504	SL	5.00	17	2,402.			2,402.	1,680.		480.
21	FIREWALL COMPUTER	012404	SL	5.00	17	795.			795.	557.		159.
22	SERVER COMPUTER	010504	SL	5.00	17	950.			950.	665.		190.
26	LAPTOP COMPUTER	031005	SL	5.00	17	2,694.			2,694.	1,549.		539.
27	DELL COMPUTER	061106	SL	5.00	17	1,380.			1,380.	414.		276.
28	HP PRINTER	101006	SL	5.00	17	1,593.			1,593.	478.		319.
31	COPIER	062907	SL	5.00	17	8,445.			8,445.	845.		1,689.
32	DELL COMPUTERS (2)	090807	SL	5.00	17	1,155.			1,155.	116.		231.
34	COMPUTER (1 OF 3)	121603	SL	5.00	17	963.			963.	867.		96.
35	COMPUTER (1 OF 3)	121603	SL	5.00	17	962.			962.	866.		96.
38	MAC LAPTOP	032708	SL	5.00	19B	2,099.			2,099.			315.
	* 990 PAGE 10 TOTAL -					23,438.		0.	23,438.	8,037.	0.	4,390.

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
2	COMPUTER SOFTWARE	VARI	ESSL	3.00	17	1,726.			1,726.	1,726.		0.
11	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.
19	IMUS SOFTWARE UPDATE	102604	SL	3.00	17	2,000.			2,000.	2,000.		0.
20	FIREWALL SOFTWARE	012404	SL	3.00	17	1,300.			1,300.	1,300.		0.
39	GREAT PLAINS ACCOUNTING SOFTWARE	031808	SL	3.00	19A	4,462.			4,462.			372.
	* 990 PAGE 10 TOTAL -					33,648.		0.	33,648.	29,186.	0.	372.
5	ATA WEBSITE	100101	SL	3.00	17	17,399.			17,399.	17,399.		0.
6	MEMBER SERVICES 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.	6,250.		4,167.
30	DATABASE INTEGRATION	090606	SL	3.00	17	4,375.			4,375.	2,187.		1,458.
36	WEBSITE REDESIGN	101407	SL	3.00	17	3,475.			3,475.	579.		1,158.
	* 990 PAGE 10 TOTAL -					54,479.		0.	54,479.	43,145.	0.	6,783.
	* GRAND TOTAL 990 PAGE 10 DEPR					145,531.		0.	145,531.	93,760.	0.	13,279.

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

**2008**

Attachment  
 Sequence No. **67**

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

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

**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 the instructions for a higher limit for certain businesses .....	<b>1</b>	250,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

**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 2008 .....	<b>17</b>	12,592.
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 2008 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
<b>19a</b> 3-year property		4,462.	3 YRS.	MQ	SL	372.
<b>b</b> 5-year property		15,919.	5 YRS.	MQ	SL	315.
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
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. ....	<b>22</b>	13,279.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with columns for percentage and cost

27 Property used 50% or less in a qualified business use: Table with columns for percentage and cost

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.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

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.

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle 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

Table for Part VI with columns (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 2008 tax year: Table with columns for percentage and cost

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44



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

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_\_\_

**2008**

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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>2501290</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**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 2008 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 88890  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 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 2008 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 08/17/09

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit 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 2008 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**

