

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2010 Open to Public Inspection

				<del></del>		***
<u>A</u> _	For the 2	2010 cal	endar year, or tax year beginning , and ending		1	
В	Check if app	licable	C Name of organization THE AMERICAN ASSOCIATION FOR		D Emplo	oyer identification number
$\sqcup$	Address cha	ange	AEROSOL RESEARCH, INC.		1 22	-2387061
Ш	Name chang	ge	Doing Business As	Т		
	Initial return		Number and street (or P O box if mail is not delivered to street address)	Room/suite C		none number 5-439-0500
一	Terminated		15000 COMMERCE PARKWAY	T-6	0.00	<u> </u>
님			City or town, state or country, and ZIP + 4			eipts \$ 1,293,985
닏	Amended re	etum	MT. LAUREL NJ 08054	<del>-                                    </del>	<b>G</b> Gross reco	
	Application	pending	F Name and address of principal officer	H(a) Is this a	group return for	affiliates? Yes X No
			PAUL J. ZIEMANN   201 FAWCETT LAB	H(b) Are all	affiliates inclu	uded? Yes No
			RIVERSIDE CA 92521	1 ' '		list (see instructions)
_	T	4 . 4 . 4		$\dashv$		,
÷	Tax-exen		s	H(c) Group	evemntion ni	ımber 🕨
<u>-</u>					1981	M State of legal domicile NJ
	Form of org		Immary	Tea orionnauon	1001	W Otate or logar dornione
			escribe the organization's mission or most significant activities			
	l .	_	Schedule 0	•	•	• •
20		DCC	benedate o	• •	•	
rna						•
Š	2 0	heck th	is box I if the organization discontinued its operations or disposed of more than	25% of its net as	ssets.	••
Activities & Governance	3 N		of voting members of the governing body (Part VI, line 1a)		3	15
ŝ	4 N		of independent voting members of the governing body (Part VI, line 1b)	•	4	15
¥	5 T		mber of individuals employed in calendar year 2010 (Part V, line 2a)	•	5	0
Ę	6 T		mber of volunteers (estimate if necessary)	•••	6	100
٩	7a T		related business revenue from Part VIII, column (C), line 12		7a	7,601
	1		lated business taxable income from Form 990-T, line 34		7b	-1,54 <u>4</u>
				Prior Y		Current Year
_	8 C	ontribu	tions and grants (Part VIII, line 1h)		3,417	247,110
an C	9 P	rogram	service revenue (Part VIII, line 2g)		91,438	734,256
Revenue	10 lr	nvestme	service revenue (Part VIII, line 1h) ent income (Part VIII, column (A), lines 3.4, and 20 ent income (Part VIII, column (A), lines 3.4, and 20 ent income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2011		-7,637	30,355
	11 0	other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2Ω11		72,184	30,782
_	12 T	otal rev	venue – add lines 8 through 11 (must equal Part VIID column (A), line 12)	65	59 <b>,</b> 402	1,042,503
	13 G	rants a	paid to or for members (Part IX, column (A), line 4), other compensation, employee benefits (Part IX, column (A), line 4), lines 5–10) onal fundraising fees (Part IX, column (A), line 4+6)			
	14 B	enefits				
98	15 5	alanes,	, other compensation, employee benefits (Part IX, Column (A), lines 5–10)			
Expenses	16aP	roressi	onal rundraising rees (Part IX, column (A), line=Pre)			
Š	1 47 0		idraising expenses (Part IX, column (D), line 25) ►	5.0	56,631	1,020,405
	'' "		penses (Part IX, column (A), lines 11a–11d, 11f–24f) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		56,631	1,020,405
	)		e less expenses Subtract line 18 from line 12		02,771	22,098
~	8	Cevenue	s less expenses outback line to nom line 12	Beginning of C		End of Year
Bets	20 T	otal ass	sets (Part X, line 16)	1,33	39 <u>,288</u>	
Net Assets or	ë 21 T		bilities (Part X, line 26)		49,853	
ž	된 22 N	let asse	ets or fund balances. Subtract line 21 from line 20	1,18	39 <u>,435</u>	1,305,469
	Part II	Si	ignature Block	*****		
-	Jnder pen	alties of	perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best	of my knowle	edge and belief, it is
1	лие, сопте	ct, and co	omplete Declaration of preparer other than officer) is based on all information of which preparer h	as any knowledge.		
5			/ Filmore Yew			
<b>`S</b> i	gn	<b>.</b> .	Signature of officer O 1 1		Date	
<sup>3</sup> H€	ere		Gilmore Sem President			Tarch 2011
-/ 			Type or print name and title	<u> </u>	1	
آ ≨Pa		Print/Ty	ype preparer's name Preparer's signature	Date	Chec	$\hookrightarrow$ $\square$
			h S. Brunner Joseph S. Brunner	03/1 CPAS		employed P00454627
	eparer	Firm's r		Firm's EIN	22-3345709	
型	e Only		100B CENTRE BOULEVARD			956_010 0160
15			address MARLTON, NJ 08053-4128		Phone no	856-810-2160
			ss this return with the preparer shown above? (see instructions) eduction Act Notice, see the separate instructions.			Yes No Form <b>990</b> (2010)
(F) DA	or rapen A	WOLK K	eduction Act Notice, see the separate instructions.			Form 990 (2010)
						1 (

