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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO ASSURE THAT DERMATOLOGISTS HAVE ACCESS TO THE HIGHEST QUALITY EDUCATION, RESEARCH AND INNOVATIONS IN THE FIELD, AND THAT PATIENTS AND THE PUBLIC HAVE ACCESS TO THE HIGHEST QUALITY MEDICAL AND SURGICAL DERMATOLOGIC CARE AND TO INFORMATION REGARDING PREVENTION, CARE AND TREATMENT OF DERMATOLOGIC CONDITIONS TO FACILITATE THE EFFICIENT DELIVERY OF QUALITY DERMATOLOGIC CARE, DEVELOP EVIDENCE-BASED CLINICAL GUIDELINES, AND PROMOTE RESEARCH IN AND PREVENTION OF DISEASES OF THE SKIN, HAIR, AND NAILS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 4,766,784 including grants of \$ 776,528 ) (Revenue \$ 14,311,589 )

SCIENTIFIC ASSEMBLY - THIS INCLUDES THE ANNUAL AND SUMMER SCIENTIFIC AND EDUCATIONAL MEETINGS THESE MEETINGS ARE ATTENDED BY MORE THAN 19,000 DERMATOLOGISTS, OTHER PHYSICIANS, ALLIED MEDICAL PERSONAL, AND OTHERS THESE TWO PROGRAMS COMBINED PRESENT MORE THAN 500 INDIVIDUAL EDUCATIONAL SESSIONS PROVIDING RESULTS OF CURRENT RESEARCH AND RECENT ADVANCES IN THE DIAGNOSIS, MANAGEMENT AND TREATMENT OF DERMATOLOGIC CONDITIONS AND DISEASES, AND ADDRESS ISSUES OF PATIENT SAFETY, QUALITY OF CARE AND PRACTICE MANAGEMENT IMPROVEMENT

4b

(Code ) (Expenses \$ 3,330,965 including grants of \$ 301,205 ) (Revenue \$ 1,031,673 )

COMMUNICATION & PUBLICATIONS - A RANGE OF PROGRAMS FOCUS ON IMPROVING PUBLIC HEALTH BY PROVIDING INFORMATION ABOUT DERMATOLOGIC CONDITIONS AND THE IMPORTANCE OF SKIN CARE AS A COMPONENT OF OVERALL HEALTH A PRIMARY FOCUS IS ON THE GOAL OF REDUCING MORTALITY FROM SKIN CANCER IN 10 YEARS AND ITS INCIDENCE IN 30 YEARS THESE EFFORTS ARE CARRIED OUT THROUGH USE OF PATIENT INFORMATION PAMPHLETS, A PUBLIC WEB SITE, PUBLIC INFORMATION CAMPAIGNS, FREE SKIN CANCER SCREENINGS, GRANTS TO SUPPORT BUILDING OF SHADE STRUCTURES, AND OTHER ACTIVITIES ESTIMATES ARE THAT MORE THAN 1,500,000 INDIVIDUALS HAVE BEEN REACHED ANNUALLY THROUGH THESE EFFORTS

4c

(Code ) (Expenses \$ 1,157,565 including grants of \$ 56,000 ) (Revenue \$ )

EDUCATION AND EVALUATION IN ADDITION TO THE ANNUAL AND SUMMER MEETINGS, AS AN ACCREDITED CONTINUING MEDICAL EDUCATION PROVIDER THE ACADEMY PRESENTED TWO REGIONAL DERMATOLOGY COURSES AND RESIDENT PRACTICE MANAGEMENT COURSES WHICH HAD COMBINED ATTENDANCE OF MORE THAN 800 WE ALSO PRODUCE A VARIETY OF ENDURING EDUCATION MATERIALS (IN PRINT, DIGITAL, AND WEB BASED FORMATS) AS WELL AS SELF-ASSESSMENT PRODUCTS AND MAINTENANCE OF CERTIFICATION SELF-ASSESSMENT PRODUCTS TO SUPPORT DERMATOLOGISTS IN STAYING CURRENT IN PRACTICE AND MEDICAL CERTIFICATION REQUIREMENTS

