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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
AMERICAN ACADEMY OF OTOLARYNGOLOGY
HEAD & NECK SURGERY INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1650 DIAGONAL ROAD
City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
52-1219436

E Telephone number
(703) 836-4444

G Gross receipts \$ 7,716,738

F Name and address of principal officer
JAMES DENNENY III MD
1650 DIAGONAL ROAD
ALEXANDRIA, VA 22314

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)

I Tax-exempt status 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: WWW.ENTNET.ORG

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1981 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EMPOWERING OTOLARYNGOLOGIST-HEAD AND NECK SURGEONS TO DELIVER THE BEST PATIENT CARE

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

| | |
|--|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 17 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 15 |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 0 |
| 6 Total number of volunteers (estimate if necessary) | 700 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 99,595 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 88,418 |

| | | Prior Year | Current Year | |
|---|------------|--|--------------|------------|
| | | 8 Contributions and grants (Part VIII, line 1h) | 51,911 | 8,917 |
| 9 Program service revenue (Part VIII, line 2g) | 6,784,463 | 6,842,321 | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 163,681 | 185,343 | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 630,208 | 680,157 | | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,630,263 | 7,716,738 | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 51,700 | 51,800 | | |
| 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) | 3,879,582 | 3,877,414 | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | | |
| 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,666,921 | 2,241,418 | | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,598,203 | 6,170,632 | | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,032,060 | 1,546,106 | | |
| | | Beginning of Current Year | End of Year | |
| | | 20 Total assets (Part X, line 16) | 14,872,810 | 16,073,045 |
| | | 21 Total liabilities (Part X, line 26) | 3,540,893 | 3,388,667 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 11,331,917 | 12,684,378 | | |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-05-15
JAMES DENNENY III MD EVP/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: DEBORAH G KOSNETT
Preparer's signature: DEBORAH G KOSNETT
Date: 2017-05-11
Check if self-employed PTIN: 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

HELPING MEMBERS ACHIEVE EXCELLENCE AND PROVIDE THE BEST EAR, NOSE, AND THROAT CARE THROUGH PROFESSIONAL AND PUBLIC EDUCATION, RESEARCH, AND HEALTH POLICY ADVOCACY

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 \$ including grants of \$) (Revenue \$)
MEMBERSHIP THE ACADEMY MAINTAINS AND ADMINISTERS INFORMATION RELATING TO ITS MEMBERS, COMPILES AND PREPARES PUBLICATIONS DRAWING ON THESE RECORDS, PROVIDES OPPORTUNITIES FOR VOLUNTEER LEADERSHIP THROUGH COMMITTEE INVOLVEMENT AND ANSWERS QUESTIONS FOR MEMBERS, NON-MEMBER PROFESSIONALS, AND THE PUBLIC

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
GOVERNMENT AFFAIRS THE ACADEMY ADVOCATES TO THE U S CONGRESS AND STATE LEGISLATURES ON BEHALF OF ITS MEMBERSHIP ON KEY ISSUES IMPACTING THE SPECIALTY, MEMBERS' PRACTICES AND PATIENTS' NUMEROUS OPPORTUNITIES ARE PROVIDED FOR ACADEMY MEMBERS TO INTERACT WITH THEIR ELECTED OFFICIALS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
COMMUNICATIONS THE ACADEMY PUBLISHES A MONTHLY MAGAZINE, THE BULLETIN, AND PRODUCES DIGITAL AND SOCIAL MEDIA COMMUNICATIONS ABOUT PROGRAMS AND SERVICES, SPECIALTY INNOVATIONS, AND GOVERNMENTAL AND SOCIOECONOMIC ISSUES AFFECTING THE SPECIALTY ITS MEDIA RELATIONS PROGRAMS EDUCATE THE PUBLIC ABOUT THE SPECIALTY AND DISSEMINATE ITS HEALTH INFORMATION CREATIVE SERVICES PRODUCES PRINT, DIGITAL, AND VIDEO MATERIALS

See Additional Data

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

| | Yes | No |
|---|------------|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | No |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️ | 3 | Yes |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️ | 5 | Yes |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ | 11a | No |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ | 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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ | 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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ | 11e | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ | 12b | Yes |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| | 17 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 15 | | |
| 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | 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? | 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? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | 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? | 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | No |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 12c | | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 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 | Yes | |
| b | Other officers or key employees of the organization | | 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? | | 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 ▶

- 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, address, and telephone number of the person who possesses the organization's books and records
 ▶ CARRIE HANLON SR DIR FIN OPS 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314 (703) 836-4444