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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	_	Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			١,,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	ا ا		~
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		🗸
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		<sub>v</sub>
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		V
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		l v
20-	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a b	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	20a	<u> </u>	┢ᢚ
U	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	- Sim obstitució de de de more nospitais must attach addited iniancial statements (see instructions)		990	(2010

	triv Checklist of Required Schedules (Continued)					
					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					37
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		1	21	-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	•		22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated					17
	employees? If "Yes," complete Schedule J			23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					37
	through 24d and complete Schedule K. If "No," go to line 25			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	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			25-		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			256		X
00	If "Yes," complete Schedule L, Part I			25b		<u>^</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			26		Х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			20		<u> </u>
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III			27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•	•			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			Ē		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a	İ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		•			
	Schedule L, Part IV			28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	•	•			
	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-			
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				1	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				ŀ	
	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35	<u> </u>	X
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X No		1	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					,,
	Part VI			37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				\ \u03b4	1
	19? Note. All Form 990 filers are required to complete Schedule O			38	<u>X</u>	

Form 990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter-Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Form 990 (2010) THE AMERICAN ASSOCIATION FOR 22-2387061 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Χ 8b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Χ 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? 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 Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If "Yes," has the organization adopted a written policy or procedure requining 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the 20 15000 COMMERCE PARKWAY organization: ▶ ASSOCIATION MANAGEMENT