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

JOURNAL OF THE AMERICAN ACADEMY OF DERMATOLOGY - THE OFFICIAL CLINICAL JOURNAL OF THE ACADEMY IS PUBLISHED MONTHLY AND FEATURES ORIGINAL, PEER-REVIEWED ARTICLES ON THE LATEST ADVANCES IN THE PREVENTION, DIAGNOSIS, AND TREATMENT OF DERMATOLOGIC DISORDERS ITS AUDIENCE INCLUDES DERMATOLOGISTS, PEDIATRIC DERMATOLOGISTS, DERMATOLOGIC SURGEONS, DERMATOPATHOLOGISTS, RESIDENTS, AND PHYSICIAN ASSISTANTS AND IT IS INDEXED IN INDEX MEDICUS, SCIENCE CITATION INDEX, CURRENT CONTENTS/CLINICAL MEDICINE, AND MEDICINE IT HAS A CIRCULATION OF 18,300

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SCIENCE, RESEARCH, QUALITY AND PRACTICE - INCLUDES THE DISTILLATION AND RATING OF EVIDENCE AND DISSEMINATION OF BEST PRACTICES IN THE PRACTICE OF DERMATOLOGY VIA CLINICAL PRACTICE GUIDELINES, PERFORMANCE MEASURES, AND OTHER TOOLS, SCIENTIFIC SUPPORT FOR PUBLIC AND HEALTH POLICY MESSAGING AND EDUCATIONAL PROGRAMS, AND SURVEY RESEARCH PROVIDE ACADEMY MEMBERS WITH ASSISTANCE AND EDUCATION RELATED TO APPROPRIATELY RUNNING AN EFFICIENT PRACTICE INCLUDING COMPLIANCE WITH RELEVANT REGULATIONS, IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY, QUALITY IMPROVEMENT, AND GENERAL PRACTICE MANAGEMENT ISSUES

(Code ) (Expenses \$ 6,648,924 including grants of \$ 295,754 ) (Revenue \$ )

OTHER PROGRAM SERVICES - OVER 600 PROGRAMS

4d

Other program services (Describe in Schedule O )

(Expenses \$ 6,648,924 including grants of \$ 295,754 ) (Revenue \$ )



















4e

Total program service expenses

\$ 15,904,238

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . . 	14b	Yes
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . . 	15	Yes
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . . 	16	No
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? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	779
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	178
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
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 or securities account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	16
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <b>IL</b>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <b>STEVE DEBNAR</b> <b>930 EAST WOODFIELD ROAD</b> <b>SCHAUMBURG, IL 60173</b> <b>(847) 240-1128</b>

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▶			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▶	2,912,753	15,000	588,487

**2** Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 of reportable compensation from the organization in 2010.

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PSAV 925 FREEPORT PARKWAY SUITE 100 COPPELL, TX 75019	AUDIO VISUAL SERVICES	1,169,375
HOULIHAN MADISON MOST 1369 W HUBBARD STREET UNIT 1E CHICAGO, IL 60642	AUDIO VISUAL SERVICES	454,809
APTIFY CORPORATION 7900 WESTPARK DRIVE TYSONS CORNER, VA 22102	AMS SERVICES	393,904
POWER PYLES SUTTER & VERVILLE PC 1501 M STREET NW 7TH FLOOR WASHINGTON, DC 20005	LEGAL SERVICES	311,493
DIAMOND MARKETING SOLUTIONS 231318 MOMENTUM PLACE CHICAGO, IL 60689	FULFILLMENT SERVICES	226,430

