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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ENDOCRINE SOCIETY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
8401 CONNECTICUT AVENUE NO 900

Room/suite

City or town, state or country, and ZIP + 4
CHEVY CHASE, MD 208155817

D Employer identification number
73-0531256

E Telephone number
(301) 941-0200

G Gross receipts $ 31,460,436

F Name and address of principal officer
SCOTT HUNT
8401 CONNECTICUT AVENUE NO 900
CHEVY CHASE, MD 208155817

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ENDO-SOCIETY ORG

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

L Year of formation 1918

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE EXCELLENCE IN ENDOCRINOLOGY AND PROMOTE ITS ESSENTIAL ROLE AS AN INTEGRATIVE FORCE IN SCIENTIFIC RESEARCH AND MEDICAL PRACTICE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	87
6	Total number of volunteers (estimate if necessary)	**6**	3,675
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,959,672
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	776,799

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,744,140	2,360,710
9	Program service revenue (Part VIII, line 2g)	19,469,784	21,865,353
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,783,652	1,935,699
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,032,818	2,882,590
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,030,394	29,044,352
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	771,301	554,664
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,657,677	8,404,495
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶576,547		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	14,204,410	15,366,891
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,633,388	24,326,050
19	Revenue less expenses Subtract line 18 from line 12	4,397,006	4,718,302
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	34,769,844	41,109,724
21	Total liabilities (Part X, line 26)	10,079,151	11,233,427
22	Net assets or fund balances Subtract line 21 from line 20	24,690,693	29,876,297

Part II Signature Block

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

Sign Here

****** 2011-11-10
Signature of officer Date

JOHN R HEBERLEIN DEPUTY EXEC DIR & COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DEBORAH G KOSNETT	Preparer's signature DEBORAH G KOSNETT	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ TATE AND TRYON				Firm's EIN ▶
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036				Phone no ▶ (202) 293-2200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE EXCELLENCE IN ENDOCRINOLOGY AND PROMOTE ITS ESSENTIAL ROLE AS AN INTEGRATIVE FORCE IN SCIENTIFIC RESEARCH AND MEDICAL PRACTICE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 8,481,987 including grants of $ 464,914) (Revenue $ 9,216,894)

MEETINGS & EDUCATION THE ENDOCRINE SOCIETY (TES) PROVIDES EDUCATIONAL PROGRAMS FOR RESEARCHERS AND CLINICAL MEDICAL PROFESSIONALS TO INCREASE THE UNDERSTANDING OF BIOMEDICAL RESEARCH INTO ENDOCRINE DISORDERS AND THE TREATMENT OF PATIENTS WITH ENDOCRINE-RELATED MEDICAL CONDITIONS TES IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) AND ITS CONTINUING MEDICAL EDUCATION PROGRAMS ARE PLANNED AND CONDUCTED IN STRICT COMPLIANCE WITH ACCME STANDARDS AND REQUIREMENTS EACH YEAR TES HOLDS A FOUR-DAY EDUCATIONAL MEETING (ENDO) FOCUSED ON THE FIELD OF ENDOCRINOLOGY EACH ATTENDEE MAY EARN UP TO 33 CONTINUING MEDICAL EDUCATION (CME) CREDITS FOR THE CORE EDUCATIONAL PROGRAM TES ALSO HOLDS AN ANNUAL CLINICAL ENDOCRINOLOGY UPDATE (CEU) EVENT WHERE PROFESSIONALS MAY EARN UP TO 31 CME CREDITS, DEPENDING ON THE EDUCATION OPTIONS CHOSEN THE SOCIETY PROVIDES MANY OTHER OPPORTUNITIES FOR PROFESSIONAL EDUCATION AND CREDIT IN VARIOUS FORMATS DURING THE YEAR INCLUDING BUT NOT LIMITED TO IN-PERSON SPEAKER EVENTS, EDUCATIONAL BOOKS, ONLINE COURSES, STUDY GUIDES, MONOGRAPHS, AND WEBCASTS THE SOCIETY ALSO COLLABORATES WITH OTHER MEDICAL AND SCIENTIFIC PROFESSIONAL SOCIETIES AND OFTEN CO-SPONSORS EDUCATIONAL EVENTS WHEN THE TOPICS ARE OF INTEREST TO SOCIETY MEMBERSHIP AND ARE CONSISTENT WITH THE SOCIETY'S MISSION IN ORDER TO SUPPORT AND ENCOURAGE PARTICIPATION BY EARLY-CAREER PROFESSIONALS, THE SOCIETY OFTEN PROVIDES TRAVEL GRANTS AND AWARDS TO TRAINEES

4b (Code) (Expenses $ 6,656,655 including grants of $ 47,000) (Revenue $ 12,871,661)

