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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN ACADEMY OF DERMATOLOGY INC		D Employer identification number 41-0793046
		Doing Business As		E Telephone number (847) 330-0230
		Number and street (or P O box if mail is not delivered to street address) 930 EAST WOODFIELD ROAD	Room/suite	G Gross receipts \$ 64,278,954
		City or town, state or country, and ZIP + 4 SCHAUMBURG, IL 60173		
		F Name and address of principal officer STEVEN DEBNAR 930 EAST WOODFIELD ROAD SCHAUMBURG, IL 60173		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.AA.D.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1959	M State of legal domicile MN	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Promoting leadership in dermatology and excellence in patient care through education, research, and advocacy		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	31
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,679,51
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,404,212	Current Year 4,604,428
	9	Program service revenue (Part VIII, line 2g)	15,166,745	16,364,675
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-212,709	-1,076,150
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,400,055	1,774,869
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,758,303	21,667,822
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	673,660	524,219
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,105,114	10,023,812
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	55,099	43,057
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>646,455</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,655,175	13,493,539
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,489,048	24,084,627
	19	Revenue less expenses Subtract line 18 from line 12	-3,730,745	-2,416,805
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	55,244,740	59,407,722
	21	Total liabilities (Part X, line 26)	22,085,357	22,601,239
	22	Net assets or fund balances Subtract line 21 from line 20	33,159,383	36,806,483

Part II	Signature Block
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Sign Here	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				
	***** Signature of officer		2010-11-12 Date		
	STEVE DEBNAR CONTROLLER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  KIMBERLY HAUMANN		Date 2010-11-10	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		BLACKMAN KALLICK LLP 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606		EIN 
					Phone no  (312) 207-1040

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

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

To assure that dermatologists have access to the highest quality education, research and innovations in the field, and that patients and the public have access to the highest quality medical and surgical dermatologic care and to information regarding prevention, care and treatment of dermatologic conditions To facilitate the efficient delivery of quality dermatologic care, develop evidence-based clinical guidelines, and promote research in and prevention of diseases of the skin, hair, and nails

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 5,618,607 including grants of \$ 12,000) (Revenue \$ 10,669,461)
	Scientific Assembly - This includes the annual and summer scientific and educational meetings These meetings are attended by more than 18,000 dermatologists, other physicians, allied medical personal, and others These two programs combined present more than 500 individual educational sessions providing results of current research and recent advances in the diagnosis, management and treatment of dermatologic conditions and diseases, and address issues of patient safety, quality of care and practice management improvement

4b	(Code) (Expenses \$ 4,711,579 including grants of \$ 317,617) (Revenue \$ 2,675,636)
	Communication & Publications - A range of programs focus on improving public health by providing information about dermatologic conditions and the importance of skin care as a component of overall health A primary focus is on the goal of reducing mortality from skin cancer in 10 years and its incidence in 30 years These efforts are carried out through use of patient information pamphlets, a public Web site, public information campaigns, free skin cancer screenings, grants to support building of shade structures, and other activities Estimates are that more than 1,500,000 individuals have been reached annually through these efforts
















4c	(Code) (Expenses \$ 2,420,172 including grants of \$ 27,847) (Revenue \$)
	Education and Evaluation In addition to the Annual and Summer meetings, as an accredited continuing medical education provider the Academy presented four regional dermatology courses, one international dermatology review course, and resident practice management courses which had combined attendance of more than 1,100 We also produce a variety of enduring education materials (in print, digital and Web based formats) as well as self-assessment products and maintenance of certification self-assessment products to support dermatologists in staying current in practice and medical certification requirements

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 3,213,632 including grants of \$) (Revenue \$)

4e	Total program service expenses \$ 15,963,990
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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? 	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? If "Yes," complete Schedule C, Part II	4		No	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes		
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.				
	◆ 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.				
	◆ 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.				
	◆ 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.				
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	◆ 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? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	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? If "Yes," complete Schedule G, Part I 	17	Yes		
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	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 questions 24b–24d and complete Schedule K. If "No," go to line 25</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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) was an officer, director, trustee, or 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	Yes	
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, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	137	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	165	
	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 this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			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	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	24	
b	Enter the number of voting members that are independent . . .	1b	24	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ STEVE DEBNAR 930 east WOODFIELD ROAD schaumburg,IL 60173 (847) 240-1128