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 _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 8,917 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 8,917 | | | |
| Program Service Revenue | 2a MEMBERSHIP DUES _____ | Business Code 900099 | 6,724,769 | 6,724,769 | | |
| | b PRODUCT SALES _____ | 900099 | 117,552 | 117,552 | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue _____ | | | | | |
| | g Total. Add lines 2a-2f ▶ | | 6,842,321 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 185,343 | | 185,343 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | 528,697 | | 99,595 | 429,102 |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▶ | | | | | |
| | 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 MAILING LIST RENTALS _____ | 900099 | 148,820 | | | 148,820 | |
| b MISCELLANEOUS REVENUE _____ | 900099 | 2,640 | | | 2,640 | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | | 151,460 | | | | |
| 12 Total revenue. See Instructions ▶ | | 7,716,738 | 6,842,321 | 99,595 | 765,905 | |

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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 51,800 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,005,773 | | | |
| 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 | 2,212,853 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 166,065 | | | |
| 9 | Other employee benefits | 283,565 | | | |
| 10 | Payroll taxes | 209,158 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 27,444 | | | |
| c | Accounting | 21,486 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 38,398 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 83,358 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 588,187 | | | |
| 14 | Information technology | 294,259 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 340,591 | | | |
| 17 | Travel | 116,506 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 371,723 | | | |
| 20 | Interest | 301,742 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 19,848 | | | |
| 23 | Insurance | 37,876 | | | |
| 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 | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,170,632 | | | |
| 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 <input type="checkbox"/> 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) | | (B) |
|---|---|-------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 10,830,861 | 2 | 11,615,622 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 79,591 | 4 | 132,569 |
| | 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 | 20,000 | 7 | 0 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 7,736 | 9 | 9,977 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 10c | |
| | b Less accumulated depreciation | 10b | | |
| | 11 Investments—publicly traded securities | 6,137,881 | 11 | 6,100,272 |
| | 12 Investments—other securities See Part IV, line 11 | -495,381 | 12 | -495,381 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | -1,707,878 | 15 | -1,290,014 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 14,872,810 | 16 | 16,073,045 | |
| Liabilities | 17 Accounts payable and accrued expenses | 115,908 | 17 | 32,789 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,424,985 | 19 | 3,355,878 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 3,540,893 | 26 | 3,388,667 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 11,169,630 | 27 | 12,528,174 |
| | 28 Temporarily restricted net assets | 162,287 | 28 | 156,204 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 11,331,917 | 33 | 12,684,378 | |
| 34 Total liabilities and net assets/fund balances | 14,872,810 | 34 | 16,073,045 | |

Part XI Reconciliation 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 | 7,716,738 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,170,632 |
| 3 Revenue less expenses Subtract line 2 from line 1 | 3 | 1,546,106 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,331,917 |
| 5 Net unrealized gains (losses) on investments | 5 | -193,645 |
| 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 | 12,684,378 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | | No |
| b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| 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: 52-1219436

Name: AMERICAN ACADEMY OF OTOLARYNGOLOGY
HEAD & NECK SURGERY INC

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

(Code) (Expenses \$ including grants of \$) (Revenue \$)

HEALTH POLICY THE ACADEMY MAINTAINS VISIBILITY AND CREDIBILITY WITH NATIONAL REPRESENTATIVES REGARDING SOCIOECONOMIC AND FEDERAL REGULATORY ISSUES AND ADVOCATES FOR APPROPRIATE REIMBURSEMENT AND FAIR POLICIES WITH MEDICARE AND PRIVATE PAYERS, PROVIDING MEMBERS WITH INFORMATION AND GUIDANCE ON REIMBURSEMENT ISSUES ENCOUNTERED AT THE STATE AND LOCAL LEVEL

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 | | | |
| SUJANA CHANDRASEKHAR MD PRESIDENT | 5 00 | X | | X | | | | 6,250 | 6,250 | 0 |
| GREGORY W RANDOLPH MD PRESIDENT-ELECT | 5 00 | X | | X | | | | 0 | 0 | 0 |
| GAYLE S WOODSON MD IMMED PAST PRESIDENT | 2 00 | X | | | | | | 18,750 | 18,750 | 0 |
| RICHARD W WAGUESPACK MD IMMED PAST PRESIDENT (JUL-SEPT) | 2 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT P STRINGER MD SECRETARY-TREASURER | 5 00 | X | | X | | | | 0 | 0 | 0 |
| J GAVIN SETZEN MD SECRETARY-TREASURER (JUL-SEPT) | 5 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID R EDELSTEIN MD CHAIR - BOG | 5 00 | X | | | | | | 3,000 | 0 | 0 |
| WENDY B STERN MD PAST CHAIR - BOG | 2 00 | X | | | | | | 9,000 | 0 | 0 |
| STACEY L ISHMAN MD CHAIR-ELECT - BOG | 5 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL G STEWART MD AT-LARGE DIRECTOR (JUL-SEPT) | 2 00 | X | | | | | | 0 | 0 | 0 |