856-439-0500

NJ 08054

MT. LAUREL

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) SPYROS N. PANDIS	\$										
PAST PRESIDENT	0.00	X	L					0	0	0	
(2) SURESH DHANIYALA		1									
DIRECTOR	0.00_	X						0	0	0	
(3) TYLER BECK											
DIRECTOR	0.00	X						0	0	0	
(4) MARK O. HOOVER		İ			ŀ	1 1					
DIRECTOR	0.00	X			<u> </u>			0	0	0	
(5) JAMES SMITH											
DIRECTOR	0.00	X			L_			0	0	0	
(6) NEIL M. DONAHUE		Ì	1								
DIRECTOR	0.00	X						0	. 0	0	
(7) ANN M. DILLNER											
DIRECTOR	0.00	X	<u> </u>			$oxed{oxed}$		0	0	0	
(8) DOUGLAS R. WORSI		1	Ì	ļ		1					
DIRECTOR	0.00	X				$\perp$		0	_0	0	
(9) BRUCE G. DODDRII			ŀ								
DIRECTOR	0.00	X	$oxed{oxed}$	L		Ш		0	0	0	
(10) JAY R. TURNER		1	1								
DIRECTOR	0.00	<u> </u>	$oxed{oxed}$	<u> </u>	<u> </u>	$\sqcup$		0	0	0	
(11) GILMORE SEM											
VICE PRESIDENT	0.00	<u> </u>	L	X				0	_0	0	
(12) PAUL J. ZIEMANN									_		
PRESIDENT	0.00	↓	ļ	X	<u> </u>	$\perp$		0	0	0	
(13) ALLEN ROBINSON			l						_	_	
TREASURER	0.00	┷-	<u> </u>	X	辶	$\downarrow$		0	0	0	
(14) LUPITA MONTOYA			1		l			_	_	_	
SECRETARY	0.00	1		X	<u> </u>	$\sqcup$		0	0	0	
(15) WILLIAM W. NAZA									_		
VICE PRES ELECT	0.00	_	<u> </u>	X	_	$\sqcup$		0	0	0	
(16) MURRAY V. JOHNS	TON			1				_	_		
TREASURER ELECT	0.00		<u>L</u> .	X				0	<u> </u>		
DAA										Form <b>990</b> (2010)	

	(A) Name and Title	(B) Average			(C check	c) call t	hat a	oply)	(D) Reportable compensation	(E) Reportable compensation from	Est	(F) imated ount o	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other ensati em the inizatio relate nizatio	on on d
(17)													
(18)													
(19)													
(20)	·									-	_		
(21)													
(22)			-										
(23)			-										
(24)													
(25)								_					
(26)					_								
(27)	·												
(28)													
1b				· ·		<u> </u>	<u> </u>	<b>&gt;</b>					
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A	•	•	••	•			<del> </del>		
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	abov	ve) who received more than	\$100,000 in			
	Did the organization list any for				ruct	oo k	·0\/ 0	mnl	over or highest company	stad		Y	es No
3 4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	" complete Sche	dule of re	J for	r suc	h in con	dıvıdı apen	ual satio	on and other compensation	from the		3	X
5	individual Did any person listed on line for services rendered to the o									r ındividual 		5	X
Sec	tion B. Independent Contract	tors											
1	Complete this table for your fi compensation from the organ	nzation	ensa	ated	inde	pen	dent	conf					(0)
	Name an	(A) d business address						-	Descri	(B) ption of services		Comp	(C) pensation
								╀					
								-			+		
								+					
								+		<u> </u>			
	Total number of independent	contractors (inc	udın	g bu	t not	lımı	ted to	the	ose listed above) who				<del></del>
DAA	received more than \$100,000									0		Form	990 (2010

