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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)

OMB No 1545-1150 2010

Open to Public

Inspection

Sponsoning 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

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2010 calend	ar year, or tax year beginning 07/01	$/10^{\circ}$, and ending	a 0	6/30	/11					
В		applicable	C Name of organization					D Emi	plover identific	cation number		
$\bar{\Box}$	Address		American Academy of									
H	Name ch	-	Micropiqmentation					5	6-18768	42		
H	Initial ret	•	Number and street (or P O box, if mail is not deli	vered to street address)		Room/suite	E Telephone number				
П	Terminat	ted	2709 Medical Office	Place				919-736-3937				
П	Amende	d return	City or town, state or country, and ZIP + 4					F Gro	up Exemption	า		
П	Applicati	on pending	Goldsboro	NC 27534	4		Ī	Nur	mber	>		
G	Account	ing Method	Cash X Accrual Other (specify) ▶				H Check ▶	lf t	he organization	ıs not		
ı	Website	e: > ww	w.micropigmentation.or	rq			required	to attach S	Schedule B			
J	Tax-exe	mpt status (cl	neck only one) — 501(c)(3) X 501(c) (6) 	947(a)	(1) or	527 (Form 99	0, 990-EZ	, or 990-PF)			
K	Check D		rganization is not a section 509(a)(3) supporting or	anization and its gross	s receil	ots are non	mally not more than	\$50,000 A	١			
	Form 99	0-EZ or Form 9	90 return is not required though Form 990-N (e-pos	tcard) may be required	(see ır	structions	But if the organizati	on choose	s			
	to file a r	return, be sure t	o file a complete return									
L	Add line	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross rece	ipts are \$200,000 or m	ore, or	ıf total ass	ets (Part II,					
	line 25, d		w) are \$500,000 or more, file Form 990 instead of F					▶		140,494		
F	art I	Reven	ue, Expenses, and Changes in Ne	et Assets or Fu	nd B	alance	s (see the instru	ctions fo	or Part I.)			
		Check	f the organization used Schedule O to re	espond to any que	stion	in this P	art I , , ,	.,		X		
2012	1	Contributions,	gifts, grants, and similar amounts received					1		<u>31,875</u>		
	2	Program ser	vice revenue including government fees and	contracts				2				
90	3	Membership	dues and assessments		Se	e Sta	tement	3		34,207		
~~	4	Investment	ncome .				•	4				
MAR	5a	Gross amou	nt from sale of assets other than inventory	•	.	5a						
\geq	b	Less: cost o	r other basis and sales expenses		L	5b						
\Box	С	Gain or (loss)	from sale of assets other than inventory (Subtract I	ne 5b from line 5a)				<u>5c</u>				
Щ	6	Gaming and	fundraising events						1			
Ź:	а	Gross incon	ne from gaming (attach Schedule G if greate	r than					1			
₹.		\$15,000)			L	6a						
SCANNED Revenue	b		ne from fundraising events (not including \$ _			of contrib	outions					
-			sing events reported on line 1) (attach Sche		1	1						
			gross income and contributions exceeds \$1		-	6b	50,1					
	C		expenses from gaming and fundraising ever		_	6c	4,6	17]			
	d		or (loss) from gaming and fundraising event	s (add lines 6a and 6	6b and	d subtract			. 1	45 545		
		line 6c)			ſ	_ '1	٠.	4.0	<u> </u>	45,547		
	7a		of inventory, less returns and allowances	•		7a	2,7	48				
	þ	Less cost o	*		Ĺ	7b		┥.	1	2 740		
	C		or (loss) from sales of inventory (Subtract III	ie /b πom line /a)			•	70	· · · · · · · · · · · · · · · · · · · ·	2,748		
	8		ue (describe in Schedule O)			DE	CEIVED	<u>8</u> ▶ 9		$\frac{21,500}{135,877}$		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		+.			10		133,677		
	10		similar amounts paid (list in Schedule O) d to or for members	•	4	•						
	11	-	ner compensation, and employee benefits		33	MAR	1 2 2012					
ses	13		I fees and other payments to independent or	ontractors		_		OSO-5 11 12 13		44,540		
Expenses	14		rent, utilities, and maintenance	milaciois		OĠI	DEN. UT	7 14		259		
Ë	15		blications, postage, and shipping		L_	<u>, CC</u>	eller IV, VII	15				
	16		nses (describe in Schedule O)	•			•	16		44,701		
	17		nses. Add lines 10 through 16					▶ 17		89,500		
_	18		deficit) for the year (Subtract line 17 from line	· 9)				18		46,377		
şţ	19		or fund balances at beginning of year (from I		(must	agree wi	 th					
556			figure reported on prior year's return)	_ == ,	,	J ==		19	•]	920		
Net Assets	20	•	ges in net assets or fund balances (explain ii	 Schedule O)				20				
ž	21		or fund balances at end of year. Combine lin			•••		▶ 21		47,297		
Fo	_,		n Act Notice, see the separate instructions.		-	-				990-EZ (2010)		