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE AND FIXTURES	VARI	ESSL	7.00	17	9,016.			9,016.	9,016.		0.
23	IMPROVEMENTS	113004	SL	5.00	17	2,513.			2,513.	1,760.		503.
24	CABINET	100605	SL	7.00	17	7,150.			7,150.	2,170.		1,021.
25	BOOKSHELVES (2)	100605	SL	7.00	17	1,467.			1,467.	446.		210.
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	19B	13,820.			13,820.			0.
	* 990 PAGE 10 TOTAL -					33,966.		0.	33,966.	13,392.	0.	1,734.
17	LCD PROJECTOR	062504	SL	5.00	17	2,402.			2,402.	1,680.		480.
21	FIREWALL COMPUTER	012404	SL	5.00	17	795.			795.	557.		159.
22	SERVER COMPUTER	010504	SL	5.00	17	950.			950.	665.		190.
26	LAPTOP COMPUTER	031005	SL	5.00	17	2,694.			2,694.	1,549.		539.
27	DELL COMPUTER	061106	SL	5.00	17	1,380.			1,380.	414.		276.
28	HP PRINTER	101006	SL	5.00	17	1,593.			1,593.	478.		319.
31	COPIER	062907	SL	5.00	17	8,445.			8,445.	845.		1,689.
32	DELL COMPUTERS (2)	090807	SL	5.00	17	1,155.			1,155.	116.		231.
34	COMPUTER (1 OF 3)	121603	SL	5.00	17	963.			963.	867.		96.
35	COMPUTER (1 OF 3)	121603	SL	5.00	17	962.			962.	866.		96.
38	MAC LAPTOP	032708	SL	5.00	19B	2,099.			2,099.			315.
	* 990 PAGE 10 TOTAL -					23,438.		0.	23,438.	8,037.	0.	4,390.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - AMERICAN THYROID ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	COMPUTER SOFTWARE	VARI	ESSL	3.00	17	1,726.			1,726.	1,726.		0.
11	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.
19	IMUS SOFTWARE UPDATE	102604	SL	3.00	17	2,000.			2,000.	2,000.		0.
20	FIREWALL SOFTWARE	012404	SL	3.00	17	1,300.			1,300.	1,300.		0.
	GREAT PLAINS											
39	ACCOUNTING SOFTWARE	031808	SL	3.00	19A	4,462.			4,462.			372.
	* 990 PAGE 10 TOTAL -					33,648.		0.	33,648.	29,186.	0.	372.
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.	6,250.		4,167.
30	DATABASE INTEGRATION	090606	SL	3.00	17	4,375.			4,375.	2,187.		1,458.
36	WEBSITE REDESIGN	101407	SL	3.00	17	3,475.			3,475.	579.		1,158.
	* 990 PAGE 10 TOTAL -					54,479.		0.	54,479.	43,145.	0.	6,783.
	* GRAND TOTAL 990 PAGE 10 DEPR					145,531.		0.	145,531.	93,760.	0.	13,279.

## 2009 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.	2,263.	250.
24	CABINET	100605	SL	7.00	7,150.		7,150.	3,191.	1,021.
25	BOOKSHELVES (2)	100605	SL	7.00	1,467.		1,467.	656.	210.
37	AUDIENCE RESPONSE SYSTEM	123008	SL	5.00	13,820.		13,820.		2,764.
	* 990 PAGE 10 TOTAL -				33,966.		33,966.	15,126.	4,245.
17	LCD PROJECTOR	062504	SL	5.00	2,402.		2,402.	2,160.	242.
21	FIREWALL COMPUTER	012404	SL	5.00	795.		795.	716.	79.
22	SERVER COMPUTER	010504	SL	5.00	950.		950.	855.	95.
26	LAPTOP COMPUTER	031005	SL	5.00	2,694.		2,694.	2,088.	539.
27	DELL COMPUTER	061106	SL	5.00	1,380.		1,380.	690.	276.
28	HP PRINTER	101006	SL	5.00	1,593.		1,593.	797.	319.
31	COPIER	062907	SL	5.00	8,445.		8,445.	2,534.	1,689.
32	DELL COMPUTERS (2)	090807	SL	5.00	1,155.		1,155.	347.	231.
34	COMPUTER (1 OF 3)	121603	SL	5.00	963.		963.	963.	0.
35	COMPUTER (1 OF 3)	121603	SL	5.00	962.		962.	962.	0.
38	MAC LAPTOP	032708	SL	5.00	2,099.		2,099.	315.	420.
	* 990 PAGE 10 TOTAL -				23,438.		23,438.	12,427.	3,890.
2	COMPUTER SOFTWARE	VARIES	SL	3.00	1,726.		1,726.	1,726.	0.
11	SERVER SOFTWARE	092002	SL	3.00	995.		995.	995.	0.
12	IMUS SYSTEM	110103	SL	3.00	23,165.		23,165.	23,165.	0.
19	IMUS SOFTWARE UPDATE	102604	SL	3.00	2,000.		2,000.	2,000.	0.
20	FIREWALL SOFTWARE	012404	SL	3.00	1,300.		1,300.	1,300.	0.
39	GREAT PLAINS ACCOUNTING SOFTWARE	031808	SL	3.00	4,462.		4,462.	372.	1,487.
	* 990 PAGE 10 TOTAL -				33,648.		33,648.	29,558.	1,487.
5	ATA 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.	10,417.	2,083.
30	DATABASE INTEGRATION	090606	SL	3.00	4,375.		4,375.	3,645.	730.
36	WEBSITE REDESIGN	101407	SL	3.00	3,475.		3,475.	1,737.	1,158.
	* 990 PAGE 10 TOTAL -				54,479.		54,479.	49,928.	3,971.
	* GRAND TOTAL 990 PAGE 10 DEPR				145,531.		145,531.	107,039.	13,593.