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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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 For the 2010 calendar year, or tax year beginning Name of organization D Employer identification number Check if applicable AMERICAN ACADEMY OF ADVERTISING Address change Doing Business As 38-2239287 E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change Initial return 786.339 3333 24710 SHAKER BLVD City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ 160.580 BEACHWOOD 44122 OH Amended return Name and address of principal officer H(a) Is this a group return for affiliates? No Application pending PATRICIA B ROSE 24710 SHAKER BLVD. BEACHWOOD. OH 4412 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status ) (insert no ) WWW AAASITE ORG J Website: ▶ H(c) Group exemption number ▶ X Corporation K Form of organization Trust L Year of formation M State of legal domicile Association Other > 1986 UT Part I Summary Briefly describe the organization's mission or most significant activities THE AAA IS MADE UP OF SCHOLARS, PROFESSORS & STUDENTS IN THE FIELD OF ADVERTISING THE AAA PUBLISHES THE JOURNAL OF ADVERTISING Activities & Governance AND HOLDS CONFERENCES TO REPORT THE RESULTS OF RESEARCH STUDIES & OFFER A FORUM FOR THE EXCHA OF IDEAS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 6 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 50 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 7h 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 32.153 33,590 Program service revenue (Part VIII, line 2g) . . . . . 111.189 118,199 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,371 8.791 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 950 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 160.663 160,580 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7.700 14,425 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D) line 25) ≥ ( Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 104,594 101,535 Total expenses. Add lines 13-17 (must equal PattliX, column (A), line 25) 18 SS 112,294 115,960 19 Revenue less expenses. Subtract line 18 from lihe 12 APR 18 48,369 44,620 End of Year **Beginning of Current Year** 20 500,767 540.487 Total assets (Part X, line 16). 21 11,335 Total liabilities (Part X, line 26). 16.235 22 529,152 Net assets or fund balances. Subtract line 21 from line 20 484.532 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Signature of office Here Type or print name a Print/Type preparer's name Preparer's signature Date PTIN Check X Paid self-employed Frank Reinschreiber, CPA P00288530 Preparer's Firm's name ► Frank I Reinschreiber, CPA **Use Only** 630 808.6882 Firm's address ► 523 Plymouth Lane Schaumburg, IL Phone no May the IRS discuss this return with the preparer shown above? (see instructions) . X Yes No

Form 9	1 990 (2010) · AMERICAN ACADEMY OF ADVERTISING	38-2239287 P	age ∠
_ Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Pa	rt III	П
			<u></u>
1	Briefly describe the organization's mission		
	The Academy fosters research that is relevant to the field and provides a forum for the		
	of ideas among its academic and professional members. Through the Journal of Ad		
	Journal of Interactive Advertising and the annual conference Proceedings, the Acad		
	research findings and scholarly contributions to advertising education and the profes		
2	Did the organization undertake any significant program services during the year while		1
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducting		,
	services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three larg	est program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are requ	ired to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program serv		
	, , , , , , , , , , , , , , , , , , ,	•	
4a	(Code: ) (Expenses \$ 39,313 including grants of \$	14 425 ) (Revenue \$ 42.669	)
-14	Journal of Advertising/Journal of Interactive Advertising		
	•••••		
	•••••		
	•		
	•••••		
	•••••		
4b	(Code: ) (Expenses \$ 44,954 including grants of \$	0 ) (Revenue \$ 52,649	)
	Annual Conference		
	•••••••••••••••••••••••••••••••••••••••		
	••••••		
	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
	•••••		
40	(Code: \(\sigma\) (Funences \$\psi\) 14 042 including greats of \$\psi\	0 ) (Boyonyo \$ 22,991	`
4c	· · · · · · · · · · · · · · · · · · ·		.)
	International Conference		
	••••••		
	••••••		
	••••••		
	•		
	•••••••••••••••••••••••••••••••••••••••		
4d	Other program services. (Describe in Schedule O.)		
TW	- Care program corridos. (Decombe in Coneduie C.)		
	(Expenses \$ 0 including grants of \$ 0) (Reve	nue \$ 0)	

411	Chokhot of Itoganou concustos		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
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		X
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		X
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		
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		Х
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		Х
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		×
С	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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
202	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some	20h		Ť