DAA

Part II	Balance Sheets. (see the inst						
	Check if the organization used S	chedule O to respond to	any question in this	Part II	 ,		X
			Ļ	(A) Beginning of year		(B) Er	nd of year
22 Cash, sa	avings, and investments			2,7	29 22		35,398
23 Land and	d buildings		Ļ		0 23		
24 Other as	sets (describe in Schedule O)				54 24		23,202
25 Total as	sets			3,4			58,600
26 Total lia	bilities (describe in Schedule O)	•	[2,5			11,303
27 Net asse	ets or fund balances (line 27 of column				20 27	l	47,297
Part III	Statement of Program Serv	ice Accomplishmen	ts (see the instructi	ons for Part III.)	_	Expe	enses
	Check if the organization used S	chedule O to respond to	any question in this	Part III	(R	Required fo	r section
What is the	organization's primary exempt purpose?				50	01(c)(3) an	d 501(c)(4)
See Sche			· · · · · · · · · · · · · · · · · · ·			ganızatıon	s and section
	at was achieved in carrying out the orga				49	947(a)(1) ti	rusts, optional
the services	provided, the number of persons benefi	ted, or other relevant infor	mation for each progra	ım tıtle.	fo	r others)	
28 To ac	ivance the science of micropig	mentation and to					
estal	olish standards for the ethica	l and competent				1	
pract	tice of its art.				ہـــ	1	
(Grants	\$) If this am	ount includes foreign gran	ts, check here	<u> </u>	28a		
29			•				
					ద		
(Grants	\$) If this am	ount includes foreign gran	its, check here	>	29a	1	
30							
	•		•				
<i>(</i> 0 <i>(</i>			de abaalchara	_			
(Grants		iount includes foreign gran	its, crieck nere		304	 	
-	rogram services (describe in Schedule C		ote check here		☐ 31a		
(Grants	ogram service expenses (add lines 28	ount includes foreign gran	its, clieck fiere		▶ 32		
22 Total or		a tiliough o raj			P 02		•
		s and Key Employees	ist each one even if	not compensated	(see the	instructio	ns for Part IV)
Part IV	List of Officers, Directors, Trustee				(see the	instructio	ns for Part IV)
	List of Officers, Directors, Trustee Check if the organization used S	chedule O to respond to	o any question in this	s Part IV	(d) Contrib	outrons to	(e) Expense
	List of Officers, Directors, Trustee	chedule O to respond to	o any question in thi	s Part IV (c) Compensation (If not paid,		outions to nefit plans &	
Part IV	List of Officers, Directors, Trustee Check if the organization used S	chedule O to respond to	(a) Title and average hours per week	s Part IV (c) Compensation (If not paid,	(d) Contrib employee ber	outions to nefit plans &	(e) Expense account and
Part IV American	List of Officers, Directors, Trustee Check if the organization used S (a) Name and address	chedule O to respond to	(a) Title and average hours per week devoted to position	s Part IV (c) Compensation (If not paid,	(d) Contrib employee ber deferred con	outions to nefit plans &	(e) Expense account and
Part IV American	List of Officers, Directors, Trustee Check If the organization used S (a) Name and address Academy of Micropigmentatio	chedule O to respond to	(a) Title and average hours per week devoted to position President	s Part IV (c) Compensation (If not paid, enter -0)	(d) Contrib employee ber deferred con	outions to nefit plans &	(e) Expense account and other allowances
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Pa	irį V	Other Information (Note the statement requirements in the instructions for Part V Check if the organization used Schedule O to respond to any question in this Part V	.)			П
		onoskii kilo organization asoa oshloddio o to respond to dity quostion in timo r dit t			Yes	No
33		organization engage in any activity not previously reported to the IRS? If "Yes," provide a detaile	ď			