Pa	rt V	III Statement of Reve	nue						
		- "				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>80 80</b>	12	Federated campaigns	1a				Teveride		3.2,3.3,3.3,1
E T	h	Membership dues	1b			I		I	
흔팀		•	$\vdash$			1			
If a	C	Fundraising events	1c			1			
95	a	Related organizations	1d			ŧ			
등	e	Government grants (contributions)	1e			ı		1	
至	T	All other contributions, gifts, grants, and similar amounts not included above	١		247 110	1			
불리					247,110	1			
25	9	Noncash contributions included in lines 1a-	-1f \$		٠ _ ا	247 110		1	
Program Service Revenue   Contributions, gifts, grants and other similar amounts	<u>h</u>	Total. Add lines 1a-1f			. •	247,110			·····
ğ					Busn. Code	300 001	202 201	<b>†</b>	
e e	2a	ANNUAL CONFERENCE				322,281	322,281	+	
65	Ь	SPECIALTY CONFERENC	Ε.			202,621	202,621		<del></del>
	С	MEMBERSHIP DUES				131,245	131,245		
Se	d	EDITORIAL FEES				40,700			40,700
La III	е	. TUŢORIALS			<u> </u>	29,808	29,808		
ō.	f	All other program service reve	nue		L	7,601		7,601	
۵.	g	Total. Add lines 2a-2f				734,256			
	3	Investment income (including	dıvıden	ds, intere	st,				
		and other similar amounts)			▶ ↓	34,934		_	34,934
	4	Income from investment of tax	k-exem	ot bond p	roceeds 🕨 📗	-,			
	5	Royalties				30,276	, , , , , , , , , , , , , , , , , , ,		30,276
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps				1			
	С	Rental inc or (loss)				1			
	d	Net rental income or (loss)			<b>•</b>				
	7a	Gross amount from (i) Securitie	s	(11)	Other				
		sales of assets other than inventory 246	,903						
	ь	Less cost or other							
		basis & sales exps 251	,482		l				
	c		,579						
		Net gain or (loss) .	•		<b>•</b>	-4,579	-4,579		
		Gross income from fundraising eve	ents [						
υne		(not including \$							
ě		of contributions reported on line 10	3 ··		I				
8		See Part IV, line 18	a						
Other Reven	l <sub>b</sub>	Less: direct expenses	ь						
ŏ		Net income or (loss) from fund	ء – draisind	events	•				
		Gross income from garning activities	I	0.0					
	""	See Part IV, line 19	a						
	l b	Less: direct expenses	ь						
	l	Net income or (loss) from gan	ning ac	tivities	▶				
		Gross sales of inventory, less		<u> </u>					
	100	returns and allowances	اءا						
	١ ,	Less: cost of goods sold	h						
	I	Net income or (loss) from sale	⊃l ocofini	ventory.				:	
	<del>  -</del>	Miscellaneous Revenu	_	ventory	Busn. Code			-	
	-				Dusii. Code	506	506	•	
	11a	MISCELLANEOUS			<del></del>	300	300	· · · · · · · · · · · · · · · · · · ·	
	b		•	•	<del></del>		<del></del>		
	°	All all a conseque			-				
	d	All other revenue	•			506	,	· · · · · · · · · · · · · · · · · · ·	
	<b>6</b>	Total. Add lines 11a–11d				1,042,503		7 601	105 010
	12	Total revenue. See instruction	ns.		. 🔻	1,042,303	681,882	7,601	105,910

## 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)

	All other organizations must o		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		OAPONSOS	gonoral experience	
٠	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
2	· · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments, organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16				
	· •	-			······································
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	251,925	175,713	76,212	
b	Legal	103	•	103	
C	Accounting	5,100		5,100	
d	Lobbying				
- e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,043	1,527	3,516	,
g g	Other			-,	
12	Advertising and promotion				
13	Office expenses	50,531	48,765	1,766	
14	Information technology	441		441	
15	Royalties				
16	Occupancy	1,708		1,708	
17	Travel	34,252	26,458	7,794	
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	422,225	422,225		
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,341	3,199	2,142	
24	Other expenses Itemize expenses not covered		-		
	above (List miscellaneous expenses in line 24f If			1	
	line 24f amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24f expenses on Schedule O)	-		1	
а	JOURNAL COSTS	99,700	43,000	56,700	
b	ABSTRACT PROCESSING	35,821	35,821		
c	EDITORIAL COSTS	30,237		30,237	
d	AWARDS	24,626	24,455	171	
e	BANK AND MERCHANT CHARGES	22,608	18,093	4,515	
f	All other expenses	30,744	25,456	5,288	
25	Total functional expenses. Add lines 1 through 24f	1,020,405	824,712	195,693	0
26	Joint costs. Check here ▶ if following		,		<u></u>
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA	The state of the s				Form <b>990</b> (2010)