	Onto the control of t		Yes	No
24	Did the annual research and then CE 000 of greats and other assistance to governments and organizations		163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
24-	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
<b>L</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		Х
٦	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ļ
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١
	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			
	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,			
٥-	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<del>  ^</del>
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,			
		i		
26	Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
36		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	136	<del>                                     </del>	<del>  ^</del>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>- 5,</del>	<u> </u>	<del>  ^</del>
30		38	x	
	19? Note. All Form 990 filers are required to complete Schedule O	1.30		1

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

orm !	990 (2010) AMERICAN ACADEMY OF ADVERTISING 38-223	9287	F	age \$
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u> </u>
	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	)		
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			-;-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	Î
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	<del>                                     </del>	<del>  ^</del>
va	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<del>                                     </del>
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u> -	ļ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
7	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<del>  ^</del>
g h	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?	7 <u>9</u> 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ '''		-
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-{		}
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	┥		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ĺ
2a	against amounts due or received from them.)	12a		
za b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		T
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			ĺ

14a

14b

38-2239287

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "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.

v
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Sect	ion A. Governing Body and Management				
		]	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year .				
b	Enter the number of voting members included in line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2		_X_	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Does the organization have members or stockholders?	6	Х		
7a	,				
	of the governing body?	7a	Х		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following			ال ــــا	
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)			
			Yes	No	
_	Does the organization have local chapters, branches, or affiliates?	10a	-	<u> </u>	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?	11a		Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	12b		X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done	12c	_X_		
13	Does the organization have a written whistleblower policy?	13		X	
14	Does the organization have a written document retention and destruction policy?	14		_X_	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			!	
а	The organization's CEO, Executive Director, or top management official	15a			
b	Other officers or key employees of the organization	15b	X	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16a				اــــــــــــــــــــــــــــــــــــ	
	with a taxable entity during the year?	16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			الـــــا	
	the organization's exempt status with respect to such arrangements?	16b		L	
-	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► UT				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly)			
	available for public inspection. Indicate how you make these available. Check all that apply				
4.4	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st			
00	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization: ► Patricia B Rose 786.339 333	3			
	24710 Shaker Blvd, Beachwood, OH 44122				

## Form 990 (2010) · AMERICAN ACADEMY OF ADVERTISING

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

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

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B)	Posit	ion (e		C) k all	that ap	ply)	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee			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) Patricia B Rose Executive Director	30.	х						0	0	0
(2) Shelly Rodgers President	15.			х				0	0	0
(3) Herbert J Rotfeld President-Elect	15.			х				0	0	0
(4) Wei-Na-Lee Vice President	15.			х				0	0	0
(5) Debbie Treise Secretary	15.			х				0	0	0
(6) Margie Morrison Treasurer	15			x				. 0	_0	.0
(7) Dean M Krugman Past-President	15.			x				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										_
(14)										
(15)										
(16)										

Form	990 (2010)	AMERICAN ACADEMY OF A	ADVERTISING					_			38	3-2239	9287	Pa	age <b>8</b>
P	art VII	Section A. Officers, Directors,	Trustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employee	s (coi	ntınue	ed)	
		(A) Name and title	(B) Average	Posit	ion (d		C) k all '	that ap	ply)	(D) Reportable	(E) Reportab	ole	Es	(F) timate	d
		Name and dae	hours per week (describe hours for related organizations in Schedule	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from relat organizati (W-2/1099-M	tion ted ons	com fr org and	nount of other pensation the anization direlate anization	of tion tion tion ed
(17)			-												
(18)															
(19)															
(20)			-												
(21)															
(22)															
(23)															
(24)			-												
(25)															
(26)															
(27)															
(28)															
	Sub-total		•						•	0		0			C
		n continuation sheets to Part VII	, Section A					•	. ▶	0	<del>  </del>	0			0
		d lines 1b and 1c) .		linta				<u> </u>	<u> </u>	od mara than \$	L	0			0
		ber of individuals (including but no compensation from the organization		istet		0	;) W	no re	cen		100,000 111		<u> </u>	Yes	Na
3		ganization list any former officer, of on line 1a? If "Yes," complete Sch							igh	est compensate	d 		3	162	X
4	For any in	idividual listed on line 1a, is the sui ization and related organizations g	m of reportable o	ompe	ensa	itior	n an	d oth							
5		erson listed on line 1a receive or a		tion f	rom	anv	 vun	 relat	ed (	 organization or i	ndividual	•	4		Х
	for service	es rendered to the organization? If	•							-			5_		X
		ependent Contractors							<u> </u>		6400.04	20 - 6			
1		this table for your five highest com ation from the organization	npensated indep	ender 	nt cc	ontra	acto	ors th	at r	eceived more th	an \$100,00	JU 01 ———			
		(A) Name and business a	ddress						_	(B) Description of se	rvices		(C comper		
	<del> </del>	<del></del>							$\vdash$						(
			<del></del>						$\vdash$	·					
	<u>.</u>	n								<del></del>					
															(
2		ber of independent contractors (in \$100,000 in compensation from t	_	mited ►	to t	hos	e li	sted a		ve) who receive	d				

Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1	0				
art ar	b	Membership dues						
p 5		-						
fts	C	Fundraising events		<del></del>				
Contributions, gifts, grants and other similar amounts	d	Related organizations	· · · · · · · · · · · · · · · · · · ·	<del></del>				
Sign	e	Government grants (contributions		9 0				
Ltio	f			_				1
ă ŧ		similar amounts not included above						
ק ק	g	Noncash contributions included in line	es 1a-1f \$	0				
<u>ਨ</u> ਵ	h	Total. Add lines 1a-1f		.▶	33,590			
e				Business Code				
Program Service Revenue	2a	Annual Conference Revenue			52,649			52,649
Ş.	b	International Conference Revenue	9		22,881			22,881
ice Si	С	Journal Revenue			42,669			42,669
Š	d				0			
E	e				0			
gra	f	All other program service revenue			0			
5	ا م	i		<b></b>	118,199			
				· · · · · · · · · · · · · · · · · · ·	110,133			
	3	Investment income (including divi						0.704
	_	other similar amounts)			8,791			8,791
	4	Income from investment of tax-ex	empt bond p	roceeds	0			
	5	Royalties	<u></u>	<u>, , , , , , </u>	0			
		_	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)			O		1	
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory.	<del></del>	0 0				
	b	Less. cost or other basis						•
	_	and sales expenses .		o o				
	c	Gain or (loss)		0 0				
	d	Net gain or (loss)		<u> </u>	0			
	"	Net gain or (loss)	•	<del></del>				
ē	0.	Cross income from fundaciona						
Other Revenue	oa	Gross income from fundraising	•					
Š		events (not including \$	<u>.</u> 0					
æ		of contributions reported on line 1	•					
Pe		See Part IV, line 18						
ŏ	ı	Less: direct expenses .	b					
		Net income or (loss) from fundrais	-	<u>, , , , , , , , , , , , , , , , , , , </u>	0			-
	9a	Gross income from gaming activit	ies.	1				
		See Part IV, line 19	. а	0				
	b	Less direct expenses	b	0				
	С	Net income or (loss) from gaming	activities		0			
	10a	Gross sales of inventory, less						
		returns and allowances .	а	. l o				
	b	Less. cost of goods sold .	<u>.</u>					
		Net income or (loss) from sales or	-		0			
	_ <u> </u>	Miscellaneous Revenue	. arventory .	Business Code	<u> </u>			<u> </u>
	11a			Duamesa Code	0			
								<del> </del> -
	b				0		<del> </del>	-
	C	All off and		<b>—</b>	0		<del>                                     </del>	<del>                                     </del>
	d	All other revenue			0		<del>                                     </del>	<del> </del>
	e	Total. Add lines 11a–11d			0		-	
	12	<b>Total revenue.</b> See instructions.			160,580	C	)  (	)  126,990

Form 990 (2010) ·

#### 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) (B) (D) (A) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 11,925 11.925 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . 2.500 2,500 Benefits paid to or for members . . . 4 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) . . . . . 0 7 Other salaries and wages . . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 0 0 9 Other employee benefits 10 0 Payroll taxes . . 11 Fees for services (non-employees) 0 b Legal 1,375 1,375 Accounting C Lobbying . . . . . . 0 Professional fundraising services. See Part IV, line 17. 0 0 Investment management fees . . . f Other 24,888 24,888 g . . . . . Advertising and promotion . . . . . . 12 0 7,455 7.455 13 Office expenses . . . . . . . 14 Information technology . . 990 990 15 Royalties . . . . . . . . . . . . 0 16 Occupancy 0 17 9,038 3,755 5,283 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings 55.241 55,241 20 Interest 0 21 0 829 0 829 22 Depreciation, depletion, and amortization . . . . . 920 23 920 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 799 799 Bank Charges b 0 0 d 0 f All other expenses 0 115.960 98,309 17,651 0 25 Total functional expenses. Add lines 1 through 24f. Joint costs. Check here ▶ if following 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.

