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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) | Room/suite
2055 L STREET NW NO 600

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
73-0531256

E Telephone number
(202) 971-3636

G Gross receipts $ 34,246,962

F Name and address of principal officer
BARBARA BYRD KEENAN
2055 L STREET NW NO 600
WASHINGTON,DC 20036

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ENDOCRINE 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

Activities & Governance

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**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	100
6	Total number of volunteers (estimate if necessary)	**6**	4,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,934,107
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	581,361

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	7,382,644	8,007,161
9	Program service revenue (Part VIII, line 2g)	18,190,090	19,368,464
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,293,539	2,641,967
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,824,572	2,933,433
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,690,845	32,951,025
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	568,692	694,719
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)	9,595,406	10,466,776
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶902,293		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,884,076	20,786,526
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,048,174	31,948,021
19	Revenue less expenses Subtract line 18 from line 12	642,671	1,003,004

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	45,372,662	62,657,842
21	Total liabilities (Part X, line 26)	11,704,345	27,053,186
22	Net assets or fund balances Subtract line 21 from line 20	33,668,317	35,604,656

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

****** | 2014-11-14
Signature of officer | Date

BARBARA BYRD KEENAN EXEC DIRECTOR & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBORAH G KOSNETT				P00290720

Firm's name ▶ TATE AND TRYON | Firm's EIN ▶ 52-1855942

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

4a (Code) (Expenses $ 12,861,602 including grants of $ 611,719) (Revenue $ 6,960,270)

MEETINGS & EDUCATION THE ENDOCRINE SOCIETY (ES) 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 ES 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 ES HOLDS A FOUR-DAY EDUCATIONAL MEETING (ENDO) FOCUSED ON THE FIELD OF ENDOCRINOLOGY EACH ATTENDEE MAY EARN UP TO 32 5 CONTINUING MEDICAL EDUCATION (CME) CREDITS FOR THE CORE EDUCATIONAL PROGRAM ES ALSO HOLDS AN ANNUAL CLINICAL ENDOCRINOLOGY UPDATE (CEU) EVENT WHERE PROFESSIONALS MAY EARN UP TO 26 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 $ 5,877,553 including grants of $ 17,000) (Revenue $ 12,825,461)

PUBLICATIONS ES 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 4,000 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 $ 1,968,203 including grants of $ 2,500) (Revenue $ 0)

GOVERNMENT AND PUBLIC AFFAIRS ES 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) ES PUBLISHES A SEMI-MONTHLY ONLINE NEWSLETTER WITH A FOCUS ON HEALTH AND SCIENCE PUBLIC POLICY THAT IMPACTS THE ENDOCRINOLOGIST

(Code) (Expenses $ 4,335,888 including grants of $ 63,500) (Revenue $ 2,442,900)

MEMBERSHIP, MARKETING, PUBLIC EDUCATION AND OTHER

4d Other program services (Describe in Schedule O)

(Expenses $ 4,335,888 including grants of $ 63,500) (Revenue $ 2,442,900)

4e Total program service expenses ▶ 25,043,246

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	391		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	100		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

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 made these available Check all that apply