PUBLICATIONS TES PUBLISHES FIVE PEER-REVIEWED SCIENTIFIC JOURNALS AIMED AT FURTHERING THE UNDERSTANDING OF BIOMEDICAL RESEARCH INTO ENDOCRINE DISORDERS AND THE TREATMENT OF PATIENTS WITH ENDOCRINE-RELATED CONDITIONS THREE OF THE JOURNALS ARE PUBLISHED MONTHLY, TWO ARE PUBLISHED BI-MONTHLY EACH JOURNAL IS EDITED BY A GROUP OF ENDOCRINOLOGISTS WHO ARE ALSO MEMBERS OF THE SOCIETY IN ADDITION, EACH JOURNAL ARTICLE IS PEER REVIEWED BY SOCIETY MEMBERS WITH EXPERTISE IN THE SUBJECT MATTER OF THE ARTICLE/RESEARCH BEING PRESENTED APPROXIMATELY 3,400 MEMBERS DONATE TIME DURING THE YEAR TO THE PEER REVIEW PROCESS THE SOCIETY ALSO PUBLISHES A MONTHLY PERIODICAL THAT PROVIDES AN ANALYSIS OF THE SCIENTIFIC ADVANCES AND NEWS IN ENDOCRINOLOGY MEMBER CLINICIANS OFTEN DISSEMINATE THIS PUBLICATION TO THEIR PATIENTS AND OTHERS AS AN INFORMATIONAL RESOURCE ON THE CAUSES AND POSSIBLE TREATMENTS FOR ENDOCRINE DISORDERS THE PERIODICAL ALSO PROVIDES INFORMATION TO MEMBERS ON SOCIETY EVENTS, EDUCATIONAL OPPORTUNITIES, AND GENERAL NEWS IN THE FIELD OF ENDOCRINOLOGY

4c (Code) (Expenses $ 1,910,223 including grants of $ 5,750) (Revenue $ 821,641)

GOVERNMENT AND PUBLIC AFFAIRS TES IDENTIFIES ISSUES AND PUBLIC POLICY OBJECTIVES IMPORTANT TO THE PROFESSIONAL LIVES OF ITS MEMBERS AND ADVOCATES ON THEIR BEHALF THIS ADVOCACY TAKES SEVERAL FORMS INCLUDING COMMENTS TO FEDERAL AGENCIES, DEVELOPMENT OF POSITION STATEMENTS AND CLINICAL GUIDELINES, MEDIA OUTREACH, AND DIRECT LOBBYING THE SOCIETY ALSO REPRESENTS ITS MEMBERS' INTERESTS THROUGH PARTICIPATION WITH OTHER GROUPS AND COALITIONS, SUCH AS THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE FEDERATION OF AMERICAN SOCIETIES OF EXPERIMENTAL BIOLOGY (FASEB) TES PUBLISHES A SEMI-MONTHLY ONLINE NEWSLETTER WITH A FOCUS ON HEALTH AND SCIENCE PUBLIC POLICY THAT IMPACTS THE ENDOCRINOLOGIST

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 2,503,325 including grants of $ 37,000) (Revenue $ 1,823,985)

4e **Total program service expenses** ▶ $ 19,552,190

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	300		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	87		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOHN R HEBERLEIN DEPUTY EXEC DIR & COO
8401 CONNECTICUT AVENUE NO 900
CHEVY CHASE, MD 208155817
(301) 941-0200

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,271,023	0	321,275

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 13

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MED-IQ LLC 5523 RESEARCH PARK DR SUITE 210 BALTIMORE, MD 21228	MEDICAL EDUCATION COMPANY	651,000
SCHERAGO INTERNATIONAL INC 525 WASHINGTON BLVD SUITE 3310 JERSEY CITY, NJ 07310	ADVERTISING & MEETING EXHIBIT SALES	464,573
KNIGHTEN HEALTH LLC 4800 HAMDEN LANE SUITE 200 BETHESDA, MD 20814	MEDICAL EDUCATION COMMUNICATION SRVCS	428,000
MARATHON MULTIMEDIA LLC 1201 WEST DIVISION STREET FARIBAULT, MN 55021	EDUCATIONAL RECORDING & ABSTRACT PROCESS	186,813
MEDPAGE TODAY LLC 150 CLOVE ROAD 10TH FLOOR LITTLE FALLS, NJ 07424	MEDICAL EDUCATION COMMUNICATION SRVCS	140,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	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	2,360,710				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		2,360,710			
Program Service Revenue		Business Code				
	2a MEETING AND REGISTRATI	611600	8,378,666	8,378,666		
	b JOURNAL SALES	511120	7,534,035	7,534,035		
	c REPRINT SALES	511120	2,029,362	2,029,362		
	d AUTHOR CHARGES	511120	1,840,757	1,840,757		
	e MEMBERSHIP DUES	900099	1,573,046	1,573,046		
	f All other program service revenue		509,487	509,487		
	g **Total.** Add lines 2a–2f . . . . . ▶		21,865,353			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		642,438			642,438
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶		572,639	572,639		
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	3,709,345				
	b Less cost or other basis and sales expenses	2,416,084				
	c Gain or (loss)	1,293,261				
	d Net gain or (loss) . . . . . ▶		1,293,261			1,293,261
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING REVENUE	541800	1,959,672		1,959,672	
	b HOTEL REBATES FROM MEE	900099	276,409	276,409		
	c BRIDGE GRANT REFUNDS	900099	60,108	60,108		
	d All other revenue		13,762			13,762
	e **Total.** Add lines 11a–11d . . . . . ▶		2,309,951			
	12 **Total revenue.** See Instructions . . . ▶		29,044,352	22,774,509	1,959,672	1,949,461