2 2 2 2	Savings and temporary cash investments .		(A) Beginning of year		( <b>B</b> ) End of year
	Savings and temporary cash investments .				
	<del>-</del> , , ,		51,283	1	55,588
	Pledges and grants receivable, net		430,496	2	463,115
6	i leages and grants receivable, net		0	3	0
6	Accounts receivable, net	[	0	4	0
	Receivables from current and former officers, of	lirectors, trustees, key			
	employees, and highest compensated employe				
	Schedule L		5		
छ	Receivables from other disqualified persons (a	s defined under section			
اي	4958(f)(1)), persons described in section 4958			1	
छ	employers and sponsoring organizations of sec				
	employees' beneficiary organizations (see instr			6	
Assets			0	7	0
۽   کج				8	
			18,988	9	21,232
10	· · · · ·				
	other basis Complete Part VI of Schedule D	1,381			
	b Less accumulated depreciation	10b 829	0	10c	552
14	·		0	11	0
12			0	12	0
13	·	F	0	13	0
14	, ,		0	14	0
19	<del>-</del>		0	15	0
10			500,767	16	540,487
17			300,707	17	_0,101
18	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	16,235		7,125
19			10,200	19	4,210
20				20	7,210
	•	F		21	
Liabilities 52	· · · · · · · · · · · · · · · · · · ·				
Ē 2	employees, highest compensated employees,	•			
Lia		and disquaimed		22	
23		) <del>-</del>	0	23	0
24		· · · · · · · · · · · · · · · · · · ·	0	24	0
25	· ·	· · · · · · · · · · · · · · · · · · ·	0		0
26	·	· · · · · ·	16,235		11,335
- 2			10,233	20	
ဖွ	Organizations that follow SFAS 117, check				
ည္တ	complete lines 27 through 29, and lines 33 a	and 34.			<u> </u>
<u>kg</u>   27	Unrestricted net assets .			27	
m   28	Temporarily restricted net assets		_	28	
[ 25	Permanently restricted net assets			29	
교	Organizations that do not follow SFAS 117,	check here ▶X			
6	and complete lines 30 through 34.				,
\$ 30	-	;  -		30	
355	Paid-in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	• • • • • • • • • • • • • • • • • • • •	· ·	484,532		529,152
Ž 33	<u> </u>		484,532		529,152
34			500,767		540,487

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Par	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	٠		
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,580
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,960</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		484	<u>,532</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		529	<u>,152</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		1 1		i
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

#### 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

**Employer identification number** 38-2239287 AMERICAN ACADEMY OF ADVERTISING 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.) 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 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 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). 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 b | Type II c Type III-Functionally integrated Type III-Other 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 g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? . . . . 11g(i) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s) h (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the above or IRC section. governing document? col (i) of your (see Instructions)) support? US? Yes No Yes Yes No (A) 0 (B) 0 (C) 0 (D) 0 (E) 0 0 Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 Gifts, grants, contributions, and membership fees received. (Do not 0 include any "unusual grants.") . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . 0 0 Total. Add lines 1 through 3 . . . . . 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) . . . . . . . . . Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 7 Amounts from line 4 0 0 0 0 0 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)..... 0 11 Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . . 0 00% 15 0 00% 16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . 33 1/3% support test-2009. 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 10%-facts-and-circumstances test-2010. 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 . 10%-facts-and-circumstances test-2009. 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. 