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►16

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,145,969			
	g	Noncash contributions included in lines 1a-1f \$ 160,927					
	h	Total. Add lines 1a-1f . . . . .		2,145,969			
Program Service Revenue	2a	ANNUAL NATIONAL MEETIN	Business Code				
			900099	12,802,463	12,520,742	281,721	
	b	ROYALTY INCOME	900099	2,989,738			2,989,738
	c	ADVERTISING INCOME	541800	1,553,059		1,553,059	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		17,345,260			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		875,344			875,344
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		48,118,094					
	b	Less cost or other basis and sales expenses					
		47,591,445					
	c	Gain or (loss)					
		526,649					
	d	Net gain or (loss) . . . . .		526,649			526,649
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	a	2,524,866				
b	Less cost of goods sold . . . . .	b	344,463				
c	Net income or (loss) from sales of inventory . .		2,180,403	2,180,403			
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	118,229	118,229			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		118,229				
12	Total revenue. See Instructions . . . . .		23,191,854	14,819,374	1,834,780	4,391,731	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	552,104	552,104		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	574,139	574,139		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	303,244	303,244		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,635,820	271,241	2,190,365	174,214
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,360,033	4,836,480	2,272,464	251,089
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	628,026	453,633	155,630	18,763
9	Other employee benefits	958,462	601,716	332,708	24,038
10	Payroll taxes	587,559	363,465	197,570	26,524
11	Fees for services (non-employees)				
a	Management	471,308	413,366	32,942	25,000
b	Legal	223,592	98,612	120,409	4,571
c	Accounting	58,485		58,485	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	126,253		126,253	
g	Other	1,224,851	1,010,174	105,626	109,051
12	Advertising and promotion	403,133	305,707		97,426
13	Office expenses	1,256,964	819,216	264,034	173,714
14	Information technology	593,637	9,713	578,877	5,047
15	Royalties				
16	Occupancy	574,305		574,305	
17	Travel	1,937,962	1,213,657	398,364	325,941
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,092,247	3,691,669	71,291	329,287
20	Interest	370,136		370,136	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,198,946		1,198,946	
23	Insurance	139,141	76,572	52,655	9,914
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 )				
a	UNRELATED BUSINESS INCO	266,961	266,961		
b	STAFF EDUCATION	119,482	46,085	66,279	7,118
c	MEMBERSHIP DUES	71,445	17,875	48,409	5,161
d	RECRUITMENT EXPENSE	64,186		64,186	
e					
f	All other expenses	21,277	-21,391	41,687	981
25	Total functional expenses. Add lines 1 through 24f	26,813,698	15,904,238	9,321,621	1,587,839
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,760,817	1	5,109,519
	2	Savings and temporary cash investments . . . . .			4,526,935	2	3,550,260
	3	Pledges and grants receivable, net . . . . .			1,340,292	3	335,927
	4	Accounts receivable, net . . . . .			1,873,612	4	2,008,157
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			627,642	8	562,351
	9	Prepaid expenses and deferred charges . . . . .			1,720,289	9	1,604,112
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,391,905			
	b	Less accumulated depreciation . . . . .	10b	9,241,814	11,144,992	10c	11,150,091
	11	Investments—publicly traded securities . . . . .			33,478,094	11	32,557,670
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			3,931,929	15	2,364,135
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			61,404,602	16	59,242,222
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,150,133	17	2,966,469
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			9,049,324	19	10,464,233
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			5,500,000	23	5,000,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			4,283,709	25	3,701,805
	26	Total liabilities. Add lines 17 through 25 . . . . .			21,983,166	26	22,132,507
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			32,752,627	27	31,791,972
	28	Temporarily restricted net assets . . . . .			4,325,694	28	2,974,628
	29	Permanently restricted net assets . . . . .			2,343,115	29	2,343,115
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			39,421,436	33	37,109,715
	34	Total liabilities and net assets/fund balances . . . . .			61,404,602	34	59,242,222

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,191,854
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,813,698
3	Revenue less expenses Subtract line 2 from line 1	3	-3,621,844
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,421,436
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,310,123
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	37,109,715

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number  41-0793046
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)


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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	<b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,713,829	3,404,212	4,604,428	3,713,573	2,145,969	19,582,011
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	15,409,704	16,534,994	16,738,391	20,000,521	19,870,126	88,553,736
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21,123,533	19,939,206	21,342,819	23,714,094	22,016,095	108,135,747
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						108,135,747