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

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

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

▶ JOHN R HEBERLEIN DEPUTY EXEC DIR 2055 L STREET NW NO 600
WASHINGTON, DC 20036 (202) 971-3636

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,715,736	0	362,816

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 20

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MEDSCAPE LLC 12186 COLLECTIONS CENTER DRIVE CHICAGO IL 60693	MEDICAL EDUCATION COMM SVS	1,183,580
SMG 301 E CERMAK RD MCCORMICK PLACE CHICAGO IL 60616	ON-SITE MEETING SUPPORT SERVICES	549,551
OLD TOWN IT LLC 625 N WASHINGTON STREET SUITE 310 ALEXANDRIA VA 22314	IT SUPPORT SVCS	363,650
INTERNATIONAL MAILING SOLUTIONS LLC 25 CORPORATE DRIVE SUITE 175 BURLINGTON MA 018034243	PUBLICATION SUPPORT SERVICES	285,655
INTELICE SOLUTIONS 3720-B ROCKLEDGE DR SUITE 710 BETHESDA MD 20817	IT SUPPORT SERVICES	253,116
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 13		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	327,718			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,679,443			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			8,007,161		
Program Service Revenue			Business Code				
	2a	JOURNAL SALES	511120		8,178,779	8,178,779	
	b	MEETING & REGISTRATION	611600		6,000,762	6,000,762	
	c	AUTHOR CHARGES	511120		1,947,737	1,947,737	
	d	MEMBERSHIP DUES	900099		1,825,005	1,825,005	
	e	REPRINT SALES	511120		759,403	759,403	
	f	All other program service revenue			656,778	656,778	
	g	**Total.** Add lines 2a–2f			19,368,464		
	3	Investment income (including dividends, interest, and other similar amounts)			866,984		4,303	862,681
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			520,355	447,089		73,266
			(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	3,069,970	950				
	b	Less cost or other basis and sales expenses	1,295,937	0				
	c	Gain or (loss)	1,774,033	950				
	d	Net gain or (loss)			1,774,983			1,774,983
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	1,929,804		1,929,804	
	b	HOTEL REBATES-ANNUAL MEETING		900099	308,162	308,162		
	c	CADMUS RENEWAL		900099	138,118	138,118		
	d	All other revenue			36,994	36,994		
	e	**Total.** Add lines 11a–11d			2,413,078			
	12	**Total revenue.** See Instructions			32,951,025	20,298,827	1,934,107	2,710,930

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	177,184	177,184		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	437,335	437,335		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	80,200	80,200		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,536,085	766,754	1,567,638	201,693
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	6,337,645	4,532,337	1,547,143	258,165
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	553,301	440,822	104,606	7,873
9 Other employee benefits	605,919	375,506	181,331	49,082
10 Payroll taxes	433,826	314,662	105,968	13,196
11 Fees for services (non-employees)				
a Management				
b Legal	164,732	44,919	119,302	511
c Accounting	57,112		45,910	11,202
d Lobbying	96,000	96,000		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	182,930		182,930	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,747,196	5,375,595	349,351	22,250
12 Advertising and promotion				
13 Office expenses	1,518,530	1,297,322	184,511	36,697
14 Information technology	218,852	95,677	120,444	2,731
15 Royalties . .				
16 Occupancy	1,174,973	810,803	306,255	57,915
17 Travel	2,338,545	1,931,080	330,396	77,069
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,869,406	1,844,883	7,200	17,323
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,551		229,551	
23 Insurance	101,945	42,131	59,814	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INCOME TAXES	250,407	250,407		
b PRINTING & COMPOSITION	1,599,819	1,594,999	3,427	1,393
c MARKETING & PROMOTION	1,247,544	1,203,233	8,542	35,769
d HOSPITALITY	1,184,481	975,555	154,646	54,280
e All other expenses	2,804,503	2,355,842	393,517	55,144
25 **Total functional expenses.** Add lines 1 through 24e	31,948,021	25,043,246	6,002,482	902,293
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		9,719,481	2	8,095,887
	3	Pledges and grants receivable, net		27,625	3	16,425
	4	Accounts receivable, net		1,403,547	4	1,583,185
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		689,787	9	608,449
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,467,735			
	b	Less accumulated depreciation	10b 2,006,482	51,265	10c	15,461,253
	11	Investments—publicly traded securities		33,005,569	11	36,350,760
	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		475,388	15	541,883
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,372,662	16	62,657,842
Liabilities	17	Accounts payable and accrued expenses		2,499,901	17	3,933,898
	18	Grants payable			18	
	19	Deferred revenue		8,847,032	19	8,660,839
	20	Tax-exempt bond liabilities			20	14,175,781
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		357,412	25	282,668
	26	**Total liabilities.** Add lines 17 through 25		11,704,345	26	27,053,186
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		30,780,442	27	32,550,426
	28	Temporarily restricted net assets		1,886,961	28	2,022,506
	29	Permanently restricted net assets		1,000,914	29	1,031,724
		Organizations that do not follow SFAS 117 (ASC 958), 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		33,668,317	33	35,604,656
	34	Total liabilities and net assets/fund balances		45,372,662	34	62,657,842

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,951,025
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,948,021
3	Revenue less expenses Subtract line 2 from line 1	3	1,003,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,668,317
5	Net unrealized gains (losses) on investments	5	933,335
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,604,656