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	93,394	93,394		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	372,470	372,470		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	88,800	88,800		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,247,166	919,280	1,142,451	185,435
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	4,980,686	3,657,323	1,155,819	167,544
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	427,269	370,038	55,936	1,295
9 Other employee benefits	409,347	213,753	170,068	25,526
10 Payroll taxes	340,027	256,012	72,287	11,728
a Fees for services (non-employees) Management				
b Legal	18,020	8,208	9,812	
c Accounting	39,680		39,680	
d Lobbying	96,392	96,392		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	82,176		82,176	
g Other	3,716,157	3,645,633	70,098	426
12 Advertising and promotion	849,675	790,818	25,770	33,087
13 Office expenses	1,113,509	979,680	124,975	8,854
14 Information technology	162,906		162,906	
15 Royalties				
16 Occupancy	1,011,770	692,264	266,255	53,251
17 Travel	1,286,924	1,024,584	243,604	18,736
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,330,382	1,316,987		13,395
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	199,415	43,933	155,482	
23 Insurance	107,683	54,670	53,013	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a INCOME TAXES	333,221	333,221		
b PRINTING AND COMPOSITIO	2,543,173	2,540,051	1,595	1,527
c HONORARIA	730,606	730,612	-6	
d HOSPITALITY	589,931	484,880	66,077	38,974
e REPRINTS	342,216	342,216		
f All other expenses	813,055	496,971	299,315	16,769
25 **Total functional expenses.** Add lines 1 through 24f	24,326,050	19,552,190	4,197,313	576,547
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		9,995,974	2	11,502,507
	3	Pledges and grants receivable, net		91,133	3	65,933
	4	Accounts receivable, net		953,128	4	1,656,040
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		597,811	9	931,586
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,515,235			
	b	Less accumulated depreciation	10b 2,266,681	414,762	10c	248,554
	11	Investments—publicly traded securities		22,357,221	11	26,250,079
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		359,815	15	455,025
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,769,844	16	41,109,724
Liabilities	17	Accounts payable and accrued expenses		2,315,828	17	2,504,112
	18	Grants payable			18	
	19	Deferred revenue		7,286,347	19	8,044,256
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		476,976	25	685,059
	26	**Total liabilities.** Add lines 17 through 25		10,079,151	26	11,233,427
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,592,865	27	27,568,686
	28	Temporarily restricted net assets		1,222,411	28	1,368,214
	29	Permanently restricted net assets		875,417	29	939,397
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,690,693	33	29,876,297
	34	Total liabilities and net assets/fund balances		34,769,844	34	41,109,724

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	29,044,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,326,050
3	Revenue less expenses Subtract line 2 from line 1	3	4,718,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	24,690,693
5	Other changes in net assets or fund balances (explain in Schedule O)	5	467,302
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,876,297

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,583,146	5,771,880	5,921,942	4,897,583	5,586,470	28,761,021
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,996,351	14,462,697	15,595,881	15,253,660	17,530,682	77,839,271
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,146,035	969,290	1,344,495	973,419	1,039,783	5,473,022
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	22,725,532	21,203,867	22,862,318	21,124,662	24,156,935	112,073,314
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						112,073,314

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	22,725,532	21,203,867	22,862,318	21,124,662	24,156,935	112,073,314
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	663,668	788,057	804,656	725,341	705,481	3,687,203
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	753,399	686,160	685,932	372,286	863,963	3,361,740
c Add lines 10a and 10b	1,417,067	1,474,217	1,490,588	1,097,627	1,569,444	7,048,943
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	44,207	72,896	207,580	311,110	281,542	917,335
13 **Total support** (Add lines 9, 10c, 11 and 12)	24,186,806	22,750,980	24,560,486	22,533,399	26,007,921	120,039,592

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	93 360 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	93 620 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	5 870 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	5 760 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,503,325 including grants of $ 37,000) (Revenue $ 1,823,985)

MEMBERSHIP AND PUBLIC EDUCATION

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ENDOCRINE SOCIETY	73-0531256