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

	•	* * * *
(Complete on	ly if you checked the box o	n line 9 of Part I or if the organization failed to qualify under Part II
If the organiza	ation fails to qualify under the	ne tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	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")	35,194	26,986	32,383	32,153	33,590	160,306
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	70,127	93,489	107,616	111,189	118,199	500,620
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	105,321	120,475	139,999	143,342	151,789	660,926
7a	Amounts included on lines 1, 2, and 3	100,021	120,470	100,000	140,042	101,700	000,020
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	i					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						000 000
Soc	tion B. Total Support	1			l		660,926
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
			•				
9	Amounts from line 6	105,321	120,475	139,999	143,342	151,789	660,926
10a	Gross income from interest, dividends,						
	payments received on securities loans,	0 040	15 151	15 310	16 271	9 701	64.450
h	rents, royalties and income from similar sources Unrelated business taxable income (less	8,818	15,151	15,319	16,371	8,791	64,450
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	8,818	15,151	15,319	16,371	8,791	64,450
11	Net income from unrelated business	5,0.0	,	,	,	0,1,0,1	- 1, 100
	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)		475	1,049	950		2,474
13	Total support. (Add lines 9, 10c, 11,	444400	400.404	450.00	400.000	100 500	707.050
14	and 12)	114,139	136,101	156,367	160,663	160,580	727,850
	First five years. If the Form 990 is for the organization, check this box and stop here	TION'S TIRST, SECOR	ia, thira, fourth, (	or ππη tax year a	s a section 501(c		▶ 🗌
Sect	tion C. Computation of Public Support						
15	Public support percentage for 2010 (line 8, column	•	e 13, column (f))			15	90.81%
16	Public support percentage from 2009 Schedule A,					16	90 04%
	tion D. Computation of Investment Inco			(0)		-2-	0.050/
17	Investment income percentage for 2010 (line 10c, o		-	ımn (t))	}	17	8 85%
18 19a	Investment income percentage from 2009 Scheduli			nd line 15 is man	e than 33 1/20/		9 59%
174	33 1/3% support tests-2010. If the organization dinot more than 33 1/3%, check this box and stop he						► X
b	33 1/3% support tests-2009. If the organization di	-			-		
.,	line 18 is not more than 33 1/3%, check this box ar						▶□
20	Private foundation. If the organization did not che	-		•		_	▶ □

Schedule A (Form	990 or 990-EZ) 2010	AMERICAN ACADEMY OF ADVERTISING	38-2239287	Page 4
Part IV	Supplemental Part II, line 17a instructions).	<b>Information</b> . Complete this part to provide the explanations requ or 17b; and Part III, line 12. Also complete this part for any additi	ured by Part II, line 1	10,
Part III Line 12	Mailing List			•••••
	•••••			

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN ACADEMY OF ADVERTISING 38-2239287 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No the grants or assistance? . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, agents region (by type) (e g, a program service, expenditures for and independent fundraising, program describe specific type of and investments region service(s) in region ın region contractors services, investments, in region grants to recipients located in the region) Europe \_(1) 0 0|Program Services Conference 14.042 (2) 0 0 0 0 0 0 (4) 0 0 0 0 0 0 (5) 0 0 0 (6) 0 0 (7) 0 0 (8) 0 0 (9) 0 0 0 0 (10)0 0 (11)0 0 0 0 0 (12)0 0 0 (13) 0 0 0 (14)0 0 (15) 0 (16)0 0 (17)0 0 14,042 3a Sub-total **b** Total from continuation sheets to Part I 0 0

0

0

14,042

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2010

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

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement		;														
(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~

Enter total number of other organizations or entities

38-2239287

Part III

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Part III can be duplicated if additional space is needed	al space is needed						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)		0	0		0		
(2)		0	0		0		
(3)		0	0		0		
(4)		0	0		0		
(5)		0	0		0		
(9)		0	0		0		
(1)		0	0		0		
(8)		0	0		0		
(6)		0	0		0		
(10)		0	0		0		
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		
						Schedule	Schedule F (Form 990) 2010

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Yes

Schedule F (Form 990) 2010 Page **5** 

Part V	Supplemental Information  Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Publi

Employer identification number

38-2239287

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AMERICAN ACADEMY OF ADVERTISING

General Information on Grants and Assistance

Partl

► Attach to Form 990.

	Yes
[	×
ibility for the grants or assistance, and	
ance, the grantees' eligi	
rants or assista	
Does the organization maintain records to substantiate the amount of the g	the selection criteria used to award the grants or assistance?

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. can be duplicated if additional space is needed. Part II

call be duplicated if additional space is fleeded.	addition for spa	ice is liceded.					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)			0	0			
(2)			0	0			
(3)			0	0			
(4)			0	0			
(5)			0	0			
(9)			0	0			
(7)			0	0			
(8)			0	0			
(6)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>	organizations	government organi	zations	· · · · · · · · ·		<b>A A</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Part III

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 14,425 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 0 0 (b) Number of recipients (a) Type of grant or assistance 1 Research Grant 7 ო S 9 4

#### 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 Form 990 or 990-EZ or to provide any additional information.

2010
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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Inspection Employer identification number

AMERICAN ACADEMY OF ADVERTISING	38-2239287
Form 990 Part Part VI Section B Line 11b The tax return is initially reviewed by the Executive	9
Director. After the final return is available, it is submitted to the Treasurer and President	
for signature.	
Form 990 Part Part VI Section B Line 12c The written confilict of interest policy is discussed	
at the Annual Members' meeting	
Form 990 Part Part VI Section C Line 19 The Constitution of the organization is posted on the	
website All other information, including Conflict of Interest and Financial data are	
available upon request	
	***************************************