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
TERESA WOODRUFF PRESIDENT (AS OF 7/1/13)	20 00 0 00	X		X				52,500	0	0
RICHARD SANTEN PRESIDENT ELECT (AS OF 7/1/13)	20 00 0 00	X		X				17,500	0	0
KENNETH H HUPART SECRETARY/TREASURER (AS OF 7/1/13)	20 00 0 00	X		X				15,000	0	0
WILLIAM F YOUNG JR IMMEDIATE PAST PRES (AS OF 7/1/13)	20 00 0 00	X						30,500	0	0
JOHN C MARSHALL SECRETARY/TREASURER (UNTIL 6/30/13)	20 00 0 00	X		X				30,000	0	0
SUSAN MANDEL VICE PRESIDENT (AS OF 7/1/13)	15 00 0 00	X		X				5,000	0	0
HOWARD BA BAUM COUNCIL (AS OF 7/1/13)	6 00 0 00	X						0	0	0
MARGARET E WIERMAN VP-CLINICAL SCIENTIST (AS OF 7/1/13)	15 00 0 00	X		X				8,574	0	0
URSULA KAISER VP - BASIC SCIENTIST	15 00 0 00	X		X				0	0	0
MARY CAROL GREENLEE COUNCIL	6 00 0 00	X						1,500	0	0
RICHARD ROBBINS COUNCIL	6 00 0 00	X						0	0	0
E DALE ABEL COUNCIL	6 00 0 00	X						0	0	0
ANA CLAUDIA LATRONICO COUNCIL (AS OF 7/1/13)	6 00 0 00	X						0	0	0
DIANE ROBINS COUNCIL (AS OF 7/1/13)	6 00 0 00	X						0	0	0
BHASIN SHALENDER COUNCIL	6 00 0 00	X						8,642	0	0
MITCHELL LAZAR COUNCIL (AS OF 7/1/13)	6 00 0 00	X						3,000	0	0
JANET HALL IMMEDIATE PAST PRES-(UNTIL 6/30/13)	20 00 0 00	X						0	0	0
DOLORES SHOBACK COUNCIL (UNTIL 6/30/13)	6 00 0 00	X						8,500	0	0
ALAN ROGOL VICE PRESIDENT (UNTIL 6/30/13)	15 00 0 00	X		X				6,500	0	0
GLORIA TANNENBAUM COUNCIL (UNTIL 6/30/13)	6 00 0 00	X						0	0	0
GARY D HAMMER COUNCIL (UNTIL 6/30/13)	6 00 0 00	X						3,000	0	0
SCOTT HUNT EXECUTIVE DIRECTOR & CEO	50 00 0 00			X				632,190	0	57,844
JOHN HEBERLEIN DEPUTY EXECUTIVE DIRECTOR & COO	50 00 0 00			X				357,304	0	44,891
PAUL HEDRICK SENIOR DIRECTOR, FINANCE	50 00 0 00				X			166,216	0	33,320
WANDA JOHNSON SENIOR DIRECTOR MEETINGS & EDUCATION	50 00 0 00				X			213,351	0	23,489

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ELEANORE TAPSCOTT SENIOR DIRECTOR, PUBLICATIONS	50 00 0 00				X			192,900	0	31,655
WENDY STURLEY SENIOR DIRECTOR, MARKETING	50 00 0 00				X			171,379	0	37,571
NANCY CHILL SENIOR DIRECTOR, CORPORATE RELATIONS	50 00 0 00				X			161,354	0	35,641
STEVE POSTON DIRECTOR, INFORMATION TECHNOLOGY	50 00 0 00					X		139,200	0	22,032
AYUKO KIMURA-FAY DIRECTOR, MEETINGS	50 00 0 00					X		134,013	0	20,862
EMILY REYER ASSOCIATE DIRECTOR AND CONTROLLER	50 00 0 00					X		120,625	0	15,528
ROB BARTEL DIRECTOR, MEETINGS	50 00 0 00					X		119,544	0	19,048
DOUG BYRNES DIRECTOR, PUBLICATIONS	50 00 0 00					X		117,444	0	20,935

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

OMB No 1545-0047

2013

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,897,583	5,586,470	5,953,297	7,382,644	8,007,161	31,827,155
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	15,253,660	17,530,682	18,148,746	18,208,127	19,368,464	88,509,679
3 Gross receipts from activities that are not an unrelated trade or business under section 513	973,419	1,039,783				2,013,202
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	21,124,662	24,156,935	24,102,043	25,590,771	27,375,625	122,350,036
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	1,062,569	258,700	1,507,543	319,881	28,023	3,176,716
c Add lines 7a and 7b	1,062,569	258,700	1,507,543	319,881	28,023	3,176,716
8 **Public support** (Subtract line 7c from line 6)						119,173,320