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 | | | |
| PAUL T FASS MD AT-LARGE DIRECTOR (JUL-SEPT) | 2 00 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY L SMITH MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| SETH R SCHWARTZ MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| KAREN T PITMAN MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL D SEIDMAN MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| JAY S YOUNGERMAN MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CAROL R BRADFORD MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| DUANE J TAYLOR MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| KATHLEEN I YAREMCHUK MD AT-LARGE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD M ROSENFELD MD CHAIR, SSAC (JUL - SEPT) | 2 00 | X | | | | | | 0 | 0 | 0 |

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 | | | |
| DENNIS H KRAUS MD CHAIR, SSAC | 2 00 | X | | | | | | 0 | 37,500 | 0 |
| PETE S BATRA MD CHAIR-ELECT, SSAC | 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID R NIELSEN MD EVP/CEO (OUTGOING) | 20 00 | | | X | | | | 72,517 | 72,517 | 21,502 |
| JAMES C DENNENY III MD EVP/CEO (INCOMING) | 20 00 | | | X | | | | 273,023 | 273,023 | 25,204 |
| BRENDA S HARGETT COO (FINAL YEAR) | 20 00 | | | X | | | | 48,094 | 48,094 | 13,426 |
| CARRIE L HANLON SR DIR FIN OPS & DEVELOPMENT | 20 00 | | | X | | | | 85,220 | 85,220 | 24,206 |
| JOY L TRIMMER SR DIR GOVT AFFAIRS/MBR NETWKS | 40 00 | | | | X | | | 224,010 | 0 | 30,203 |
| JEAN M BRERETON SR DIR R/Q & HLTH POLICY | 16 00 | | | | X | | | 77,691 | 144,284 | 29,180 |
| MICHAEL A ROBEY SR DIR IT & MEMBERSHIP | 20 00 | | | | X | | | 87,223 | 87,223 | 24,512 |
| PAMELA S WOOD SR DIR HR, CORPORATE & HR | 20 00 | | | | | X | | 92,464 | 92,464 | 25,626 |

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|---|--|
| Name of the organization AMERICAN ACADEMY OF OTOLARYNGOLOGY HEAD & NECK SURGERY INC | Employer identification number 52-1219436 |
|---|--|

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures ▶ \$ _____
- Volunteer hours _____

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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- |
|--|--|------------|---|--|
| AM ACADEMY OF OTOLARYNGOLOGY-HEAD AND (1) NECK SURGERY ENT PAC | 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314 | 52-1789074 | | 0 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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)

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

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

d Other exempt purpose expenditures

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

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

| 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 |

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

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|---------|---------|---------|---------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ACADEMY OF OTOLARYNGOLOGY
HEAD & NECK SURGERY INC

Employer identification number
52-1219436

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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 | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) **0**

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ | |

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

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

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

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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 | |
| | |
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| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ |

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' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,523,093 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | -193,645 |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | -193,645 |
| 3 | Subtract line 2e from line 1 | | 3 | 7,716,738 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 7,716,738 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,170,632 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 6,170,632 |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 6,170,632 |

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 XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ACADEMY OF OTOLARYNGOLOGY HEAD & NECK SURGERY INC

Employer identification number

52-1219436

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?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| RESIDENT TRAVEL GRANTS TO THE (1) 2015 AAO-HNSF ANNUAL MEETING | 39 | 19,500 | | | |
| (2) RESIDENT TRAVEL GRANTS (TRAINING PROGRAMS) TO THE 2015 AAO-HNSF ANNUAL MEETI | 55 | 27,500 | | | |
| RESIDENT TRAVEL GRANTS TO THE (3) 2016 SPRING LEADERSHIP FORUM | 12 | 4,800 | | | |
| | | | | | |
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| | | | | | |