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172 Attachment

Sequence No 67

Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return AMERICAN ACADEMY OF ADVERTI		ess or activity	to which this fo	rm relates		Identifying numl 38-2239287	ber	
Part I Election To Expense		ertv Under	Section 17	9				
Note: If you have any listed								
1 Maximum amount (see instruction							1	500,000
2 Total cost of section 179 property	•				•		2	1,381
3 Threshold cost of section 179 pro					•	•	3	2,000,000
4 Reduction in limitation Subtract li						• •	4	0
5 Dollar limitation for tax year. Subtract in					 ad filing		1	
	ract line 4 from t	ille i li zelo	OI IESS, EIIIE	-U- II IIIaiiik	a ming		5	500,000
separately, see instructions .	•	<del></del>				(a) Floated and		300,000
6 (a) Description of	property		( <b>b</b> ) Co	st (business use	only)	(c) Elected cos	<del>"</del> ——	
7 Listed property. Enter the amount				· · · · ·	. 7	<u>.                                    </u>	<del>, _</del>	
8 Total elected cost of section 179 p							8	
9 Tentative deduction Enter the sm							9	0
10 Carryover of disallowed deduction							10	
11 Business income limitation Enter	the smaller of b	usiness inco	me (not less	than zero) or	line 5 (see in	structions)	11	
12 Section 179 expense deduction A	Add lines 9 and 1	10, but do no	t enter more	than line 11	. <u></u>		12	C
13 Carryover of disallowed deduction	to 2011. Add lir	nes 9 and 10	, less line 12		. 🕨 13		0	
Note: Do not use Part II or Part III bei								
Part II Special Depreciation					clude listed p	roperty.) (See	nstru	ctions)
14 Special depreciation allowance fo						4.7.		
during the tax year (see instruction			p. op	o,, p			14	691
15 Property subject to section 168(f)(		• •				•	15	
16 Other depreciation (including ACF		• •		•		•	16	
Part III MACRS Depreciation	(Do not inclu	do listad pr	oporty ) (So	inetruction		·	101	
WACKS Depreciation	I (DO HOL ITICIO			= IIIStruction	5 )			
47 MACDO de desdes de la compansión de l			Section A	0040			14-1	
17 MACRS deductions for assets pla						•	17	<u>.</u>
18 If you are electing to group any as		service during	g the tax year	into one or r	nore	. —		
general asset accounts, check he	re	<u> </u>	•	<u> </u>		<u>▶</u> ∐_		
Section B - Assets	Placed in Serv	rice During 2	2010 Tax Yea	r Using the	General Dep	reciation Syster	n	
	(b) Month and	(c) Basis for	r depreciation		-			
(a) Classification of property	year placed	(business/inv	vestment use	(d) Recovery	(e) Convention	(f) Method	(g) De	preciation deduction
(,	in service	onlysee :	instructions)	penod		''	"	
19 a 3-year property	-	<del>                                     </del>					1	
b 5-year property	†	_	690	5	HY	200DB		138
c 7-year property	†		- 000		111	20000		
d 10-year property	1							
	1						<del> </del>	
e 15-year property	†				<del>  -</del>		1	
f 20-year property	-			05	ł		+	
g 25-year property	-	-		25 yrs	1	S/L	1	
h Residential rental		-		27 5 yrs	MM	S/L	1	
property	ļ	<u> </u>		27.5 yrs.	MM	S/L	<del> </del>	
i Nonresidential real				39 yrs	MM	S/L	<b>↓</b>	
property	<u> </u>	<u> </u>			MM	S/L	<u></u>	
Section C - Assets Pl	laced in Service	e During 201	10 Tax Year	Using the Al	ternative Dej	preciation Syste	m	
20 a Class life						S/L		
b 12-year	]		-	12 yrs.		S/L		
c 40-year		<u> </u>		40 yrs.	ММ	S/L		
Part IV Summary (See instruc	ctions )	•		. ٠٠٠,٠٠٠				
21 Listed property. Enter amount fro	<del></del>					-	21	
22 Total. Add amounts from line 12,		 . 17 Junes 10		 lump (a) and			<del>                                     </del>	
						one	22	920
Enter here and on the appropriate						uns	124	829
23 For assets shown above and plac		iring the curre	ent year, ente	er the portion		1		
of the basis attributable to section	263A costs			•	<u> 23</u>	<u> </u>		
D							-	4500 (0040