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	21,124,662	24,156,935	24,102,043	25,590,771	27,375,625	122,350,036
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	725,341	705,481	1,007,040	1,154,942	1,387,339	4,980,143
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	372,286	863,963	602,095	519,669	383,933	2,741,946
c Add lines 10a and 10b	1,097,627	1,569,444	1,609,135	1,674,611	1,771,272	7,722,089
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)	311,110	281,542	325,722	360,604	483,274	1,762,252
13 **Total support.** (Add lines 9, 10c, 11, and 12)	22,533,399	26,007,921	26,036,900	27,625,986	29,630,171	131,834,377

14 **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

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	90 400 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	91 970 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	5 860 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	5 870 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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

OMB No 1545-0047

2013

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 35c (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 function activities ▶ $ _____

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

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

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

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

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	8,477	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	165,365	
c Total lobbying expenditures (add lines 1a and 1b)	173,842	
d Other exempt purpose expenditures	30,616,048	
e Total exempt purpose expenditures (add lines 1c and 1d)	30,789,890	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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	146,829	144,333	161,584	173,842	626,588
d Grassroots nontaxable 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	5,072	5,514	9,908	8,477	28,971

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,170,259	1,062,451	1,041,337	872,574	616,032
b	Contributions	30,810	32,250	29,267	89,793	120,825
c	Net investment earnings, gains, and losses	117,635	81,513	-2,186	84,470	137,492
d	Grants or scholarships		5,500	5,500	5,500	1,500
e	Other expenditures for facilities and programs					
f	Administrative expenses	5,980	455	467		275
g	End of year balance	1,312,724	1,170,259	1,062,451	1,041,337	872,574

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

- a Board designated or quasi-endowment ▶ 7 900 %
- b Permanent endowment ▶ 62 400 %
- c Temporarily restricted endowment ▶ 29 700 %

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

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

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		14,277,356		14,277,356
c Leasehold improvements		199,944	195,897	4,047
d Equipment		2,990,435	1,810,585	1,179,850
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				15,461,253

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LONG-TERM LIABILITIES	282,668
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	282,668

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	36,880,974
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	933,335		
b	Donated services and use of facilities	2b	3,179,544		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	4,112,879
3	Subtract line **2e** from line **1**			3	32,768,095
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	182,930		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	182,930
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	32,951,025

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	34,944,635
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,179,544		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	3,179,544
3	Subtract line **2e** from line **1**			3	31,765,091
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	182,930		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	182,930
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	31,948,021

Part XIII Supplemental Information

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

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
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 - 82% AWARDS - 2% TRAVEL GRANTS - 16%
PART X, LINE 2	MANAGEMENT DID NOT IDENTIFY ANY SIGNIFICANT UNCERTAIN INCOME TAX POSITIONS AND BELIEVES THE SOCIETY IS GENERALLY NO LONGER SUBJECT TO U S FEDERAL, STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

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

OMB No 1545-0047

2013

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		35,300
(2) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		14,400
(3) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		19,800
(4) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		6,900
(5) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,800
3a Sub-total	0	0			80,200
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			80,200

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. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ALL AWARDS ACCOUNTED FOR ON THE ACCRUAL BASIS 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 S OCIETY MEMBER FOR 10 - 12 WEEKS IN THE SUMMER A SOCIETY MEMBER ACTS AS ADVISOR AND EVALUA TES 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 U P TO BE CONSIDERED FOR THE AWARD ALL AWARDEES MUST SUBMIT CURRICULA VITAE TO INSURE THEY ARE ELIGIBLE SINCE THE AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MON ITOR 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 M EETING IT IS ASSUMED THE ATTENDEE NEEDED THE FUNDS FOR TRAVEL IF THEY ATTENDED THE MEETIN G IF AN AWARDEE DOES NOT ATTEND THE MEETING, THE AWARD IS NOT PROVIDED TO THEM JCEM BEST PAPER AWARD THIS AWARD RECOGNIZES THE BEST CLINICAL RESEARCH PAPERS THAT APPEAR IN THE J CE & 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 ABSTRACT AWARD S AWARDEES ARE CHOSEN FROM APPLICATIONS BASED ON RESEARCH WORK THAT RESULTED IN A SCIENTI FIC ABSTRACT THE AWARDEE MUST PRESENT A POSTER AT THE SOCIETY'S ANNUAL EDUCATIONAL MEETIN G SINCE THE AWARD IS GIVEN FOR WORK ALREADY COMPLETED, THERE IS NO NEED TO MONITOR THE US E OF THE FUNDS ALL OTHER GRANTS AND AWARDS ARE GIVEN BASED ON AN APPLICATION OR A NOMINAT ION BY A SOCIETY MEMBER THAT REFERENCES CERTAIN WORK OF THE APPLICANT, SUCH AS A SCIENTIFI C 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