Part 3	Balance Sheet				1 age 11
			(A) Beginning of year	·	(B) End of year
1	Cash—non-interest bearing		45,135	1_	63,209
2	Savings and temporary cash investments		247,543	2	298,066
3	Pledges and grants receivable, net		_	3	
4	Accounts receivable, net			4	14,995
5	Receivables from current and former officers, director	s, trustees, key			
ı	employees, and highest compensated employees. Co	mplete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as define	ed under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B	i), and contributing			
	employers and sponsoring organizations of section 50	01(c)(9) voluntary			
s l	employees' beneficiary organizations (see instructions	s)		6	
Assets 8 8	Notes and loans receivable, net			7	
8 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		100,031	9	14,576
10a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a	]		
Ь	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		946,579	11	1,086,874
12	Investments—other secunties. 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			15	
16	Total assets. Add lines 1 through 15 (must equal line	34)	1,339,288	16	1,477,720
17	Accounts payable and accrued expenses		30,715	17	59,993
18	Grants payable			18	
19	Deferred revenue		119,138	19	112,258
20	Tax-exempt bond liabilities			20	
တ္ထု 21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Liabilities 21 22	Payables to current and former officers, directors, trus	stees, key			
اق	employees, highest compensated employees, and dis	squalified persons.			
۱۳	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated th	nird parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities. Complete Part X of Schedule D	·		25	
26	Total liabilities. Add lines 17 through 25	•	149,853	26	172,251
es	Organizations that follow SFAS 117, check here ▶	X and complete			
Fund Balances 82 27 29 29	lines 27 through 29, and lines 33 and 34.	_			
27	Unrestricted net assets		1,010,415	27	1,214,139
m   28	Temporanly restricted net assets	·	85,509	28	
일 29	Permanently restricted net assets	•	93,511	29	91,330
교	Organizations that do not follow SFAS 117, check h	nere ▶ and			
5	complete lines 30 through 34.	_			
ري 30 اور	Capital stock or trust principal, or current funds			30	
<b>5</b> 31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
ÿ 32	Retained earnings, endowment, accumulated income			32	
Net Assets or 30 31 32 33 34	Total net assets or fund balances		1,189,435	33	1,305,469
Ž 34	Total liabilities and net assets/fund balances		1,339,288		1,477,720

Form 990 (2010)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### 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.

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

e separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN ASSOCIATION FOR AEROSOL RESEARCH, INC.

Employer identification number 22-2387061

OMB No 1545-0047

Open to Public

Inspection

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III–Functionally integrated b Type II 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) 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 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 Yes No (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? Provide the following information about the supported organization(s) (i) Name of supported (vi) Is the (vii) Amount of (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify the organization in nanization in col support in col (i) listed in your organization (described on lines 1-9 col (i) of your (i) organized in the governing document? above or IRC section support? US? (see instructions)) No Yes No Yes Nο Yes (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(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							<del></del>
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					<b>†</b>		
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 20	10	(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 carned on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:					
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)		
	organization, check this box and stop here				·			. ▶
Sec	tion C. Computation of Public S	upport Percen	itage	····				
14	Public support percentage for 2010 (line 6	, column (f) divide	d by line 11, colur	nn (f))			14	%
15	Public support percentage from 2009 Scho	edule A, Part II, lin	e 14				15	%
16a	33 1/3% support test—2010. If the organi	zation did not ched	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		-
	box and stop here. The organization quali		• • •					. ▶ [
b	33 1/3% support test—2009. If the organi				15 is 33 1/3% or m	тоге,		
	check this box and stop here. The organiz							. ▶ [
17a	10%-facts-and-circumstances test—201	J						
	10% or more, and if the organization meet			•	• •			
	Part IV how the organization meets the "fa	icts-and-circumsta	nces" test. The or	ganızatıon qualıfie	es as a publicly su	oported		
_	organization							▶ [
b	10%-facts-and-circumstances test—200 15 is 10% or more, and if the organization	meets the "facts-a	and-circumstance	s" test, check this	box and stop here	€.		
	Explain in Part IV how the organization me	eis ine facts-and	-circumstances" t	est i ne organizat	uon qualines as a p	Dubliciy		▶ □
40	supported organization	I mat abasti - t-		Sh 47a a-47b sh	and the bar		•	. 🏲 [
18	<b>Private foundation.</b> If the organization did instructions	i not check a box o	on line 13, 16a, 16 	ob, 1/a, or 1/b, ch	neck this dox and s			• [