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 | <p>IN ORDER TO BE CONSIDERED, ALL APPLICANTS MUST BE CURRENT RESIDENTS OR FELLOWS-IN-TRAINING, MEMBERS OF THE AAO-HNS AND ATTENDING A RESIDENCY PROGRAM AND/OR FELLOWSHIP IN THE U S OR CANADA TO ENABLE US TO EFFECTIVELY AND EFFICIENTLY PROVIDE GRANTS BASED ON NEEDS, TRAINING PROGRAM DIRECTORS ARE ASKED TO NOMINATE AT LEAST TWO RESIDENTS FROM THEIR PROGRAMS THAT THEY DEEM WORTHY TO RECEIVE GRANTS FROM THIS GROUP, THE AAO-HNS AWARDS GRANTS BASED ON THE RESIDENTS LEVEL OF PARTICIPATION RESIDENTS WHO RECEIVE GRANTS ARE REQUIRED TO ATTEND THE SECTION FOR RESIDENTS AND FELLOWS-IN-TRAINING GENERAL ASSEMBLY ATTENDANCE IS MONITORED AND TRACKED THROUGH THEIR MEMBERSHIP RECORD AN INTERNAL COMMITTEE OF STAFF REVIEWS EACH APPLICATION APPLICANTS MUST BE A MEMBER IN GOOD STANDING AND MUST SUBMIT AN APPLICATION WITHIN THE DEADLINE IN ORDER TO RECEIVE A LEADERSHIP GRANT RESIDENTS SERVING IN A LEADERSHIP POSITION, WHICH INCLUDES THE SRF GOVERNING COUNCIL AND APPOINTED OFFICERS, ARE GUARANTEED A GRANT ALL OTHER APPLICANTS MUST MEET AT LEAST THREE OF THE FOLLOWING EIGHT SELECTION CRITERIA RESIDENTS PARTICIPATING IN MORE THAN THREE OF THE FOLLOWING AREAS ARE GIVEN FIRST PRIORITY TO RECEIVING THE GRANT - RESIDENTS SERVING ON A COMMITTEE - RESIDENTS SERVING AS A SRF RESIDENT REPRESENTATIVE FOR THEIR TRAINING PROGRAM - RESIDENTS WHO ARE PRESENTING A POSTER AT THE MEETING - RESIDENTS WHO ARE PRESENTING A RESEARCH/SCIENTIFIC PAPER AT THE MEETING - RESIDENTS WHO ATTENDED THE BOG SPRING MEETING AND/OR THE JOINT SURGICAL ADVOCACY CONFERENCE - RESIDENT WHO ARE FIRST-TIME ATTENDEES - RESIDENTS WHO HAVE SENIORITY IN THEIR TRAINING PROGRAM AND AVAILABILITY TO ATTEND (AS IDENTIFIED BY TRAINING PROGRAM DIRECTOR AND/OR DEPARTMENT CHAIR) - RESIDENTS WHO HAVE ATTENDED PREVIOUS MEETINGS BUT NEVER RECEIVED AN AAO-HNS/F LEADERSHIP GRANT IF GRANTS ARE STILL AVAILABLE AFTER THE INITIAL SELECTION PROCESS, THE PROCESS WILL START ANEW BY SELECTING AT LEAST TWO, BUT NO MORE THAN THREE, RESIDENTS FROM EACH TRAINING PROGRAM USING THE SAME CRITERIA ABOVE</p> |

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

| | |
|---|--|
| Name of the organization AMERICAN ACADEMY OF OTOLARYNGOLOGY HEAD & NECK SURGERY INC | Employer identification number 52-1219436 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|--|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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.</p> | 1b | | | | | | | | | |
| <p>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?</p> | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> | 5a | | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> | 6a | | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | | | | | | | | | |
| <p>7 For persons listed on 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.</p> | 7 | | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| (A) Name and Title | (B) 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

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 3 | THE ACADEMY DOES NOT HAVE ANY EMPLOYEES. ALL COMPENSATION IS SET AND ADMINISTERED BY THE ACADEMY'S RELATED FOUNDATION, THE AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION. METHODS USED BY RELATED ORGANIZATION TO DETERMINE COMPENSATION OF ACADEMY'S CEO: COMPENSATION COMMITTEE INDEPENDENT COMPENSATION CONSULTANT WRITTEN EMPLOYMENT CONTRACT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| PART I, LINE 4B | DR. NIELSEN, 457F PLAN, \$4,336; JOY TRIMMER, 457F PLAN, \$2,278. |

Additional Data

Software ID:
Software Version:
EIN: 52-1219436
Name: AMERICAN ACADEMY OF OTOLARYNGOLOGY
 HEAD & NECK SURGERY INC