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

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
TRAVEL AWARD	EAST ASIA AND THE PACIFIC	13	5,300	CHECK			N/A
TRAVEL AWARD	EUROPE	12	5,300	CHECK			N/A
TRAVEL AWARD	NORTH AMERICA	7	2,900	CHECK			N/A
TRAVEL AWARD	SOUTH ASIA	2	800	CHECK			N/A
TRAVEL AWARD	SOUTH AMERICA	2	900	CHECK			N/A
ABSTRACT AWARD	EAST ASIA AND THE PACIFIC	7	3,500	CHECK			N/A
ABSTRACT AWARD	EUROPE	16	8,000	CHECK			N/A
ABSTRACT AWARD	NORTH AMERICA	7	3,500	CHECK			N/A
ABSTRACT AWARD	SOUTH AMERICA	5	3,000	CHECK			N/A
SUMMER RESEARCH AWARD	EAST ASIA AND THE PACIFIC	1	4,000	CHECK			N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
SUMMER RESEARCH AWARD	EUROPE	2	8,000	CHECK			N/A
SUMMER RESEARCH AWARD	NORTH AMERICA	1	4,000	CHECK			N/A
STUDENT AUTHOR AWARD	EUROPE	2	2,000	CHECK			N/A
STUDENT AUTHOR AWARD	NORTH AMERICA	1	1,000	CHECK			N/A
JCEM BEST PAPER AWARD	EAST ASIA AND THE PACIFIC	1	1,000	CHECK			N/A
JCEM BEST PAPER AWARD	EUROPE	11	11,000	CHECK			N/A
RESEARCH AWARD	EAST ASIA AND THE PACIFIC	1	1,000	CHECK			N/A
RESEARCH AWARD	EUROPE	1	1,000	CHECK			N/A
RESEARCH AWARD	NORTH AMERICA	1	3,000	CHECK			N/A
O/S SERVICE TO ENDOCRINOLOGY	EAST ASIA AND THE PACIFIC	1	5,000	CHECK			N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
O/S SERVICE TO ENDOCRINOLOGY	SOUTH ASIA	1	3,000	CHECK			N/A
O/S SERVICE TO ENDOCRINOLOGY	SOUTH AMERICA	1	3,000	CHECK			N/A

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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**

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

OMB No 1545-0047

2013

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. Part II can be duplicated if additional space is needed.

(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) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO,CA 94143	94-5035493	115	49,726				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(2) UNIVERSITY OF VIRGINIA PO BOX 400229 CHARLOTTESVILLE,VA 22904	54-6001796	115	8,529				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(3) REGENTS OF THE UNIVERSITY OF COLORADO MAILSTOP F428 DENVER,CO 80291	84-6000555	115	32,801				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(4) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501(C)(3)	33,628				SPONSORSHIP OF SUMMER RESEARCH STUDENTS
(5) THE ASSN OF PROG DIRECT IN ENDOC DIABETES AND METABOLISM INC 8401 CONNECTICUT AVENUE CHEVY CHASE,MD 20815	52-2004501	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
(6) AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD STREET ALEXANDRIA,VA 22311	13-1623888	501(C)(3)	30,000				SPONSORSHIP OF SUMMER RESEARCH STUDENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ENDOCRINE RESEARCH GRANTS - SEVERAL TYPES 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 OUTSTANDING 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 JCEM BEST PAPER AWARD THIS AWARD RECOGNIZES THE 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, EXCELLENCE IN EDUCATION, 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