Page 3

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

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

	If the organization falls to	quality arraor t	ino tooto notou	Boiott, picase			
	tion A. Public Support			<del></del>	<del></del>		<del></del>
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	329,891	248,665	170,691	103,417	247,110	1,099,774
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	589,889	345,844	344,439	447,008	686,461	2,413,641
3	Gross receipts from activities that are not an unrelated trade or business under section 513				39,210	40,700	79,910
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						·
6	Total. Add lines 1 through 5	919,780	594,509	515,130	589,635	974,271	3,593,325
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						3,593,325
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	919,780	594,509	515,130	589,635	974,271	3,593,325
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,091	50,359	47,160	104,704	65,210	303,524
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	36,091	50,359	47,160	104,704	65,210	303,524
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	955,871	644,868	562,290	694,339	1,039,481	3,896,849
14	First five years. If the Form 990 is for the organization, check this box and stop here	9		ırth, or fifth tax yea	r as a section 501	(c)(3) 	
Sec	ction C. Computation of Public St					<del></del>	
15	Public support percentage for 2010 (line 8			n (f))		15	92.21%
16	Public support percentage from 2009 Sch				<del>_</del>	.   16	93.34%
	ction D. Computation of Investme				<del></del>		- 0/
17	Investment income percentage for 2010 (I			, column (f))		17	8 %
18	Investment income percentage from 2009			44 1 45			7 %
19a	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization o	qualifies as a public	ly supported organ	nization	. • [2
b	33 1/3% support tests—2009. If the organ						
	line 18 is not more than 33 1/3%, check the		_			•	<b>&gt;</b> [
20	Private foundation. If the organization did	I not check a box o	n line 14, 19a, or	19b, check this box	and see instruction	ons	

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identification n	umber
	HE AMERICAN ASSOCIATION FOR				
	EROSOL RESEARCH, INC.			<u> 387061</u>	16.11
Pa	Organizations Maintaining Donor Advised Furorganization answered "Yes" to Form 990, Part	nds or Other Similar Funds or A IV, line 6.	Account	s. Complete	e if the
		(a) Donor advised funds	(b) I	Funds and other a	ccounts
1	Total number at end of year				
2	Aggregate contributions to (dunng 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	t the assets held in donor advised			
	funds are the organization's property, subject to the organization's excl	usive legal control?			Yes   No
6	Did the organization inform all grantees, donors, and donor advisors in	wnting that grant funds can be used			
	only for chantable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose			
	conferring impermissible private benefit?				Yes No
<u>Pa</u>	rt I Conservation Easements. Complete if the organization	-	<u>m 990, I</u>	Part IV, line	<u>7.                                    </u>
1	Purpose(s) of conservation easements held by the organization (check				
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im		d area	
	Protection of natural habitat	Preservation of a certified historic	c structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation		
	easement on the last day of the tax year.		E 3		44 7 7
				Held at the End	of the Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		. 2b		
	Number of conservation easements on a certified historic structure incl	•	2c		
đ	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during	the	
	tax year ▶				
4	Number of states where property subject to conservation easement is	••			
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of			🗆
	violations, and enforcement of the conservation easements it holds?			. Ш	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear		
	<b>▶</b>				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year			
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)			v 🗆 n.
	(i) and section 170(h)(4)(B)(ii)?			Ц	Yes No
9	In Part XIV, describe how the organization reports conservation easem	· · · · · · · · · · · · · · · · · · ·		L_	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	iescribes t	ne	
-	organization's accounting for conservation easements	Historical Transporter or Other	Cimilar	Acceto	
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		Similar	Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance sl	neet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of		
	public service, provide, in Part XIV, the text of the footnote to its finance	al statements that describes these items	<b>;.</b>		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bala	ance sheet		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of		
	public service, provide the following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$	
	(ii) Assets included in Form 990, Part X	•	<b>.</b> . ▶	\$	
2	If the organization received or held works of art, historical treasures, or	 r other similar assets for financial gain, pr	ovide the	•••	
-	following amounts required to be reported under SFAS 116 (ASC 958)				
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$	
b	Assets included in Form 990, Part X			\$	· ·
	Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (F	orm 990) 2010