1b	Total	2,350,516	0	424,435
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶20

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Houlihan Madison Most 935 W Chestnut Street Suite 505 CHICAGO, IL 60622	Audio Visual Services	1,083,587
PSAV 925 Freeport Parkway Suite 100 Coppell, TX 75019	Audio Visual Services	1,000,526
Aptify Corporation 1850 K Street Third Floor NW STE WASHINGTON, DC 20006	AMS Services	578,983
Lake County Press Inc PO Box 9209 Waukegan, IL 60079	Printing SERVICES	342,243
THE FULFILLMENT NETWORK INC 1150 DAVIS RD SUITE F ELGIN, IL 60123	Fulfillment Services	283,594

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶16

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,604,428				
	g	Noncash contributions included in lines 1a-1f \$ 98,168						
	h	Total. Add lines 1a-1f		4,604,428				
Program Service Revenue			Business Code					
	2a	ANNUAL NATIONAL MEETIN	900,099	11,570,228	11,570,228			
	b	ROYALTY INCOME	900,099	4,487,563		1,372,633	3,114,930	
	c	ADVERTISING INCOME	541,800	306,884		306,884		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		16,364,675				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,101,617			1,101,617	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	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) O ther				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)		-2,177,767			-2,177,767
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		b	Less direct expenses					
		c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory . . .			1,640,526	1,640,526	
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	900,099		134,343	134,343			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			134,343				
12	Total revenue. See Instructions			21,667,822	13,345,097	1,679,517	2,038,780	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	396,664	396,664		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	12,135	12,135		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	115,420	115,420		
4	Benefits paid to or for members			1,707,482	
5	Compensation of current officers, directors, trustees, and key employees	1,967,648	260,166		
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	6,042,664	3,865,912	1,922,904	253,848
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	556,357	357,317	170,274	28,766
9	Other employee benefits	932,145	586,132	314,151	31,862
10	Payroll taxes	524,998	306,704	198,571	19,723
11	Fees for services (non-employees)				
a	Management	688,748	577,997	110,751	
b	Legal	159,415	68,330	90,527	558
c	Accounting	51,989		51,989	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	43,057			43,057
f	Investment management fees	144,797		144,797	
g	Other	1,164,306	974,747	187,858	1,701
12	Advertising and promotion	731,934	731,562	309	63
13	Office expenses	1,501,867	1,197,100	242,515	62,252
14	Information technology	307,586	3,669	302,514	1,403
15	Royalties				
16	Occupancy	524,470		524,470	
17	Travel	2,680,687	2,240,681	391,985	48,021
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,317,930	4,052,858	120,651	144,421
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	656,351		656,351	
23	Insurance	162,300	120,324	41,976	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	STAFF EDUCATION	207,112	47,393	152,619	7,100
b	DUES AND SUBSCRIPTIONS	65,891	13,103	50,499	2,289
c	RECRUITMENT EXPENSE	46,135		46,135	
d	EMPLOYEE RELATIONS	31,230		31,230	
e	BOOKS AND SUBSCRIPTIONS	20,755	11,577	7,787	1,391
f	All other expenses	30,036	24,199	5,837	
25	Total functional expenses. Add lines 1 through 24f	24,084,627	15,963,990	7,474,182	646,455
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,504,616	1	4,239,251
	2	Savings and temporary cash investments			7,022,565	2	6,950,712
	3	Pledges and grants receivable, net			371,265	3	1,025,650
	4	Accounts receivable, net			381,869	4	1,387,943
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			700,848	8	709,611
	9	Prepaid expenses and deferred charges			1,072,192	9	1,331,771
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	18,048,455			
	b	Less accumulated depreciation	10b	7,307,292	10,353,107	10c	10,741,163
	11	Investments—publicly traded securities			26,638,760	11	28,331,514
	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			4,199,518	15	4,690,107
	16	Total assets. Add lines 1 through 15 (must equal line 34)			55,244,740	16	59,407,722
Liabilities	17	Accounts payable and accrued expenses			2,829,127	17	2,780,423
	18	Grants payable				18	
	19	Deferred revenue			8,000,897	19	8,514,922
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			6,500,000	23	6,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			4,755,333	25	5,305,894
	26	Total liabilities. Add lines 17 through 25			22,085,357	26	22,601,239
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			27,189,978	27	30,460,124
	28	Temporarily restricted net assets			3,626,290	28	4,003,244
	29	Permanently restricted net assets			2,343,115	29	2,343,115
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			33,159,383	33	36,806,483
	34	Total liabilities and net assets/fund balances			55,244,740	34	59,407,722