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

| (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 in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | | | | |
| 1 DAVID R NIELSEN MD EVP/CEO (OUTGOING) | (i) | 72,517 | 0 | 0 | 9,974 | 862 | 83,353 | 0 |
| | (ii) | 72,517 | 0 | 0 | 9,974 | - | - | 0 |
| 1 JAMES C DENNENY III MD EVP/CEO (INCOMING) | (i) | 257,592 | 0 | 15,431 | 2,596 | 11,026 | 286,645 | 0 |
| | (ii) | 257,592 | 0 | 15,431 | 2,596 | - | - | 0 |
| 2 CARRIE L HANLON SR DIR FIN OPS & DEVELOPMENT | (i) | 82,720 | 2,500 | 0 | 7,735 | 5,388 | 98,343 | 0 |
| | (ii) | 82,720 | 2,500 | 0 | 7,735 | - | - | 0 |
| 3 JOY L TRIMMER SR DIR GOVT AFFAIRS/MBR NETWORKS | (i) | 216,010 | 8,000 | 0 | 20,278 | 11,965 | 256,253 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 4 JEAN M BRERETON SR DIR R/Q & HLTH POLICY | (i) | 74,733 | 2,958 | 0 | 7,008 | 3,919 | 88,618 | 0 |
| | (ii) | 138,791 | 5,493 | 0 | 13,016 | - | - | 0 |
| 5 MICHAEL A ROBEY SR DIR IT & MEMBERSHIP | (i) | 84,723 | 2,500 | 0 | 7,868 | 5,408 | 100,499 | 0 |
| | (ii) | 84,723 | 2,500 | 0 | 7,868 | - | - | 0 |
| 6 PAMELA S WOOD SR DIR HR, CORPORATE & HR | (i) | 89,114 | 3,350 | 0 | 8,379 | 5,454 | 106,297 | 0 |
| | (ii) | 89,114 | 3,350 | 0 | 8,379 | - | - | 0 |
| 7 KATHERINE E LEWIS SR DIR COMMUNICATIONS | (i) | 145,633 | 4,085 | 0 | 13,518 | 10,115 | 173,351 | 0 |
| | (ii) | 7,665 | 215 | 0 | 711 | - | - | 0 |
| 8 JENNA KAPPEL DIRECTOR HEALTH POLICY | (i) | 141,566 | 5,600 | 0 | 13,885 | 15,870 | 176,921 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | - | - | 0 |
| 9 LYNN FRISCHKORN DIRECTOR CONTRACTS & FACILITIES | (i) | 69,206 | 0 | 0 | 6,201 | 1,555 | 76,962 | 0 |
| | (ii) | 69,206 | 0 | 0 | 6,201 | - | - | 0 |
| 10 STEPHANIE JONES DIRECTOR RESEARCH & QUALITY | (i) | 63,042 | 2,400 | 0 | 5,935 | 4,191 | 75,568 | 0 |
| | (ii) | 63,042 | 2,400 | 0 | 5,935 | - | - | 0 |
| | | | | | 4,191 | 75,568 | | |