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	21,123,533	19,939,206	21,342,819	23,714,094	22,016,095	108,135,747
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,525,557	1,254,812	1,047,972	775,293	875,344	5,478,978
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,525,557	1,254,812	1,047,972	775,293	875,344	5,478,978
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	315,114	358,852	876,107		721,695	2,271,768
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	73,875	96,627	134,343	162,733	118,229	585,807
13 Total support (Add lines 9, 10c, 11 and 12 )	23,038,079	21,649,497	23,401,241	24,652,120	23,731,363	116,472,300
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	92.840 %	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	92.890 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	4 700 %
18	Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	18	5 060 %
19a	<b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20	<b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	13,564,807	11,322,424	10,079,993	35,393,905
b	Contributions . . . . .	350,225	457,042	472,395	683,099
c	Investment earnings or losses . . . . .	-136,306	1,287,923	1,598,391	-5,030,547
d	Grants or scholarships . . . . .	136,780	34,996		
e	Other expenditures for facilities and programs . . . . .	494,319	404,420	688,234	4,345,656
f	Administrative expenses . . . . .	-1,534,948	-936,833	140,123	-2,367,292
g	End of year balance . . . . .	14,682,575	13,564,806	11,322,422	29,068,093

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 83 130 %

b

Permanent endowment ▶ 15 960 %

c

Term endowment ▶ 0 920 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,549,082		2,549,082
b Buildings . . . . .		8,216,647	1,947,675	6,268,972
c Leasehold improvements . . . . .		180,250	9,013	171,237
d Equipment . . . . .		5,172,902	4,330,129	842,773
e Other . . . . .		4,273,024	2,954,997	1,318,027
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				11,150,091

Schedule D (Form 990) 2011



<b>Part XI</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,191,854	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,813,698	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,621,844	
4	Net unrealized gains (losses) on investments	4	-1,239,477	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8	2,549,600	
9	Total adjustments (net) Add lines 4 - 8	9	1,310,123	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,311,721	
<b>Part XII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	22,170,589	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a	-1,239,477	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIV) . . . . .	2d	344,463	
e	Add lines 2a through 2d . . . . .	2e	-895,014	
3	Subtract line 2e from line 1 . . . . .	3	23,065,603	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	126,251	
b	Other (Describe in Part XIV) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c	126,251	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	23,191,854	

<b>Part XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .	1	26,058,850	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIV) . . . . .	2d	344,463	
e	Add lines 2a through 2d . . . . .	2e	344,463	
3	Subtract line 2e from line 1 . . . . .	3	25,714,387	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	126,251	
b	Other (Describe in Part XIV) . . . . .	4b	973,060	
c	Add lines 4a and 4b . . . . .	4c	1,099,311	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	26,813,698	