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,072	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	141,757	
c Total lobbying expenditures (add lines 1a and 1b)	146,829	
d Other exempt purpose expenditures	22,871,379	
e Total exempt purpose expenditures (add lines 1c and 1d)	23,018,208	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	125,810	123,106	114,270	146,829	510,015
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	6,683	7,906	4,290	5,072	23,951

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(ii) Assets included in Form 990, Part X ▶ $ 212,450

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	872,574	616,032	544,342		
b Contributions	89,793	120,825	84,937		
c Investment earnings or losses	84,470	137,492	-11,247		
d Grants or scholarships	-5,500	1,500	2,000		
e Other expenditures for facilities and programs					
f Administrative expenses		275			
g End of year balance	1,041,337	872,574	616,032		

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

- a Board designated or quasi-endowment ▶ 9 000 %
- b Permanent endowment ▶ 70 000 %
- c Term endowment ▶ 21 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		199,944	123,022	76,922
d Equipment		2,315,291	2,143,659	171,632
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				248,554

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	188,803
DEFERRED LEASE	318,446
OTHER LONG-TERM LIABILITIES	177,810
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	685,059

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	29,044,352
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,326,050
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,718,302
4	Net unrealized gains (losses) on investments	4	467,302
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	467,302
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,185,604

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	32,236,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	467,302		
b	Donated services and use of facilities	2b	2,866,911		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	3,334,213
3	Subtract line **2e** from line **1**			3	28,902,067
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	82,176		
b	Other (Describe in Part XIV)	4b	60,109		
c	Add lines **4a** and **4b**			4c	142,285
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	29,044,352

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

1	Total expenses and losses per audited financial statements			1	27,050,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,866,911		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,866,911
3	Subtract line **2e** from line **1**			3	24,183,765
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	82,176		
b	Other (Describe in Part XIV)	4b	60,109		
c	Add lines **4a** and **4b**			4c	142,285
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	24,326,050

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE CLARK T SAWIN MEMORIAL LIBRARY IS HOUSED AT THE ENDOCRINE SOCIETY'S OFFICE IN CHEVY CHASE, MARYLAND THE LIBRARY COLLECTION INCLUDES MORE THAN 5,300 BOOKS, MEETING PROGRAMS FROM ENDOCRINE ORGANIZATIONS CIRCA 1930 THROUGH CURRENT DAY, PROFESSIONAL AND PERSONAL RESEARCH PAPERS, SLIDES AND MANY HISTORICAL ARTICLES BY CATALOGING AND PRESERVING UNIQUE HISTORICAL ENDOCRINE LITERATURE AND ARTIFACTS, THE LIBRARY PLAYS AN IMPORTANT ROLE IN THE SOCIETY'S ROLE OF EDUCATION IN THE FIELD OF ENDOCRINOLOGY BOOKS AND REFERENCE MATERIALS ARE ALL AVAILABLE FOR CIRCULATION
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SOCIETY'S ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR SPECIFIC PURPOSES AND ARE ADMINISTERED IN ACCORDANCE WITH THE DOCUMENTS THAT ESTABLISHED THE FUNDS OF THE TOTAL YEAR END BALANCE, THE FUNDS ARE INTENDED TO BE USED AS FOLLOWS SAWIN LIBRARY COLLECTION AND OPERATING SUPPORT - 80% AWARDS - 3% TRAVEL GRANTS - 17%
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ENDOCRINE SOCIETY INCURRED NO INTEREST OR PENALTIES DURING THE YEAR ENDED DECEMBER 31, 2010 MANAGEMENT DID NOT IDENTIFY ANY SIGNIFICANT UNCERTAIN INCOME TAX POSITIONS AND BELIEVES THE SOCIETY IS NO LONGER SUBJECT TO U S FEDERAL, STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2007
PART XII, LINE 4B - OTHER ADJUSTMENTS		BRIDGE GRANT REFUNDS 60,109
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BRIDGE GRANT REFUNDS 60,109

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND PACIFIC			GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,300
EUROPE			GRANTS TO RECIPIENTS LOCATED IN THE REGION		55,700
MID EAST & N AFRICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,400
NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		10,900
SOUTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		6,300
SOUTH ASIA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		5,200
3a Sub-total		0			88,800
b Total from continuation sheets to Part I		0			0
c **Totals** (add lines 3a and 3b)		0			88,800