Part XI **Financial Statements and Reporting**

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
---	--

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 **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,177,043	5,404,172	5,713,829	3,404,212	4,604,428	24,303,684
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,183,277	15,427,868	15,409,704	16,534,994	16,738,391	79,294,234
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	20,360,320	20,832,040	21,123,533	19,939,206	21,342,819	103,597,918
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						103,597,918

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	20,360,320	20,832,040	21,123,533	19,939,206	21,342,819	103,597,918
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	994,206	1,226,101	1,525,557	1,254,812	1,047,972	6,048,648
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	994,206	1,226,101	1,525,557	1,254,812	1,047,972	6,048,648
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	300,798	339,758	315,114	358,852	876,107	2,190,629
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	470,013		73,875	96,627	134,343	774,858
13Total support (Add lines 9, 10c, 11 and 12)	22,125,337	22,397,899	23,038,079	21,649,497	23,401,241	112,612,053
14First 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	<input checked="" type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	92.000 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	92.790 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	5.370 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	5.280 %
19a33 1/3% support tests—2009. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input checked="" type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input checked="" type="checkbox"/>	

Part IV

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

Additional Data

Software ID:
Software Version:
EIN: 41-0793046
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

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

4d. Other program services			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
Journal of the American Academy of Dermatology - the official clinical journal of the Academy is published monthly and features original, peer-reviewed articles on the latest advances in the prevention, diagnosis, and treatment of dermatologic disorders Its audience includes dermatologists, pediatric dermatologists, dermatologic surgeons, dermatopathologists, residents, and physician assistants and it is indexed in Index Medicus, Science Citation Index, Current Contents/Clinical Medicine, and MEDICINE It has a circulation of 18,300			
(Code)	(Expenses \$	including grants of \$	(Revenue \$)
Science, Research, Quality and Practice - Includes the distillation and rating of evidence and dissemination of best practices in the practice of dermatology via clinical practice guidelines, performance measures, and other tools, scientific support for public and health policy messaging and educational programs, and survey research Provide Academy members with assistance and education related to appropriately running an efficient practice including compliance with relevant regulations, implementation of health information technology, quality improvement, and general practice management issues			
(Code)	(Expenses \$	3,213,632 including grants of \$	(Revenue \$)
OTHER PROGRAM SERVICES - OVER 600 PROGRAMS			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David M Pariser MD PRESIDENT OF THE BOARD	25 00	X	X					142,570	0	0
Evan R Farmer MD Vice President of the Bo	1 00	X	X					0	0	0
William D James MD President-Elect of the B	1 00	X	X					30,000	0	0
Andrew P Lazar MD Vice President of the Bo	1 00	X	X					0	0	0
Mary E Maloney MD Secretary-Treasurer of t	25 00	X	X					127,917	0	0
Robert D Greenberg MD Assistant Secretary-Trea	5 00	X	X					50,000	0	0
C William Hanke MD Immediate Past President	1 00	X	X					5,150	0	0
Kenneth J Tomecki MD Board Member	1 00	X						0	0	0
Dirk M Elston MD Board Member	1 00	X						41,500	0	0
Brett M Coldiron MD Board Member	1 00	X						1,500	0	0
Brian Berman MD Board Member	1 00	X						0	0	0
Lisa A Garner MD Board Member	1 00	X						0	0	0
David J Goldberg MD Board Member	1 00	X						0	0	0
Victor J Marks MD Board Member	1 00	X						3,000	0	0
Elise Olsen MD Board Member	1 00	X						0	0	0
Ronald L Moy MD Board Member	1 00	X						0	0	0
Margaret E Parsons MD Board Member	1 00	X						3,000	0	0
Sandra I Read MD Board Member	1 00	X						0	0	0
Theodore Rosen MD Board Member	1 00	X						0	0	0
Ronald S Davis MD Board Member	1 00	X						0	0	0
Luis A Diaz MD Board Member	1 00	X						0	0	0
Daniel M Siegel MD Board Member	1 00	X						0	0	0
Susan C Taylor MD Board Member	1 00	X						0	0	0
Vincent A Muscarella M Board Member	1 00	X						0	0	0
Ronald Henrichs Executive Director	37 50			X				444,687	0	114,234

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Debnar Controller	44 00			X				120,035	0	38,710
Karen Collishaw Deputy Executive Dir	37 50				X			286,654	0	56,915
Eileen Murray Deputy Executive Dir	43 00				X			242,974	0	35,068
Barbara Greenan Sr Director, Gov't Affa	42 00				X			199,704	0	24,034
Elizabeth Edgar Director, Development	43 00					X		141,862	0	24,151
Timothy Moses DIR , Meetings & Conv	46 00					X		136,374	0	22,274
Sarah Tancredi Dir , Human Resources	41 00					X		126,196	0	38,289
Erik Horn Dir , Info Technology	46 00					X		125,904	0	30,788
Allison Scherer Dir , Communications	45 00					X		121,489	0	39,972

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STAFF EDUCATION	207,112	47,393	152,619	7,100
DUES AND SUBSCRIPTIONS	65,891	13,103	50,499	2,289
RECRUITMENT EXPENSE	46,135		46,135	
EMPLOYEE RELATIONS	31,230		31,230	
BOOKS AND SUBSCRIPTIONS	20,755	11,577	7,787	1,391

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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Part I

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

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

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ **Yes** ☐ **No**

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

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

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

☐ **Yes** ☐ **No**

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

Part III

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

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

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

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

▶ \$ _____

(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 relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	29,068,093	35,393,905			
b Contributions	603,233	683,099			
c Investment earnings or losses	4,224,497	-5,030,547			
d Grants or scholarships					
e Other expenditures for facilities and programs	3,237,173	4,345,656			
f Administrative expenses	-2,645,918	-2,367,292			
g End of year balance	33,304,568	29,068,093			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 87 000 % %

b

Permanent endowment ▶ 7 000 % %

c

Term endowment ▶ 6 000 % %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,549,082		2,549,082
b Buildings		8,200,508	1,536,977	6,663,531
c Leasehold improvements		4,454,525	3,739,390	715,135
d Equipment		2,844,340	2,030,925	813,415
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,741,163

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,667,822
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,084,627
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,416,805
4	Net unrealized gains (losses) on investments	4	5,488,994
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	574,911
9	Total adjustments (net) Add lines 4 - 8	9	6,063,905
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,647,100

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	27,371,081
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,488,994
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	412,707
e	Add lines 2a through 2d	2e	5,901,701
3	Subtract line 2e from line 1	3	21,469,380
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	144,797
b	Other (Describe in Part XIV)	4b	53,645
c	Add lines 4a and 4b	4c	198,442
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,667,822

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	24,298,892
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	412,707
e	Add lines 2a through 2d	2e	412,707
3	Subtract line 2e from line 1	3	23,886,185
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	144,797
b	Other (Describe in Part XIV)	4b	53,645
c	Add lines 4a and 4b	4c	198,442
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,084,627

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds are used to support the Academy's Dermatological Academic, Philanthropic, and Strategic program expenses. EACH FUND AND ITS RELATED PURPOSE IS DESCRIBED BELOW. Reserve Income Fund (AAD/AADA) - Academy and Association Reserves, including PPE and Technology funds. Camp Discovery - Formed in 1993, the Camp Discovery fund is used to support 4 camps each summer. These offer children the opportunity to spend a week among other young people who have similar serious skin conditions, such as their own. Many of the counselors also have serious skin conditions, and can provide support and advice to campers. SKINnovations - The SKIN program is designed to increase consumer awareness of all conditions that dermatologists treat and encourage patients to consult with a dermatologist for their skin, hair and nail needs. Supported through contributions from industry partners, the SKIN program consists of a core media relations component and subsequent phases of direct-to-consumer programs which target specific consumer audiences to increase public awareness of the importance of healthy skin and when to seek the care of a dermatologist. Excellence in Dermatology - This newly created endowment fund is to ensure the Academy's long-term ability to promote dermatology by supporting AAD Board-approved programs/projects in the areas of public and medical education, advocacy, research and humanitarian support. Strategic Reserve Fund - Intended to financially support broad-based, strategic, multi-year Initiatives, approved by the Board of Directors. Seal of Recognition - This program recognizes certain over the counter skin care products that provide effective protection against sunburn and long term damage to the skin caused by sun exposure and allowing the manufacturers of such products to use certain specified Academy statements of recognition and a corresponding Academy logo in connection with the advertising for such products (Academy Seal of Recognition). Sulzberger - The Sulzberger Institute for Dermatologic Education is the arm of the American Academy of Dermatology that provides grant support for innovative initiatives in education and technology. Grants typically provide seed funds to help dermatologists begin projects that can eventually improve patient care. Disaster Fund - Used to provide low interest loans to members that have suffered hardships due to disasters, as deemed by the Board. Everett C. Fox Fund - Established in 1993 from the estate of Everett C. Fox, MD, the fund is used to support special lectures on Clinical Dermatology at any Academy meeting. World Congress of Dermatology Fund - Established in 1993 from the surplus of the 18th World Congress, the fund is used to support the travel of young people from developing countries to attend the Academy's Annual Meeting, and for young dermatologists from the U.S. to attend meetings in other countries. Lila Gruber Fund - The fund, established by Murray Gruber in 1983, is used to support the annual Marion B. Sulzberger, MD Memorial award and lectureship. Young Investigators Award - The purpose of this fund, established in 1995, is to institute a special award to recognize residents and residency programs which have contributed to research in the field of dermatology. The award will honor outstanding research by dermatologists in training in the U.S. and Canada, and the educational institutions which have supported their efforts. PICMED - The fund, established in 2003, is used exclusively to support the activities of PICMED (Program for Innovative Continuing Medical Education in Dermatology). These activities include creative needs assessment mechanisms, innovative uses of technology, unique approaches to specific subject matter, novel presentation techniques and utilization of existing educational paradigms in new environments. Philip Frost Fund - This fund is to provide the grant for the Eugene J. Van Scott Award for Innovative Therapy of the Skin (the "Award") and the associated Philip Frost Leadership Lecture (the "Lecture").
Part X	Description of Uncertain Tax Positions Under FIN 48	The Academy's adoption of the Income Tax Topic regarding uncertain tax positions of GAAPUSA on January 1, 2009 had no effect on its financial position as management believes the Academy has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit tax status. The Academy would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Academy is no longer subject to examination by federal, state or local tax authorities for periods before 2006. Prior to adoption of the Income Tax Topic, the Academy accounted for tax positions under a contingent loss model, requiring recognition of a tax liability when it was both (1) probable that it had been incurred as of year-end and (2) the amount could be reasonably estimated.
Part XI, Line 8 - Other Adjustments		TRANSFER FROM AADA 574911
Part XII, Line 2d - Other Adjustments		INVENTORY COSTS NETTED AGAINST REVENUES 412707
Part XII, Line 4b - Other Adjustments		INTEREST INCOME NETTED AGAINST EXPENSE ON FINANCIAL STATEMENTS 53645
Part XIII, Line 2d - Other Adjustments		INVENTORY COSTS NETTED AGAINST REVENUES 412707
Part XIII, Line 4b - Other Adjustments		INTEREST INCOME NETTED AGAINST EXPENSE ON FINANCIAL STATEMENTS 53645

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number

41-0793046

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UNITED KINGDOM			GRANTS TO RECIPIENTS LOCATED IN REGION		17,750
Totals ►	0	0			17,750

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒

Use Schedule F-1 (Form 990) 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)
			UNITED KINGDOM	DONATION	17,750	CHECK			

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

0

3

Enter total number of other organizations or entities

1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
---	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Cambell & Company	Consulting		No	0	33,807	-33,807
For Momentum	Consulting		No	0	9,250	-9,250
Total ▶					43,057	-43,057

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ACADEMY OF DERMATOLOGY INC

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
41-0793046

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

27

3

Enter total number of other organizations

11

Software ID:
Software Version:
EIN: 41-0793046
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Amelia Earhart Elementary 19201 W 23rd St Goddard, KS 67052	48-0735657	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Anthony Wayne Rehabilitation Center 3900 Hursh Road Fort Worth, IN 46845	35-1049596	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Bay View Elementary School 680 Beldon Street Monterey, CA 93940	94-2860965	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Buncombe County Schools Foundation Inc 175 Bingham Road Asheville, NC 28806	58-1685536	501(c)(3)	8,000				SHADE STRUCTURE GRANT
C E Boger Elementary School PTO 5150 Dove Field Lane Kannapolis, NC 28081	26-0745859	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Cherry Hill Education 117 York Rd Cherry Hill, NJ 08034	22-3468258	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Child Care Resources 1580 Adams lane Zanesville, OH 43701	31-0936961	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Columbia Elementary School 1225 Waco Blvd Palm Bay, FL 32909	59-6000522	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Community Action of Northeast Indiana Head Start 227 East Washington Blvd Fort Wayne, IN 46802	35-1111819	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Community Services for Children Inc 1520 Hanover Ave Allentown, PA 18109	23-2204725	501(c)(3)	8,000				SHADE STRUCTURE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Copper Hill Elementary School100 Evertits Rd Ringoes,NJ 08551	97-0182315	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Cottonwood Elementary School9950 E Rees Loop Tucson,AZ 85747	86-0617696	170(C)(1)	8,000				SHADE STRUCTURE GRANT
DuBois Area Catholic School 200 Central Christian Road DuBois,PA 15801	25-1101646	501(c)(3)	8,000				SHADE STRUCTURE GRANT
The Family Y3570 Wheeler Rd Augusta,GA 30909	58-0566254	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Friends of West Tennessee School for the Deaf100 Berryhill Drive Jackson,TN 38308	62-1724961	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Girl Scouts-Dakota Horizons 1101 S Marion Road Sioux Falls,SD 57106	46-0250744	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Girl Scouts Heart of the Hudson2 Great Oak Lane Pleasantville, NY 10570	13-2985898	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Girls Inc of Jackson County 956 N OBrien Street Seymour,IN 47274	35-0998714	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Grahamwood Elementary School3950 Summer Avenue Memphis,TN 38122	62-6000390	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Hillrise Elementary1400 Curnutt Las Cruces,NM 88005	85-6002445	170(C)(1)	8,000				SHADE STRUCTURE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Human Resources Agency 180 Clinton Street New Britain,CT 06053	06-0954802	501(c)(3)	8,000				SHADE STRUCTURE GRANT
LaRue Miller Elementary School 2800 Sudith Lane Midlothian,TX 76065	75-6002070	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Los Angeles Parks Foundation 11973 San Vicente Blvd Los Angeles,CA 90049	26-2358338	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Lt Joseph P Kennedy Institute 801 Buchanan Street Washington,DC 20017	53-0258035	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Maryland Avenue Elementary School 5400 Mayland Ave La Mesa,CA 91942	95-1683870	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Meeting Street 1000 Eddy Street Providence,RI 02905	05-0269232	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Outdoor Discovery Center of Wildlife Unlimited 4214 56th Street Holland,MI 49423	38-2461102	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Waccamaw Intermediate School 320 Wild cat Way Pawleys Island,SC 29585	26-3540190	501(c)(3)	8,000				SHADE STRUCTURE GRANT
Wallace A Smith Elementary 6930 Teal Lane Ooltewah,TN 37363	62-1440075	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Water Conservation Garden 12122 Cuyamaca College DR West ElCajon,CA 92019	33-0639414	501(c)(3)	8,000				SHADE STRUCTURE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Wewahitchka Elementary School514 East River Road Wewahitchka, FL 32465	59-6000626	170(C)(1)	8,000				SHADE STRUCTURE GRANT
Young Families Early Head Start Inc1020 Cook Ave Billings, MO 59102	81-0422429	501(c)(3)	8,000				SHADE STRUCTURE GRANT
LETS GO PLAYPO Box 785 Tinley Park, IL 60477	36-4437713		45,767				SHADE STRUCTURE GRANT
Massachusetts General Hospital55 Fruit Street Boston, MA 02114	04-1564655	501(c)(3)	11,500				Live Patient Viewing
Dermatology Foundation1560 Sherman Ave Evanston, IL 60201	04-6115524	501(c)(3)	39,050				2010 Research Awards Program
Trustees of the University Pennsylvania3451 Walnut St Philadelphia, PA 19104	23-1352685	501(c)(3)	10,000				Sulzberger Institute for Dermatologic Education
University of TexasPO Box 4390 Houston, TX 77210	75-6002868	501(c)(3)	17,500				Sulzberger Institute for Dermatologic Education
University of Utah201 S President Circle Salt lake City, UT 84112	87-6000525	501(c)(3)	11,750				Sulzberger Institute for Dermatologic Education

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number
41-0793046

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	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?		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	Yes	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ronald Henrichs	(i)	325,494	68,333	50,860	28,267	85,967	558,921	0
	(ii)	0	0	0	0	0	0	0
Steve Debnar	(i)	104,845	7,122	8,068	13,840	24,870	158,745	0
	(ii)	0	0	0	0	0	0	0
Karen Collishaw	(i)	242,406	18,073	26,175	28,359	28,556	343,569	0
	(ii)	0	0	0	0	0	0	0
Eileen Murray	(i)	202,004	15,200	25,770	25,235	9,833	278,042	0
	(ii)	0	0	0	0	0	0	0
Barbara Greenan	(i)	166,530	12,571	20,603	11,946	12,088	223,738	0
	(ii)	0	0	0	0	0	0	0
Elizabeth Edgar	(i)	116,132	8,000	17,730	15,547	8,604	166,013	0
	(ii)	0	0	0	0	0	0	0
Timothy Moses	(i)	120,358	8,696	7,320	13,696	8,578	158,648	0
	(ii)	0	0	0	0	0	0	0
Sarah Tancredi	(i)	100,124	9,308	16,764	14,422	23,867	164,485	0
	(ii)	0	0	0	0	0	0	0
Erik Horn	(i)	109,659	8,038	8,207	14,167	16,621	156,692	0
	(ii)	0	0	0	0	0	0	0
Allison Scherer	(i)	104,767	8,680	8,042	14,117	25,855	161,461	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	First Class travel is allowed for the President, Secretary-Treasurers, and Executive Director/CEO, by written policy, on flights of three hours or more. Travel for companions, by written policy, for the President, Secretary-Treasurers, and Executive Director/CEO, may be allowed when traveling as an official representative of the Academy for which the expected length of stay is three days or longer, or at which the social activities are a strong component of the meeting. Any spousal travel expenses are grossed up and reported as taxable compensation on the employee's W-2. On occasion, recognized staff receive gift cards with values ranging from \$25-\$200, the value of these cards are grossed-up and included in the employees W-2.
	Part I, Line 4a	Ronald Henrichs Received \$34,783 from a section 457(f) plan.
	Part I, Line 8	INITIAL CONTRACT EXCEPTION IN FORCE FOR CONTRACT WITH EXECUTIVE DIRECTOR. THE ORGANIZATION FOLLOWS STRINGENT GUIDELINES DESIGNED TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR APPLICABLE COMPENSATION ARRANGEMENTS. SEE SCHEDULE O EXPLANATION APPLICABLE TO PART VI LINE 15 FOR FURTHER EXPLANATION OF THE COMPENSATION PROCESS.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number
41-0793046

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	31	98,168	Cost - Web & Vendor
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319043700	
SCHEDULE O (Form 990)	Supplemental Information to Form 990				OMB No 1545-0047
					2009
	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.				
Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC				Employer identification number 41-0793046	

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		AAD is an association representing approximately 17,000 Dermatologists, who become members of the Academy. The Academy has ten classes of members but only Fellows and Life and Honorary members who were Fellows are eligible to vote and serve in any elective office. Members annually elect the President to a three year term as President elect, President, and Past President and Vice-President to two year terms as Vice-President elect and Vice President. Additionally, members also elect four Directors to serve a four year term. Proposed amendments to the by-laws by the Board of Directors are subject to approval by the membership.
Form 990, Part VI, Section A, line 7a		SEE EXPLANATION OF LINE 6 ABOVE
Form 990, Part VI, Section A, line 7b		SEE EXPLANATION OF LINE 6 ABOVE
Form 990, Part VI, Section B, line 11		The Board retained the services of an independent CPA firm to prepare the organization's Form 990. Management reviews the completed Form 990 and provides a full copy to the Board of Directors prior to filing. The return is posted on a secured web site for their review. Board members are given a reasonable period of time to contact either management or the CPA firm with any questions.
Form 990, Part VI, Section B, line 12c		Officers, directors, committee members and key employees are annually required to complete a conflict of interest disclosure statement as a precursor to their service to the organization. Detailed below is the Disclosure process. Disclosure Process 1. Identifying possible conflicts of interest by individuals occupying leadership positions. The individuals covered by this procedure are the officers, all other members of the Board of Directors, the editors of Journal of American Academy of Dermatology (JAAD) (including associate and assistant editors), all chairmen and members of councils, committees and task forces, and senior staff. Each fall, the individuals covered will be required to sign and submit a disclosure statement acknowledging a duty to serve the Academy in good faith and with undivided loyalty. These individuals are to describe all personal or professional circumstances which might create a private interest in conflict with the interests of the Academy. Accompanying this policy statement as Exhibit A is a sample copy of such a disclosure statement. Members who do not submit a yearly conflict of interest disclosure, may lose the right to hold office and, except in unusual circumstances approved in advance by the Board of Directors, to participate in Academy programs as a faculty member, presenter, or scientific exhibit contributor, or participate on a council, committee or task force. Review Process 1. Officers, directors, chairmen and members of councils, committees, and task forces, the editors of JAAD and senior staff will submit their statements directly to the Secretary-Treasurer in care of the Academy office. 2. The statements from committee and task force chairmen and members will be forwarded to their appropriate council chairmen to review. If necessary, the chairmen will forward those that appear to have conflicts which could prevent them from serving to the Secretary-Treasurer with any relevant observations or recommendations. 3. The Secretary-Treasurer will review the statements submitted by the council chairs and those for council chairs, officers, the editor of JAAD and senior staff that require further review will be forwarded to the Ethics Committee by the Secretary-Treasurer, while at the same time informing the Board of Directors of any conflicts that appear especially significant. 4. The Ethics Committee will review and initiate any request for further information and promptly prepare a report to the Secretary-Treasurer regarding its findings. The Secretary-Treasurer will report to the Board of Directors on any items found by the Committee to be of special significance. All disclosure statements will be retained at the Academy headquarters office. They will be available electronically for review by members of the Board of Directors and staff, and upon request by Academy members. They will be available to the council, committee and task force members to review prior to all conference calls and meetings. All members filing an annual disclosure statement will be obligated to make a prompt written report to the Secretary-Treasurer regarding any change in circumstances which might give rise to an actual or potential conflict of interest. Chairmen of councils, committee and task forces are required to make a statement in the summation reports of any conflict of interests that have been expressed by a member during a meeting or conference call. Members also should verbally disclose and update their conflict of interest form for any relevant conflicts that may occur during a conference call or meeting that do not already appear on the disclosure form.
Form 990, Part VI, Section B, line 15		The Executive Director. It has been standard practice for the Academy to comply with the Internal Revenue Codes Section 4958, following best practices for ensuring compliance and establishing a rebuttable presumption of reasonableness as it relates to compensation. The Academy uses fair market value to determine cash and non-cash compensation for the Executive Director/CEO. Fair market value is based on market data. Market data may be collected from a variety of methods, including published or off the shelves surveys, surveys managed by third party consultants, compensation analysis performed by third party consultants, and surveys managed by a group of organizations. The competitive market is typically defined in terms of revenue and company size. To define competitive market the Academy considers the following as valid resources for comparable market data: Companies with similar operating budget, Companies with roughly same number of employees, and Companies who operate under like circumstances. Compensation decisions are approved by independent Officers of the Board of Directors. The decisions are based on analysis of comparable market data. Other officers or key employees of the organization. Key employees of the organization's compensation are determined in the same fashion of the Executive Director although their compensation decisions are approved by the Executive Director.
Form 990, Part VI, Section C, line 19		The Academy's governing documents and conflict of interest policies are available on the Academy's web site for the membership and public to view. The Annual Financial Statements are published in Dermatology World, the Academy's magazine, and are available on GuideStar.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number

41-0793046

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC

930 EAST WOODFIELD RD

SCHAUMBURG, IL 60173
36-4367987

TO REPRESENT THE INTERESTS
OF DERMATOLOGISTS AND
THEIR PATIENTS

IL

501(C)(6)

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?	
							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
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Part V

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC	P	574,911
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

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