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
ABTRACT AWARD	78	52,489			
INTERNATIONAL SCIENCE FAIR	2	750			
JCEM BEST PAPER AWARD	1	1,000			
OUTSTANDING CONTRIBUTIONS TO ENDOCRINOLOGY	6	15,000			
POSTER AWARD	4	400			
RESEARCH	33	255,440			
TRAVEL AWARDS	135	67,255			
SUMMER RESEARCH	11	44,000			
STUDENT AUTHOR	1	1,000			

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)SCOTT HUNT EXECUTIVE DIRECTOR & CEO	(i)	392,938	182,500	56,752	25,500	34,893	692,583	0
	(ii)	0	0	0	0	0	0	0
(2)JOHN HEBERLEIN DEPUTY EXECUTIVE DIRECTOR & COO	(i)	292,674	64,000	630	25,500	22,343	405,147	0
	(ii)	0	0	0	0	0	0	0
(3)PAUL HEDRICK SENIOR DIRECTOR, FINANCE	(i)	160,766	5,000	450	16,684	19,349	202,249	0
	(ii)	0	0	0	0	0	0	0
(4)WANDA JOHNSON SENIOR DIRECTOR MEETINGS & EDUCATION	(i)	207,385	5,000	966	20,990	6,470	240,811	0
	(ii)	0	0	0	0	0	0	0
(5)ELEANORE TAPSCOTT SENIOR DIRECTOR, PUBLICATIONS	(i)	186,610	5,000	1,290	18,549	15,897	227,346	0
	(ii)	0	0	0	0	0	0	0
(6)WENDY STURLEY SENIOR DIRECTOR, MARKETING	(i)	165,929	5,000	450	17,630	25,147	214,156	0
	(ii)	0	0	0	0	0	0	0
(7)NANCY CHILL SENIOR DIRECTOR, CORPORATE RELATIONS	(i)	155,724	5,000	630	16,300	23,235	200,889	0
	(ii)	0	0	0	0	0	0	0
(8)STEVE POSTON DIRECTOR, INFORMATION TECHNOLOGY	(i)	135,750	3,000	450	13,139	11,361	163,700	0
	(ii)	0	0	0	0	0	0	0
(9)AYUKO KIMURA-FAY DIRECTOR, MEETINGS	(i)	129,033	3,000	1,980	11,069	12,269	157,351	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	SCOTT HUNT, CEO AND EXECUTIVE DIRECTOR, 457(F) PLAN THIS PLAN, EFFECTIVE JANUARY 2011, PERMITS MR HUNT TO DEFER CERTAIN AMOUNTS OF HIS ANNUAL COMPENSATION FROM 2011 THROUGH 2013 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, 2014, 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 THERE WERE NO CREDITS TO THE 457(F) ACCOUNT DURING 2013
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

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT HUNT EXECUTIVE DIRECTOR & CEO	(I) (II)	392,938 0	182,500 0	56,752 0	25,500 0	34,893 0	692,583 0	0 0
JOHN HEBERLEIN DEPUTY EXECUTIVE DIRECTOR & COO	(I) (II)	292,674 0	64,000 0	630 0	25,500 0	22,343 0	405,147 0	0 0
PAUL HEDRICK SENIOR DIRECTOR, FINANCE	(I) (II)	160,766 0	5,000 0	450 0	16,684 0	19,349 0	202,249 0	0 0
WANDA JOHNSON SENIOR DIRECTOR MEETINGS & EDUCATION	(I) (II)	207,385 0	5,000 0	966 0	20,990 0	6,470 0	240,811 0	0 0
ELEANORE TAPSCOTT SENIOR DIRECTOR, PUBLICATIONS	(I) (II)	186,610 0	5,000 0	1,290 0	18,549 0	15,897 0	227,346 0	0 0
WENDY STURLEY SENIOR DIRECTOR, MARKETING	(I) (II)	165,929 0	5,000 0	450 0	17,630 0	25,147 0	214,156 0	0 0
NANCY CHILL SENIOR DIRECTOR, CORPORATE RELATIONS	(I) (II)	155,724 0	5,000 0	630 0	16,300 0	23,235 0	200,889 0	0 0
STEVE POSTON DIRECTOR, INFORMATION TECHNOLOGY	(I) (II)	135,750 0	3,000 0	450 0	13,139 0	11,361 0	163,700 0	0 0
AYUKO KIMURA-FAY DIRECTOR, MEETINGS	(I) (II)	129,033 0	3,000 0	1,980 0	11,069 0	12,269 0	157,351 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DISTRICT OF COLUMBIA	53-6001131		11-01-2013	14,200,000	TO PROVIDE FUNDS FOR ACQUISITION, CONSTRUCTION & FURNISHING OF HEADQUARTERS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	14,200,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	147,680			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	14,115,519			
11	Other spent proceeds				
12	Other unspent proceeds	84,481			
13	Year of substantial completion	2014			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) BHASIN SHALENDER	COUNCIL MEMBER	5,000	CLINICAL RESEARCH FELLOWSHIP & MENTOR AWARD	TRAVEL GRANTS TO ATTEND ENDO, THE SOCIETY'S ANNUAL MEETING AND EXPO
(2) MITCHELL LAZAR	COUNCIL MEMBER	3,000	GERALD D AURBACH AWARD	PRESENTED IN RECOGNITION OF OUTSTANDING RESEARCH
(3) GARY D HAMMER	COUNCIL MEMBER	3,000	EDWIN B ASTWOOD AWARD	LECTURESHIP AWARD IS PRESENTED FOR OUTSTANDING RESEARCH IN ENDOCRINOLOGY

