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Form 990-EZ

Short Form 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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

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Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	American Academy of Micropigmentation	56-1876842
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	2709 Medical Office Place	919-736-3937
<input type="checkbox"/> Terminated	Room/suite	F Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	Goldsboro NC 27534	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B	
I Website: ► www.micropigmentation.org	(Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 140,494

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	31,875
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	34,207
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	50,164
c Less: direct expenses from gaming and fundraising events	6c	4,617	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,547	
7a Gross sales of inventory, less returns and allowances	7a	2,748	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,748	
8 Other revenue (describe in Schedule O)	8	21,500	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,877	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	44,540
	14 Occupancy, rent, utilities, and maintenance	14	259
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	44,701
	17 Total expenses. Add lines 10 through 16	17	89,500
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,377
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	920
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,297

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

DAA

85
12

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	2,729	22	35,398
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	754	24	23,202
25 Total assets	3,483	25	58,600
26 Total liabilities (describe in Schedule O)	2,563	26	11,303
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	920	27	47,297

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

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

What is the organization's primary exempt purpose?

See Schedule 0

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

28	To advance the science of micropigmentation and to establish standards for the ethical and competent practice of its art.		
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	▶ <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Check if the organization used Schedule O to respond to any question in this Part V

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer <i>Charles Zwerdling Pres.</i>	Date 1/31/12			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michael C. Jordan, CPA	Preparer's signature <i>Michael C. Jordan, CPA</i>	Date 2/29/12	Check <input type="checkbox"/> if self-employed	PTIN P00290945
	Firm's name ▶ Pittard Perry & Crone, Inc.	Firm's EIN ▶ 56-1081567			
	Firm's address ▶ P. O. Box 10588 Goldsboro, NC 27532-0588	Phone no 919-751-8297			
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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Name of the organization **American Academy of
Micropigmentation**

Employer identification number
56-1876842

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Management and Rent	\$ 21,500
Total	\$ 21,500

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Travel	\$ 11,803
Insurance	\$ 2,393
Supplies	\$ 289
Bank Charges	\$ 3,633
Contract Labor	\$ 5,200
Telephone/Internet Maint	\$ 1,023
Seminar Expenses	\$ 19,860
Honorarium Gift	\$ 500
Total	\$ 44,701

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 0	\$ 22,706
Equipment	\$ 15,110	\$ 15,110
Less Accumulated Depreciation	\$ 14,729	\$ 14,913
Trademark-net of amortization	\$ 373	\$ 299
Total	\$ 754	\$ 23,202

Name of the organization

American Academy of

Employer identification number

56-1876842

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description

Beg. of Year End of Year

Accounts Payable and Accrued Expenses

\$ 2,563 \$ 11,303

Form 990-EZ, Part III - Primary Exempt Purpose

To improve the care of the micropigmentation patient by
maintaining an association of trained and educated physicians,
nurses and dermatechnicians.

For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

Name

American Academy of
Micropigmentation

Employer Identification Number

56-1876842

	(A)	(B)	(C)	Others	Total
Gross receipts	49,744	420	0	0	50,164
Less contributions	0	0	0	0	0
Gross revenue	49,744	420	0	0	50,164
Less direct expenses	4,617	0	0	0	4,617
Net income (loss)	45,127	420	0	0	45,547

Description:	(A) <u>Vendor Expo</u>
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(B) Advertising / Solicitation

(C)

Others _____

Others