Schedule D (Form 990) 2010

e Other

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

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

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

	due D (Form 990) 2010 THE AMERICAN ASSOCIATION FOR 22-236/06		Page 4
Pa	IT XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nent	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,042,503
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,020,405
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	22 <b>,</b> 098
4	Net unrealized gains (losses) on investments	4	93,936
5	Donated services and use of facilities	5	
6	Investment expenses .	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net). Add lines 4 through 8	9	93,936
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	116,034
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	1,136,439
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 93,936		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	93,936
3	Subtract line 2e from line 1	3	1,042,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
_	Add lines 4a and 4b	4c	1 040 500
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,042,503
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	1,020,405
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities  2a		
	Prior year adjustments		
ب 2	Other losses Other (Describe in Part XIV.)		
d		2-	
9	Add lines 2a through 2d	2e 3	1,020,405
3	Subtract line 2e from line 1	-	1,020,403
*	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a		
	· <del>[ </del>		
	Other (Describe in Part XIV.)  Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,020,405
******	rt XIV Supplemental Information		1,020,405
	plete 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	d 2b.	
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to		e
	additional information.		-
,			
•	• • • • • • • • • • • • • • • • • • • •		
			••

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN ASSOCIATION FOR AEROSOL RESEARCH, INC.

Employer identification number 22-2387061

Form 990 - Organization's Mission or Most Significant Activities
THE ASSOCIATION IS A PROFESSIONAL ORGANIZATION FOR
SCIENTISTS AND ENGINEERS WHO WISH TO PROMOTE AND
COMMUNICATE TECHNICAL ADVANCES IN THE FIELD OF AEROSOL
RESEARCH. THE ASSOCIATION FOSTERS THE EXCHANGE OF
INFORMATION AMONG MEMBERS AND WITH OTHER DISCIPLINES
THROUGH CONFERENCES, SYMPOSIA AND PUBLICATIONS.
Form 990, Part VI, Line 3 - Management Delegated
MANAGEMENT DELEGATED TO MANAGMENT COMPANY CALLED ASSOCIATION HEADQUARTERS
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
MEMBERS
Form 990, Part VI, Line 7a - Election of Members and Their Rights
MEMBERS ELECT BOARD OF DIRECTORS
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 GIVEN TO BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING .
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
ON REQUEST, INFORMATION AVAILABLE

22-2387061	Fe	ederal State	ements			
	Town	ble interest on i		la.		
Description		<u>ible Interest on I</u>	nvestmem	<u>ıs</u>		
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 1,003	<u>Dusiness</u> Code	14	Code		
	\$ 1,003		11			
	<u>Taxab</u>	ole Dividends fro	om Securit	ies		
Description	<u> </u>					
	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$33,931		14			
Total	\$ 33,931					

22-2387061	Federal Stat	Statements		
	Form 990, Part IX, Line 24f - All Other Expenses	- All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
REGISTRATION EXPENSE MISCELLANEOUS HONORARIA COMPUTER TELEPHONE STUDENT CHAPTERS Total	\$ 10,092 8,049 6,252 3,466 2,635 2,635 30,744	\$ 10,092 6,252 1,333 \$ 25,456	\$ 270 3,466 1,302 250 \$ 5,288	