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ABSTRACT AWARD	ME, EAP, EU, NA, SA	36	18,000	CHECK			
JCEM AWARD	EU	3	30,000	CHECK			
SUMMER RESEARCH AWARDS	AS, EU, NA	3	12,000	CHECK			
STUDENT AUTHOR AWARD	EU, NA	3	3,000	CHECK			
TRAVEL AWARDS	EAP, SA, NA, ME, EU, AS	51	22,800	CHECK			
OUTSTANDING CONTRIBUTION TO ENDOCRINOLOGY	EU	1	3,000	CHECK			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ALL AWARDS ACCOUNTED FOR ON THE ACCRUAL BASIS INTERNATIONAL AWARD FOR EXCELLENCE IN PUBLISHED CLINICAL RESEARCH IN JCE & M THIS AWARD RECOGNIZES THE FOUR BEST CLINICAL RESEARCH PAPERS THAT APPEAR IN THE JCE & M IN THE PRIOR YEAR IT IS DECIDED BY A JURIED PANEL OF EXPERTS THERE IS NO NEED TO MONITOR THE USE OF FUNDS BECAUSE THE AWARDS ARE FOR WORK ALREADY PERFORMED SUMMER RESEARCH AWARDS THESE AWARDS ARE TO FUND PROMISING UNDERGRADUATE, GRADUATE, AND MEDICAL STUDENTS WHO INTEND TO PURSUE CAREERS IN ENDOCRINOLOGY THE STUDENTS PARTICIPATE IN RESEARCH PROJECTS UNDER THE GUIDANCE OF A SOCIETY MEMBER FOR 10 - 12 WEEKS IN THE SUMMER A SOCIETY MEMBER ACTS AS ADVISOR AND EVALUATES THE STUDENTS' WORK STUDENT AUTHOR AWARDS - AWARDEES ARE CHOSEN FROM AUTHORS OF PAPERS THAT ARE ACCEPTED AS ARTICLES IN ONE OF THE SOCIETY'S JOURNALS THE STUDENT AUTHORS SIGN UP TO BE CONSIDERED FOR THE AWARD ALL AWARDEES MUST SUBMIT CVS TO INSURE THEY ARE ELIGIBLE SINCE THE AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MONITOR THE USE OF THE FUNDS TRAVEL AWARDS TRAVEL AWARDS ARE FOR TRAINEES IN ENDOCRINOLOGY TO TRAVEL TO THE SOCIETY'S ANNUAL EDUCATIONAL MEETING THE CHECKS ARE DISTRIBUTED AT THE MEETING IT IS ASSUMED THE ATTENDEE NEEDED THE FUNDS FOR TRAVEL IF THEY ATTENDED THE MEETING IF AN AWARDEE DOES NOT ATTEND THE MEETING, THE AWARD IS NOT PROVIDED TO THEM ABSTRACT AWARDS - AWARDEES ARE CHOSEN FROM APPLICATIONS BASED ON RESEARCH WORK THAT RESULTED IN A SCIENTIFIC ABSTRACT THE AWARDEE MUST PRESENT A POSTER AT THE SOCIETY'S ANNUAL EDUCATIONAL MEETING SINCE THE AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MONITOR THE USE OF THE FUNDS OUTSTANDING CONTRIBUTION TO ENDOCRINOLOGY GIVEN ON THE BASIS OF AN APPLICATION THAT REFERENCES CERTAIN WORK OF THE APPLICANT OR NOMINEE, SUCH AS A BODY OF RESEARCH OR A SCIENTIFIC ARTICLE SINCE THE AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MONITOR THE USE OF THE FUNDS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501(C)(3)	11,490				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(2) UNIVERSITY OF CA SAN DIEGO9500 GLIMAN DRIVE MAIL CODE 0003 LA JOLLA,CA 92093	94-6036494	501(C)(3)	17,500				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(3) UNIVERSITY OF COLORADOMAILSTOP F428 DENVER,CO 802910238	84-6000555	501(C)(3)	15,033				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(4) MASSACHUSETTS GENERAL HOSPITAL ENDOCRINE UNIT 50 BLOSSOM STREET BOSTON,MA 02116	04-2697983	501(C)(3)	7,500				VISITING PROFESSOR SPONSORSHIP
(5) REGENTS OF UNIVERSITY OF CALIFORNIA1855 FOLSOM ST SAN FRANCISCO,CA 94143	94-5035493	501(C)(3)	8,121				SPONSORSHIP OF SUMMER RESEARCH STUDENTS/VISITING PROFESSOR SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ENDOCRINE RESEARCH GRANTS - SEVERAL TYPES CLINICAL RESEARCH GRANTS FOR MD'S OR PHD CANDIDATES AWARDS ARE BASED ON AN APPLICATION PROCESS THAT INCLUDES SPECIFIC RESEARCH UNDER A MENTOR WHO IS A SOCIETY MEMBER COMPLETION REQUIRES THAT AN ABSTRACT WILL BE PRESENTED AT THE SOCIETY'S ANNUAL EDUCATIONAL MEETING AND THAT AN ARTICLE PUBLISHED IN A PEER-REVIEWED JOURNAL SHOULD RESULT FROM THE RESEARCH LECTURE AWARDS THESE AWARDS ARE GIVEN FOR COMPLETED RESEARCH THE AWARDEE IS REQUIRED TO PROVIDE A LECTURE ON THEIR RESEARCH AT THE SOCIETY'S ANNUAL EDUCATIONAL MEETING SUMMER RESEARCH AWARDS THESE AWARDS ARE TO FUND PROMISING UNDERGRADUATE, GRADUATE, AND MEDICAL STUDENTS WHO INTEND TO PURSUE CAREERS