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
AMERICAN ACADEMY OF OTOLARYNGOLOGY
HEAD & NECK SURGERY INC

Employer identification number

52-1219436

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 1 | THE ACADEMY'S EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, THE MOST RECENT LIVING PAST PRESIDENT, THE PRESIDENT-ELECT, THE SECRETARY-TREASURER, THE CHAIR OF THE BOARD OF GOVERNORS, AND TWO (2) AT-LARGE DIRECTORS WHO ARE SERVING THE FOURTH AND FINAL YEAR OF THEIR TERM THE CHAIR-ELECT OF THE BOARD OF GOVERNORS, SECRETARY-TREASURER ELECT AND EXECUTIVE VICE PRESIDENT ALSO SIT WITH THE EXECUTIVE COMMITTEE AND PARTICIPATE IN ALL DISCUSSIONS, BUT HAVE NO VOTE. BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE HAS ALL THE POWERS AND RESPONSIBILITIES CONFERRED UPON THE BOARD BY LAW OR THE ACADEMY'S BYLAWS WITH RESPECT TO THE OPERATIONS OF THE ACADEMY ITEMS OF BUSINESS CONDUCTED BY THIS COMMITTEE INCLUDE ANY MATTERS AS MAY REQUIRE ATTENTION BETWEEN REGULAR OR SPECIAL MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE MAY REQUEST THAT THE BOARD BE CONVENED TO RATIFY ACTIONS AND RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE, IN ACCORDANCE WITH THE ACADEMY'S BYLAWS |
| FORM 990, PART VI, SECTION A, LINE 6 | THE ACADEMY HAS MULTIPLE MEMBERSHIP CATEGORIES FELLOW (BOARD-CERTIFIED PHYSICIANS), MEMBER (NON-CERTIFIED PHYSICIANS), SCIENTIFIC FELLOW (PHDS WITH ACADEMIC AFFILIATIONS TO OTOLARYNGOLOGY), RESIDENT (RESIDENTS IN OTOLARYNGOLOGY TRAINING), INTERNATIONAL (PHYSICIANS PRACTICING OUTSIDE THE US AND CANADA), INTERNATIONAL RESIDENT, ASSOCIATE (PHYSICIANS AND DENTISTS IN FIELDS ALLIED TO OTOLARYNGOLOGY) AND AFFILIATE (NON-PHYSICIANS) |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7A | BOARD MEMBERS ARE VOTED ON BY MEMBERS OF THE ACADEMY |
| FORM 990, PART VI, SECTION A, LINE 7B | BYLAW CHANGES ARE SUBJECT TO APPROVAL BY THE MEMBERS VIA VOTE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11 | AN EMAIL NOTICE CONTAINING A DIRECT LINK TO THE DOCUMENT IS SENT TO ALL BOARD MEMBERS PRIOR TO FILING THE FORM 990 WITH THE IRS BOARD MEMBERS ARE INVITED TO DIRECT QUESTIONS OR COMMENTS TO ANY OFFICER OR KEY EMPLOYEE |
| FORM 990, PART VI, SECTION B, LINE 12C | INQUIRIES OF INDIVIDUALS REGARDING CONFLICT OF INTEREST ARE PERFORMED AND FOLLOWED UP ON |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15A | THE ACADEMY ITSELF HAS NO EMPLOYEES, COMPENSATION OF THE EVP/CEO IS SET BY A COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE ACADEMY'S RELATED FOUNDATION (THE ACADEMY AND ITS FOUNDATION HAVE COMMON BOARD MEMBERS) THE COMMITTEE UNDERTAKES AN ANNUAL REVIEW OF THE EVP/CEO'S PERFORMANCE. THE COMMITTEE USES AS A GUIDE FOR DETERMINING THE COMPENSATION A FORMAL EVALUATION PROCESS ESTABLISHED BY THE EXECUTIVE COMMITTEE. A SMALL SUBSET OF THE BOARD, INCLUDING THE PRESIDENT, PRESIDENT-ELECT, AND TREASURER, IS USED AS THE COMPENSATION COMMITTEE FOR THE EVP/CEO. DURING THE MOST RECENT CONTRACT RENEWAL IN 2010, THE COMMITTEE USED DATA FROM A CONSULTANT WHO SPECIALIZES IN BENCHMARKING EXECUTIVE COMPENSATION. THE EVP/CEO'S CONTRACT ALSO PROVIDES POLICIES ON ANNUAL INCREASES AND PERFORMANCE BONUSES. THESE ARE BOTH DETERMINED BY THE COMPENSATION COMMITTEE. |
| FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| FORM 990, PART XII, LINE 2 | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ACADEMY OF OTOLARYNGOLOGY
HEAD & NECK SURGERY INC

Employer identification number

52-1219436

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD & NECK SURGERY FOUNDATION 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314 52-1219434 | ADVANCE THE SCIENCE AND ART OF MEDICINE | DC | 501(C)(3) | LINE 11A, I | | Yes | |
| (2) AM ACADEMY OF OTOLARYNGOLOGY-HED AND NECK SURGERY ENT PAC 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314 | POLITICAL ACTION COMMITTEE | DC | 527 | | | Yes | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (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 | |
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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 |
| ENT RESOURCES INC (1)(ENTRI) 1650 DIAGONAL ROAD ALEXANDRIA, VA 22314 54-1996469 | PRODUCTS, SERVICES AND INFO TO BENEFIT PROVIDERS | VA | | C | | 495,381 | 100 000 % | Yes | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| | | |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | | No |
| 1q | Yes | |
| | | |
| 1r | | No |
| 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 |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) AAO-HNS FOUNDATION | N | 244,774 | COST |
| (2) AAO-HNS FOUNDATION | O | 3,491,772 | COST |
| (3) AAO-HNS FOUNDATION | Q | 1,904,607 | COST |
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|