		on of each activity in Schedule O		33		X
34		y significant changes made to the organizing or governing documents? If "Yes," attached a con				
		he amended documents if they reflect a change to the organization's name. Otherwise, explain	the			
	-	on Schedule O (see instructions)		34		X
35	-	inization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu	(not reported			
_		190-T, explain in Schedule O why the organization did not report the income on Form 990-T.	(A)			1
а		organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requireme		35a	}	X
b		has it filed a tax return on Form 990-T for this year (see instructions)?	III.S'	35a		<u> </u>
36		organization undergo a liquidation, dissolution, termination, or significant disposition of net asset	'e	338		
50		e year? If "Yes," complete applicable parts of Schedule N		36		x
37a	_	· ·	7a	- 55		
Ь		organization file Form 1120-POL for this year?	<u> </u>	37b		X
38a		organization borrow from, or make any loans to, any officer, director, trustee, or key employee o	r were	2.2		
		n loans made in a prior year and still outstanding at the end of the tax year covered by this return		38a		X
b	-		8b			
39		501(c)(7) organizations Enter			ļ	
а		· · · · · ·	9a			1
b	Gross re	ceipts, included on line 9, for public use of club facilities	9b			
40a	Section	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4	911 ▶		_		
þ	Section	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess	benefit			1
	transact	on dunng the year, or did it engage in an excess benefit transaction in a prior year, that has not	been		l	
	reported	on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		<u> </u>
С		501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organiza	tion managers or disqualified persons during the year under sections 4912,			,	1
	4955, ai	\cdot	·	_		
d		501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			l	
		sed by the organization	<u> </u>			1
е	_	nizations. At any time during the tax year, was the organization a party to a prohibited tax shelte	ŗ.			1,,
		ion? If "Yes," complete Form 8886-T		40e	Щ_	<u> </u>
41		states with which a copy of this return is filed NC	Tolonhama na 🕨 (919-73		027
42a	ine org	anization's books are in care of ▶ Dr. Charles Zwerling	Telephone no	119-13	0-3	93/
	Leasted	2709 Medical Office	ZIP+4 ▶	27534		
h		at Goldsboro, NC NC		2/334		
b	-	me during the calendar year, did the organization have an interest in or a signature or other auti nancial account in a foreign country (such as a bank account, securities account, or other financ			Yes	No
	account		7101	42b	, 63	X
		enter the name of the foreign country		·		† <u></u> -
	-	Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank		1	1
		ancial Accounts.			1	1
С		me during the calendar year, did the organization maintain an office outside of the U.S.?		42c	ĺ	x
		enter the name of the foreign country				
43		4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here				▶ [
		er the amount of tax-exempt interest received or accrued during the tax year	▶ 43			_
				_		
					Yes	No
44a	Did the	organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
		ed instead of Form 990-EZ		44a		X
b	Did the	organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				1
	comple	ed instead of Form 990-EZ		44b	 	X
¢		organization receive any payments for indoor tanning services during the year?		44c	<u> </u>	X
d	If "Yes,	to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	i		1	
	explana	tion in Schedule O		44d	<u>L_</u>	<u></u>
				Form 99	JO-E7	£ (2010)