IN ENDOCRINOLOGY THE STUDENTS PARTICIPATE IN RESEARCH PROJECTS UNDER THE GUIDANCE OF A SOCIETY MEMBER FOR 10 - 12 WEEKS IN THE SUMMER THE SOCIETY MEMBER ACTS AS ADVISOR AND EVALUATES THE STUDENTS' WORK TRAVEL AWARDS TRAVEL AWARDS ARE FOR TRAINEES IN ENDOCRINOLOGY TO TRAVEL TO THE SOCIETY'S ANNUAL EDUCATIONAL MEETING THE CHECKS ARE DISTRIBUTED AT THE MEETING IT IS ASSUMED THE ATTENDEE NEEDED THE FUNDS FOR TRAVEL IF THEY ATTENDED THE MEETING IF AN AWARDEE DOES NOT ATTEND THE MEETING, THE AWARD IS NOT PROVIDED TO THEM AWARDS FOR DISTINGUISHED CONTRIBUTIONS TO THE FIELD OF ENDOCRINOLOGY ARE BASED ON NOMINATIONS FROM MEMBERS OF THE SOCIETY THEY ARE GIVEN FOR A BODY OF WORK DURING THE CAREER OF THE WINNER AND THERE IS NO REQUIREMENT TO MONITOR THE USE OF FUNDS INTERNATIONAL AWARD FOR EXCELLENCE IN PUBLISHED CLINICAL RESEARCH IN JCE & M THIS AWARD RECOGNIZES THE FOUR BEST CLINICAL RESEARCH PAPERS THAT APPEAR IN THE JCE & M IN THE PRIOR YEAR IT IS DECIDED BY A JURIED PANEL OF EXPERTS THERE IS NO NEED TO MONITOR THE USE OF FUNDS BECAUSE THE AWARDS ARE FOR WORK ALREADY PERFORMED ALL OTHER GRANTS AND AWARDS ARE GIVEN BASED ON AN APPLICATION OR A NOMINATION BY A SOCIETY MEMBER THAT REFERENCES CERTAIN WORK OF THE APPLICANT, SUCH AS A SCIENTIFIC ABSTRACT, AN ARTICLE, A POSTER, OR A BODY OF WORK SOME OF THE AWARDS STIPULATE THAT THE AWARDEE PRESENT A POSTER OR GIVE AN ORAL PRESENTATION AT THE SOCIETY'S ANNUAL EDUCATIONAL MEETING HOWEVER, SINCE THE GRANT/AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MONITOR THE USE OF THE FUNDS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 73-0531256
Name: ENDOCRINE SOCIETY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
ABSTRACT AWARDS	69	35,500			
ENDOCRINE CLINICAL RESEARCH	2	95,000			
OUTSTANDING CONTRIBUTION TO ENDOCRINOLOGY	5	37,000			
EDUCATOR AWARDS	2	8,000			
JCEM AWARD	1	10,000			
POSTER AWARDS	12	2,400			
STUDENT AUTHOR AWARD	1	1,000			
THYROID RESEARCH AWARDS	7	11,000			
TRAVEL AWARDS TO ATTEND EDUCATIONAL MEETINGS	173	121,320			
INT'L SCIENCE & ENGINEERING FAIR AWARDS	3	2,000			
SUMMER RESEARCH AWARDS	10	40,000			
LAUREATE RESEARCH AWARDS	3	9,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT HUNT	(i)	443,714	37,500	5,334	78,500	32,549	597,597	0
	(ii)	0	0	0	0	0	0	0
(2) JANET KREIZMAN	(i)	213,799	20,040	630	21,500	11,958	267,927	0
	(ii)	0	0	0	0	0	0	0
(3) JOHN HEBERLEIN	(i)	257,365	25,040	420	24,500	27,331	334,656	0
	(ii)	0	0	0	0	0	0	0
(4) WANDA JOHNSON	(i)	169,787	10,040	966	17,000	4,880	202,673	0
	(ii)	0	0	0	0	0	0	0
(5) REBECCA RINEHART	(i)	203,668	10,040	1,806	20,800	20,868	257,182	0
	(ii)	0	0	0	0	0	0	0
(6) MICHAEL DODD	(i)	167,024	10,040	2,772	16,900	5,453	202,189	0
	(ii)	0	0	0	0	0	0	0
(7) NANCY CHILL	(i)	137,888	10,040	420	14,500	27,587	190,435	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	SCOTT HUNT, CEO AND EXECUTIVE DIRECTOR, 457(F) PLAN THIS PLAN, EFFECTIVE JANUARY 2009, PERMITS MR HUNT TO DEFER CERTAIN AMOUNTS OF HIS ANNUAL COMPENSATION FROM 2009 THROUGH 2011 EACH YEAR THE PERFORMANCE AND COMPENSATION COMMITTEE SHALL DETERMINE WHETHER ANY CREDITS WILL BE MADE TO THE 457(F) ACCOUNT AND, IF SO, IN WHAT AMOUNT ALL AMOUNTS CREDITED TO THE 457 (F) ACCOUNT SHALL BE FORFEITABLE BY MR HUNT UNTIL JANUARY 1, 2012, WITH LIMITED EXCEPTION FOR DEATH OR DISABILITY ALL AMOUNTS CREDITED TO THE 457(F) ACCOUNT SHALL BE DISTRIBUTED TO MR HUNT OR HIS BENEFICIARY WITHIN 60 DAYS AFTER THEY ARE NO LONGER SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE IN 2010, $37,500 WAS CREDITED TO THE 457(F) ACCOUNT
	PART I, LINE 7	DISCRETIONARY YEAR-END BONUSES ALL EMPLOYEES ARE ELIGIBLE FOR THESE BONUSES THEY ARE BASED PRIMARILY ON WORK PERFORMANCE DURING THE YEAR AND ARE GIVEN AT THE SAME TIME AS ANNUAL SALARY INCREASES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERSHIP SHALL CONSIST OF ACTIVE MEMBERS, EMERITUS MEMBERS, AND DOCTORAL-LEVEL TRAINEES, ALL OF WHOM ARE ENTITLED TO ONE VOTE ON MATTERS REQUIRING MEMBERSHIP ACTION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THREE CLASSES OF MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE COUNCIL (GOVERNING BODY) ACTIVE MEMBERS, EMERITUS MEMBERS, AND DOCTORAL-LEVEL TRAINEE MEMBERS THERE IS AN ANNUAL ELECTION FOR CERTAIN OFFICERS AND A ROTATING PORTION OF THE COUNCIL MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		DECISIONS THAT REQUIRE MEMBER APPROVAL ARE 1) BYLAW AMENDMENTS REQUIRE AN AFFIRMATIVE VOTE OF THREE-FIFTHS OF THE MEMBERSHIP RESPONDING WITHIN 45 DAYS AFTER THE TRANSMISSION OF THE BALLOT TO THE MEMBERS 2) REMOVAL OF OFFICERS, COUNCIL MEMBERS, OR APPOINTED OFFICIALS REQUIRES A VOTE OF TWO-THIRDS OF THE MEMBERSHIP RESPONDING TO THE BALLOT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DETAILED REVIEW OF THE FORM 990 IS PERFORMED BY THE FINANCE MANAGER AND THE SENIOR DIRECTOR, FINANCE THE CHIEF OPERATING OFFICER REVIEWS THE FORM WITH THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER THE FORM 990 IS ALSO MADE AVAILABLE TO THE COUNCIL MEMBERS PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	COUNCIL MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY THEY ARE REQUIRED TO DISCLOSE, IN WRITING, ANY CONFLICTS FROM BUSINESS TRANSACTIONS THAT WOULD NEED TO BE LISTED ON SCHEDULE L, PART IV THE FORMS ARE REVIEWED AND SIGNED BY A STAFF LIAISON AND A STAFF SENIOR DIRECTOR IN CHARGE OF GOVERNANCE WHO DETERMINES WHETHER AN ACTUAL CONFLICT EXISTS IN ADDITION, THE CONFLICT OF INTEREST STATEMENT IS READ AT THE BEGINNING OF EACH COUNCIL MEETING AND INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY NEW CONFLICTS THEY ARE AWARE OF ARISING FROM THEIR OWN OR OTHER COUNCIL MEMBERS' ACTIVITIES COUNCIL MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON ANY ISSUE IN WHICH THEY HAVE A CONFLICT OF INTEREST DEPENDING ON THE CONFLICT, THEY MAY ALSO BE REQUIRED TO LEAVE THE MEETING DURING THE DISCUSSION AND DELIBERATIONS AND THEY MAY NOT BE COUNTED IN DETERMINING A QUORUM FOR THE MEETING MEETING MINUTES REFLECT ANY RECUSAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S PROPOSED COMPENSATION IS REVIEWED BY THE PERFORMANCE AND COMPENSATION COMMITTEE (P&CC) OF THE SOCIETY IN OCTOBER OR NOVEMBER OF THE CALENDAR YEAR BEFORE IT TAKES EFFECT THE P&CC IS COMPOSED OF THE SECRETARY-TREASURER, CURRENT PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT AN INDEPENDENT CONSULTANT PERFORMS A COMPENSATION STUDY OF OTHER COMPARABLE PROFESSIONAL ASSOCIATIONS AND DISCUSSES THE RESULTS WITH THE P&CC THE COMMITTEE EVALUATES THE PROPOSED COMPENSATION IN LIGHT OF THE SURVEY FOR MARKET REASONABLENESS AND THE IRS INTERMEDIATE SANCTIONS RULES THE P&CC APPROVES A COMPENSATION AMOUNT A WRITTEN EMPLOYMENT CONTRACT BETWEEN THE SOCIETY AND THE EXECUTIVE DIRECTOR HAS BEEN APPROVED BY THE COUNCIL THE P&CC ALSO REVIEWS SALARIES FOR THE REMAINING KEY EMPLOYEES (SENIOR DIRECTORS) IN OCTOBER OR NOVEMBER THE INDEPENDENT CONSULTANT PERFORMS A COMPENSATION STUDY OF OTHER COMPARABLE PROFESSIONAL ASSOCIATIONS TO DETERMINE MARKET REASONABLENESS OF SALARIES HE ALSO DISCUSSES THE IRS INTERMEDIATE SANCTIONS RULES WITH THE P&CC TO ENSURE THAT THEY UNDERSTAND THE SALARY LEVELS ARE APPROPRIATE IN LIGHT OF THOSE RULES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ENDOCRINE SOCIETY'S BYLAWS AND ITS CONFLICT OF INTEREST POLICY ARE AVAILABLE ON ITS WEBSITE WWW ENDO-SOCIETY ORG THE SOCIETY'S FINANCIAL STATEMENTS, AS THEY APPEAR IN ITS FORM 990, ARE AVAILABLE ON A PUBLIC WEBSITE (WWW GUIDESTAR ORG) OR UPON REQUEST TO THE SOCIETY THE SOCIETY ALSO PRESENTS AN ABBREVIATED FORM OF ITS AUDITED FINANCIAL STATEMENTS AS A PART OF ITS ANNUAL REPORT, WHICH IS AVAILABLE ON ITS WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 467,302

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE HORMONE FOUNDATION 8401 CONNECTICUT AVENUE CHEVY CHASE, MD 208155817 91-1800236	PUBLIC EDUCATION-HORMONE RELATED HEALTH CONDITION	MD	501(C)(3)	509(A)(1)			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 73-0531256
Name: ENDOCRINE SOCIETY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ROBERT VIGERSKY PAST PRESIDENT	20 00	X		X				0	0	0
LISA FISH VICE PRESIDENT	15 00	X		X				0	0	0
KELLY MAYO PRESIDENT	20 00	X		X				40,000	0	0
CAROLE MENDELSON VICE PRESIDENT	15 00	X		X				0	0	0
NANETTE SANTORO VICE PRESIDENT	15 00	X		X				0	0	0
ANDREW STEWART SECY-TREAS END 6/30	20 00	X		X				3,500	0	0
JAN GUSTAFSSON COUNCIL	6 00	X						0	0	0
JENNIFER LARSEN COUNCIL	6 00	X						0	0	0
SUSAN MANDEL COUNCIL	6 00	X						4,750	0	0
TERESA WOODRUFF COUNCIL	6 00	X						0	0	0
DONALD MCDONNELL COUNCIL	6 00	X						0	0	0
ALVIN POWERS COUNCIL	6 00	X						0	0	0
PETER TRAINER COUNCIL	6 00	X						0	0	0
JANET HALL PRESIDENT-ELECT	20 00	X		X				19,250	0	0
JOHN MARSHALL SECY/TREAS START 7/1	20 00	X		X				0	0	0
ALAN ROGOL VICE PRESIDENT	15 00	X		X				5,000	0	0
DOLORES SHOBACK COUNCIL	6 00	X						5,750	0	0
GARY HAMMER COUNCIL	6 00	X						0	0	0
GLORIA TANNENBAUM COUNCIL	6 00	X						0	0	0
SCOTT HUNT EXEC DIR AND CEO	50 00			X				486,548	0	96,622
JANET KREIZMAN DEPUTY EXEC DIR & CPO	50 00			X				234,469	0	28,305
JOHN HEBERLEIN DEPUTY EXEC DIR & COO	50 00			X				282,825	0	41,405
WANDA JOHNSON SENIOR DIRECTOR	50 00				X			180,793	0	17,072
REBECCA RINEHART SENIOR DIRECTOR	50 00				X			215,514	0	34,392
MICHAEL DODD SENIOR DIRECTOR	50 00				X			179,836	0	17,787

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
NANCY CHILL SENIOR DIRECTOR	50 00					X		148,348	0	31,300
ROBERT STORZ ASSOC DIR, FINANCE	50 00					X		121,340	0	11,500
ROBERT BARTEL DIRECTOR, EDUCATION	50 00					X		110,119	0	17,305
DIANA WARMANN FINANCE MANAGER	50 00					X		124,484	0	10,114
KELLY FISCHER DATABASE MANAGER	50 00					X		108,497	0	15,473