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WILLIAM F YOUNG	COUNCIL MEMBER	61,049	ABBIE YOUNG, WHO IS THE DAUGHTER OF WILLIAM YOUNG, WAS PAID $61,049 FOR HER SERVICES AS MEDICAL EDITOR OF THE ENDOCRINE SELF ASSESSMENT PROGRAM (ESAP)		No

Part V Supplemental Information

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

Return Reference	Explanation

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ENDOCRINE SOCIETY

Employer identification number
73-0531256

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DETAILED REVIEW OF THE FORM 990 IS PERFORMED BY THE FINANCE MANAGER, THE SENIOR DIRECTOR-FINANCE, AND THE CHIEF OPERATING OFFICER THE COUNCIL MEMBERS AND OFFICERS HAVE THE OPPORTUNITY TO REVIEW THE FORM 990 PRIOR TO FILING WITH THE IRS

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

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 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 P&CC THE P&CC ALSO REVIEWS SALARIES FOR THE REMAINING KEY EMPLOYEES (SENIOR DIRECTORS) 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

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 ENDOCRINE 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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	COMMISSIONS PROGRAM SERVICE EXPENSES 606,796 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 606,796 PAYROLL & BENEFITS ADMINISTRATION PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 39,921 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 39,921 SCIENTIFIC ABSTRACT SUBMISSIONS MGMT PROGRAM SERVICE EXPENSES 76,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 76,000 MEDICAL EDUCATION & COMMUNICATIONS SVCS PROGRAM SERVICE EXPENSES 3,046,416 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,046,416 WRITING & EDITING PROGRAM SERVICE EXPENSES 252,437 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 252,437 WEBSITE HOSTING & ELECTRONIC DESIGN PROGRAM SERVICE EXPENSES 957,374 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 957,374 EVIDENCE BASED REVIEW OF MEDICAL PROTOCOLS PROGRAM SERVICE EXPENSES 186,444 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 186,444 NEW LOGO REDSIGN PROGRAM SERVICE EXPENSES 10,825 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,825 PLACEMENT SERVICE CONTRACTOR PROGRAM SERVICE EXPENSES 33,270 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 33,270 PRINCIPAL INVESTIGATOR FEE FOR NIH GRANTWORK PROGRAM SERVICE EXPENSES 34,800 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,800 LIBRARY SERVICES PROGRAM SERVICE EXPENSES 20,965 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,965 ELECTION & BALLOT SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 40,752 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,752 AMBASSADOR EXCHANGE PROGRAM SERVICE EXPENSES 12,680 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,680 HHN WEB REDESIGN PROGRAM SERVICE EXPENSES 70,721 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 70,721 HHN MENOPAUSE MAP PROGRAM SERVICE EXPENSES 23,868 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 23,868 HHN EVENT ENDO PROGRAM SERVICE EXPENSES 17,237 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,237 CEO SEARCH PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 265,643 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 265,643 OTHER MISCELLANEOUS PROGRAM SERVICE EXPENSES 25,762 MANAGEMENT AND GENERAL EXPENSES 3,035 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 28,797 OTHER MISCELLANEOUS - STRATEGIC OUTREACH PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 22,250 TOTAL EXPENSES 22,250

Return Reference	Explanation
FORM 990, PART XII, 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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)	N/A		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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation