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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending

## B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS  
label or  
print or  
type.  
See  
Specific  
Instructions.

C  
SOCIETY FOR PEDIATRIC DERMATOLOGY  
8365 KEYSTONE CROSSING #107  
INDIANAPOLIS, IN 46240

## D Employer identification number

51-0188954

## E Telephone number

317-202-0224

F Group Exemption  
Number

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF)

J Tax-exempt status (check only one) —  501(c) (3) ► (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  
instead of Form 990-EZ ► \$ 442,822.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	151,750.
	2 Program service revenue including government fees and contracts	2	192,582.
	3 Membership dues and assessments	3	81,130.
	4 Investment income	4	15,235.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
	b Less direct expenses other than fundraising expenses	6c	
E X P E N 	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	500.
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	500.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,625.
	8 Other revenue (describe ► SEE STATEMENT 1)	9	442,822.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
	10 Grants and similar amounts paid (attach schedule)	SEE STATEMENT 2	10 56,026.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	560.
N A S T E T S	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	31,015.
	16 Other expenses (describe ► SEE STATEMENT 3)	16	416,177.
	17 Total expenses. Add lines 10 through 16	17	503,778.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-60,956.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	647,657.
	20 Other changes in net assets or fund balances (attach explanation)	20	165,873.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	752,574.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	752,175.	831,963.
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 5)	37,857.	31,656.
25 Total assets	790,032.	863,619.
26 Total liabilities (describe ► SEE STATEMENT 6)	142,375.	111,045.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	647,657.	752,574.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

**Part III Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 8

(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/> 28a	314,079.
<u>PRODUCTION EXPENSES FOR THE PUBLICATION OF THE SOCIETY'S JOURNAL ENTITLED "PEDIATRIC DERMATOLOGY", NEWSLETTER DESIGN AND WEBSITE DEVELOPMENT.</u>		
(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/> 29a	71,476.
<u>GRANTS AWARDED FOR RESEARCH IN PEDIATRIC DERMATOLOGY FOR SCHOLARLY, CLINICAL OR BASIC RESEARCH IN THE FIELD OF PEDIATRIC DERMATOLOGY.</u>		
(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/> 30a	56,027.
Other program services (attach schedule)		
(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31a	
<u>Total program service expenses (add lines 28a through 31a)</u>	► <input type="checkbox"/> 32	441,582.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>SEE STATEMENT 9</u>		0.	0.	0.

## Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	40a	0.
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.	40d	0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► IN		
42a The organization's books are in care of ► KENT LINDEMAN, CMP Located at ► 8365 KEYSTON CROSSING, SUITE 107 INDIANAPOLIS IN ZIP + 4 ► 46240 Telephone no ► 317-202-0224	42a	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

SEE STATEMENT 10

**46** 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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
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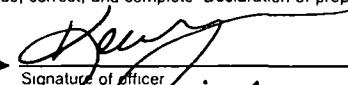
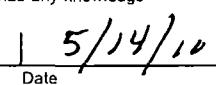
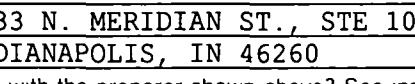
**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
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**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

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

<b>Sign Here</b>		
	Signature of officer <i>Ken Lindeman, Executive Director</i>	Date 5/14/10
Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ►  ALLMAN & COMPANY 9333 N. MERIDIAN ST., STE 104 INDIANAPOLIS, IN 46260	Date 4/29/10 Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00021702
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	EIN 35-1958663 Phone no (317) 843-1040

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
 Form 990-EZ (2009)

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

## 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.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

## SOCIETY FOR PEDIATRIC DERMATOLOGY

**Employer identification number**

51-0188954

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

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

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

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

3  A hospital or 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 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 is a Type I, Type II or Type III supporting organization, check this box

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

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the supported organizations

**Total**

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> 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 <b>Public support.</b> 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**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 from 2008 Schedule A, Part II, line 14	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
16b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr 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 'unusual grants')	322,840.	267,215.	464,740.	343,420.	232,880.	1,631,095.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	142,930.	171,025.	194,547.	164,695.	193,082.	866,279.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	465,770.	438,240.	659,287.	508,115.	425,962.	2,497,374.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						2,497,374.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	465,770.	438,240.	659,287.	508,115.	425,962.	2,497,374.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,463.	47,088.	40,615.	21,546.	15,235.	153,947.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	29,463.	47,088.	40,615.	21,546.	15,235.	153,947.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	1,000.	1,555.	906.	1,175.	1,625.	6,261.
13 Total support. (add lns 9, 10c, 11, and 12)						2,657,582.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	93.2 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.8 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	6.6 %

19a 33-1/3 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 ► b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

## Part IV

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

**2009****SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5****CLIENT 5305****SOCIETY FOR PEDIATRIC DERMATOLOGY****51-0188954**

4/28/10

02 27PM

**PART III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
MISCELLANEOUS		375.	906.	540.	1,000.
DEVELOPING COUNTRIES FUND		800.		1,015.	
NEWSLETTER INCOME	625. 1,000.				
TOTAL	<u>\$ 1,625.</u>	<u>\$ 1,175.</u>	<u>\$ 906.</u>	<u>\$ 1,555.</u>	<u>\$ 1,000.</u>

**2009****FEDERAL STATEMENTS****PAGE 1****CLIENT 5305****SOCIETY FOR PEDIATRIC DERMATOLOGY****51-0188954**

4/28/10

02 27PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

NEWSLETTER ADVERTISING DEVELOPING COUNTRIES FUND	\$ 1,000.
	625.
	<b>TOTAL \$ 1,625.</b>

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	ALEXANDRA BALMA-MENA, MD	
DONEE'S ADDRESS:	555 UNIVERSITY AVE.	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	NORTHWESTERN UNIVERSITY	
DONEE'S ADDRESS:	676 N. CLAIR, STE. 1600 CHICAGO, IL 60611	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	MEDICAL COLLEGE OF WISCONSIN	
DONEE'S ADDRESS:	9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	UTHSC	
DONEE'S ADDRESS:	P.O. BOX 203382 HOUSTON, TX 77216	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 6,500.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	BD OF REGENTS-UNIV OF WI	
DONEE'S ADDRESS:	1 SOUTH PARK ST., 7TH FL MADISON, WI 53715	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 19,000.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	OREGON SCIENCE & HEALTH UNIVERSITY	
DONEE'S ADDRESS:	3181 SW SAM JACKSON PARK RD. PORTLAND, OR 97239	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	RESEARCH		
DONEE'S NAME:	DERMATOLOGY FOUNDATION		
DONEE'S ADDRESS:	1560 SHERMAN AVE., STE 870		
RELATIONSHIP OF DONEE:	EVANSTON, IL 60201		
CASH AMOUNT GIVEN:	NONE	\$	22,500.
CLASS OF ACTIVITY:	RESEARCH		
DONEE'S NAME:	OFFICE MAX		
DONEE'S ADDRESS:	75 REMITTANCE DRIVE		
RELATIONSHIP OF DONEE:	CHICAGO, IL 60675		
CASH AMOUNT GIVEN:	NONE	\$	26.
CLASS OF ACTIVITY:	RESEARCH		
DONEE'S NAME:	AMIT MALHOTRA, MD		
DONEE'S ADDRESS:	ROOM NO.15 CHARAK BHAWAN, GROUND FL		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	2,200.
CLASS OF ACTIVITY:	RESEARCH		
DONEE'S NAME:	JUSTINE PARK, MD		
DONEE'S ADDRESS:	1828 BARRY AVE. #8		
RELATIONSHIP OF DONEE:	LOS ANGELES, CA 90025		
CASH AMOUNT GIVEN:	NONE	\$	2,300.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	3,810.
AUDIO VISUAL		30,703.
AWARDS AND CERTIFICATES		378.
BANK CHARGES		8,513.
CONFERENCES, CONVENTIONS, AND MEETINGS		183,561.
DUES AND SUBSCRIPTIONS		49,090.
INFORMATION TECHNOLOGY		5,814.
INSURANCE		4,528.
LICENSES AND FEES		10,350.
MANAGEMENT FEE		76,156.
MISCELLANEOUS		472.
OFFICE EXPENSES		1,075.
PHOTOGRAPHY		750.
POSTERS		2,854.
REGISTRATION AND MEMBERSHIP		4,097.
SPEAKERS		24,251.
SUPPLIES		2,842.
TAXES AND LICENSES		7.
TELEPHONE		1,143.
TRAVEL		5,783.
TOTAL	\$	416,177.

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**STATEMENT 4  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ACCRAUL TO CASH CONVERSION	\$ 111,238.
UNREALIZED GAIN ON INVESTMENTS	54,635.
<b>TOTAL</b>	<b>\$ 165,873.</b>

**STATEMENT 5  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 6,720.	\$ 6,720.
PREPAID EXPENSES AND DEFERRED CHARGES	31,137.	24,936.
<b>TOTAL</b>	<b>\$ 37,857.</b>	<b>\$ 31,656.</b>

**STATEMENT 6  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 142,375.	\$ 111,045.
<b>TOTAL</b>	<b>\$ 142,375.</b>	<b>\$ 111,045.</b>

**STATEMENT 7  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE, DEVELOP AND ADVANCE EDUCATION, RESEARCH AND CARE OF SKIN DISEASE IN ALL PEDIATRIC AGE GROUPS.

**STATEMENT 8  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ANNUAL MEETING AND PRE-ANNUAL MEETING - EDUCATES THOSE IN ATTENDANCE ON A VARIETY OF TOPICS INCLUDING ADVANCES IN PEDIATRIC DERMATOLOGY. HELPS PHYSICIANS SUPPORT CHILDREN WITH DERMATOLOGICAL DISEASES AND IMPROVE THE CARE IN CHILDREN.

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**STATEMENT 9**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALBERT YAN, MD PHILADELPHIA, PA	PRES ELECT 0	0. \$	0. \$	0.
ANTHONY MANCINI, MD 2300 CHILDREN'S PLAZA #107 CHICAGO, IL 60614	SEC/TREAS 0	0.	0.	0.
RICHARD ANTAYA, MD NEW HAVEN, CT	DIRECTOR 0	0.	0.	0.
ALFIE KROL, MD 707 SW GAINES ROD. PORTLAND, OR	IMMED PAST PRES 0	0.	0.	0.
SHEILA FRIEDLANDER, MD SAN DIEGO, CA	DIRECTOR 0	0.	0.	0.
MICHAEL SMITH, MD NASHVILLE, TN	DIRECTOR 0	0.	0.	0.
JULIE PRENDIVILLE, MD 126 W 10TH AVE VANCOUVER, BRITISH COLUMBIA V5Y 1R8 CANADA	PRESIDENT 0	0.	0.	0.
KENT LINDEMAN, CMP 8365 KEYSTONE CROSSING, #107 INDIANAPOLIS, IN 46240	EXECUTIVE DIREC 0	0.	0.	0.
LAWRENCE EICHENFIELD, MD SAN DIEGO, CA	DIRECTOR 0	0.	0.	0.
HOWARD PRIDE, MD DANVILLE, PA	DIRECTOR 0	0.	0.	0.
AL LANE, MD STANFORD, CA	DIRECTOR 0	0.	0.	0.
ELAINE SIEGFRIED, MD ST. LOUIS, MO	DIRECTOR 0	0.	0.	0.

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**STATEMENT 9 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FRED GHALI, MD GRAPEVINE, TX	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
NEIL PROSE, MD DURHAM, NC	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
MOISE LEVY, MD AUSTIN, TX	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
LESLIE LAWLEY, MD ATLANTA, GA	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
DENISE METRY, MD HOUSTON, TX	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
LLONA FRIEDEN, MD SAN FRANCISCO, CA	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
AMY THORNBURG INDIANAPOLIS, IN	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
KIMBERLY MOREL, MD NEW YORK, NY	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
KEN BLOOM, MD MINNEAPOLIS, MN	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
BETH ANN DROLET, MD MILWAUKEE, WI	DIRECTOR 0	0. \$ 0	0. \$ 0	0. \$ 0
TOTAL		0. \$ 0	0. \$ 0	0. \$ 0

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**STATEMENT 10  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? **NO**

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? **NO**

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FORM 990 PART II, LINE 22  
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	RESEARCH
DONEE'S NAME:	MEDICAL COLLEGE OF WISCONSIN
DONEE'S ADDRESS:	8701 WATERTOWN PLANK RD. MILWAUKEE, WI 53226
RELATIONSHIP OF DONEE:	NONE
AMOUNT GIVEN:	\$14,000
CLASS OF ACTIVITY:	RESEARCH
DONEE'S NAME:	DERMATOLOGY FOUNDATION
DONEE'S ADDRESS:	1560 SHERMAN AVE. #870 EVANSTON, IL 60201
RELATIONSHIP OF DONEE:	NONE
AMOUNT GIVEN:	\$22,500
CLASS OF ACTIVITY:	RESEARCH
DONEE'S NAME:	ANITA HAGGSTROM
DONEE'S ADDRESS:	5406 N. DELAWARE ST. INDIANAPOLIS, IN 46220
RELATIONSHIP OF DONEE:	NONE
AMOUNT GIVEN:	\$1,000
CLASS OF ACTIVITY:	RESEARCH
DONEE'S NAME:	ISABELLE AUGER
DONEE'S ADDRESS:	ST. JUSTINES HOSPITAL CANADA
RELATIONSHIP OF DONEE:	NONE
AMOUNT GIVEN:	\$500