Form 9	990-EZ (2010) Am	erican	n Acad	emy of	-			56	5 <u>-1</u> 8768	42				F	Page 4
	,														Yes	No
45	ls any related	organiza	ition a contr	olled entity	of the orgai	nization w	vithin the m	eaning	of section 5	12(b)(13)?			L	45		X
	Did the organ			-		-				-						
	meaning of se			"Yes," Forn	n 990 and S	chedule	R may need	d to be	completed in	nstead of			-			
	Form 990-EZ	•	•										ļ.	45a		<u>X</u>
	Did the organ			-	•		_	ties on	behalf of or i	n opposition						
Par	to candidates							3\/4\ m	onovomn	t charitab	lo tr	usta anli		46		X
rati										ust answer				MON		
			d complete		•		-	mamar	iie iiusis iiii	ust allswell	ques	10115 41-48	3 D			
			•					v auge	tion in this f	Part V/i						
		SCK II UIG	5 Organizat	ion useu c	Schedule C	io resp	ond to any	y ques	uon in uns r	aitvi		<u> </u>			Yes	No
47	Did the organ	ization ei	nasae in loh	buina activ	itios? If "Voi	e " compl	ata Schadu	م ر _ا مار	art II				Г	47	165	NO.
	Is the organiz					•				. =			<u></u> ⊢	48		
	Did the organiz						-			_			—	49a		
	If "Yes," was t		_		•		DIC TEIAICO	Organiz	.ation ·				<u> </u>	49b		
	Complete this				_		d employe	es (oth	 er than office	rs directors	trusta	es and key	<u> </u>	100		Ь
	employees) w		•		_	•		•				•				
			and address o					(b) T	itle and average	(c) Compens		(d) Contribi			Exper	
	,	(a) Name		\$100,000	byce paid moi				ours per week roted to position			employee bene deferred com			ount a	
								1	olas la poolasii				- Conduction	<u> </u>		
			•					-		1		ļ				
										Ì						
								1					i			
															_	
												ł				
								1				ĺ	-			
f	Total number	of other	employees	paid over \$	100,000				•	· ·		<u> </u>				
	Complete this					mpensate	ed independ	dent co	ntractors who	each receiv	ed m	ore than				
	\$100,000 of c															
			ss of each ind						(b)	Type of servi	ce		(c) Cor	mpens	sation	
						-										
								ŀ								
						<u>-</u>										
								i								
_		_			_			[_			
d	Total number	of other	ındependen	t contracto	rs each rece	eiving ove	er \$100,000	,								
52	Did the organ	ization c	omplete Sch	nedule A? N	Note Ali sed	tion 501	(c)(3) organ	nization	s and 4947(a	1)(1)						
	nonexempt cl	nantable	trusts must	attach a co	mpleted Sc	hedule A								Yes		No
	penalties of pen											my knowledg	e and belie	f, it is		
true, co	orrect, and comp	olete Deck	aration of pre	parer (other ti	havi officer) is	based on	all informatio	on of whi	ch preparer ha	s any knowledg	je			_		
										1 3 5	4	-				
Sign	S	ignature o	f officer		A.		1			Date	.•					
Here		TAX	<u> </u>	WASTIBE	(Kies	, ,										
			t name and to	tte)	1	 			——-			т			
	Print/Ty	ype prepar	er's name			Preparer	's signature	~ ^	-0 1	21	Date	Che	eck 🔲 ıf	PTIN		
Paid	Micha	el C. c	Jordan, C	PA		14	sh-fC	-6/	John, C.	174	2/2	9/12 self	-employed	P002	2909	45
Prep					erry 8	& Cro	ne, I	n_{ℓ} .				Firm's EIN ▶	56-	10	815	67
Use	Only Firm's	address >			10588											
			Gold	dsborc	NC	<u> 275</u> 3	2-058	8				Phone no	919-7	<u> 751</u>	<u>-82</u>	<u> </u>
May	the IRS discu	ss this re	tum with the	preparer s	shown above	e? See in	structions						D	Ye	s	No
DAA													For	m 99	0-E2	(2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization American Academy of Micropigmentation

Employer identification number 56-1876842

Form	990-EZ,	Part I,	Line	8 -	Other	Revenu	.e
Desci	ription					. Am	ount
Manag	gement a	nd 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

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

44,701

Total \$

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.

. •		Special Events Schedule									
Form 99	0		-				2010				
		For calendar year 2010, or ta	x year beginning	07/01/10	, and ending	06/30/11	L				
lame		1				Employer Id	entification Number				
		demy of				FC 107	C040				
<u>Micropi</u>	gment		(D)	(C)		<u>56-187</u> thers					
C		(A)	(B) 420	(C)	0		Total				
Gross receipts Less contrib	-	49,744	0		0	0	50,164 0				
Gross revenue		49,744	420		0	 -	50,164				
Less direct e		4,617	<u>420</u> -		0		4,617				
Net income (lo		45,127	420		0	 -	45,547				
Description:	(A) (B) (C)	Vendor Expo Advertising /	Solicitati	on							
	Others										
				<u>-</u>							