<b>Part XIV</b> Supplemental Information
--

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE ACADEMY'S DERMATOLOGICAL ACADEMIC, PHILANTHROPIC, AND STRATEGIC PROGRAM EXPENSES EACH FUND AND ITS RELATED PURPOSE IS DESCRIBED BELOW. CAMP DISCOVERY - FORMED IN 1993, THE CAMP DISCOVERY FUND IS USED TO SUPPORT 4 CAMPS EACH SUMMER. THESE OFFER CHILDREN THE OPPORTUNITY TO SPEND A WEEK AMONG OTHER YOUNG PEOPLE WHO HAVE SIMILAR SERIOUS SKIN CONDITIONS, SUCH AS THEIR OWN. MANY OF THE COUNSELORS ALSO HAVE SERIOUS SKIN CONDITIONS, AND CAN PROVIDE SUPPORT AND ADVICE TO CAMPERS. EXCELLENCE IN DERMATOLOGY - THIS NEWLY CREATED ENDOWMENT FUND IS TO ENSURE THE ACADEMY'S LONG-TERM ABILITY TO PROMOTE DERMATOLOGY BY SUPPORTING AAD BOARD-APPROVED PROGRAMS/PROJECTS IN THE AREAS OF PUBLIC AND MEDICAL EDUCATION, HEALTH POLICY, RESEARCH AND HUMANITARIAN SUPPORT. SULZBERGER - THE SULZBERGER INSTITUTE FOR DERMATOLOGIC EDUCATION IS THE ARM OF THE AMERICAN ACADEMY OF DERMATOLOGY THAT PROVIDES GRANT SUPPORT FOR INNOVATIVE INITIATIVES IN EDUCATION AND TECHNOLOGY. GRANTS TYPICALLY PROVIDE SEED FUNDS TO HELP DERMATOLOGISTS BEGIN PROJECTS THAT CAN EVENTUALLY IMPROVE PATIENT CARE. WORLD CONGRESS OF DERMATOLOGY FUND - ESTABLISHED IN 1993 FROM THE SURPLUS OF THE 18TH WORLD CONGRESS, THE FUND IS USED TO SUPPORT THE TRAVEL OF YOUNG PEOPLE FROM DEVELOPING COUNTRIES TO ATTEND THE ACADEMY'S ANNUAL MEETING, AND FOR YOUNG DERMATOLOGISTS FROM THE U.S. TO ATTEND MEETINGS IN OTHER COUNTRIES. LILA GRUBER FUND - THE FUND, ESTABLISHED BY MURRAY GRUBER IN 1983, IS USED TO SUPPORT THE ANNUAL MARION B. SULZBERGER, MD MEMORIAL AWARD AND LECTURESHIP. YOUNG INVESTIGATORS AWARD - THE PURPOSE OF THIS FUND, ESTABLISHED IN 1995, IS TO INSTITUTE A SPECIAL AWARD TO RECOGNIZE RESIDENTS AND RESIDENCY PROGRAMS WHICH HAVE CONTRIBUTED TO RESEARCH IN THE FIELD OF DERMATOLOGY. THE AWARD WILL HONOR OUTSTANDING RESEARCH BY DERMATOLOGISTS IN TRAINING IN THE U.S. AND CANADA, AND THE EDUCATIONAL INSTITUTIONS WHICH HAVE SUPPORTED THEIR EFFORTS. PICMED - THE FUND, ESTABLISHED IN 2003, IS USED EXCLUSIVELY TO SUPPORT THE ACTIVITIES OF PICMED (PROGRAM FOR INNOVATIVE CONTINUING MEDICAL EDUCATION IN DERMATOLOGY). THESE ACTIVITIES INCLUDE CREATIVE NEEDS ASSESSMENT MECHANISMS, INNOVATIVE USES OF TECHNOLOGY, UNIQUE APPROACHES TO SPECIFIC SUBJECT MATTER, NOVEL PRESENTATION TECHNIQUES, AND UTILIZATION OF EXISTING EDUCATIONAL PARADIGMS IN NEW ENVIRONMENTS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ACADEMY'S APPLICATION OF GAAP/USGA REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS COMBINED FINANCIAL POSITION AS MANAGEMENT BELIEVES THE ACADEMY HAS NO MATERIAL UNRECOGNIZED INCOME TAX LIABILITIES. THE ACADEMY WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX LIABILITIES AS INCOME TAX EXPENSE. THE ACADEMY IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR FEDERAL AND STATE INCOME TAXES FOR PERIODS BEFORE 2006.
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER FROM AADA 1,576,540. OFFICER COMPENSATION ALLOCATED TO AADA 973,060. TOTAL TO SCHEDULE D, PART XI, LINE 8: 2,549,600.
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVENTORY COSTS NETTED AGAINST REVENUES 344,463.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INVENTORY COSTS NETTED AGAINST REVENUES 344,463.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COMPENSATION ALLOCATED FROM AFFILIATED ORGANIZATION 973,060.

**Employer identification number**  
41-0793046

**3**    Activites per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

Part II

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 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL PROGRAMS	25,000				
			NORTH AMERICA	RESIDENTS HOUSING & TRAVEL	7,020				

2

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 . . . . .

2

3

Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

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 for Form 5713).*

☐

Yes

☒

No

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2011**

Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	8	EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY CONGRESS	MEETING ATTENDANCE	39,091
EAST ASIA AND THE PACIFIC	0	7	WORLD CONGRESS OF DERMATOLOGY	MEETING ATTENDANCE	41,853
SUB-SAHARAN AFRICA	0	13	RESIDENT INTERNATIONAL GRANTS	MEETING ATTENDANCE	24,999
SOUTH AMERICA	0	4	SKIN CARE IN DEVELOPING COUNTRIES	MEETING ATTENDANCE	13,411
EAST ASIA AND THE PACIFIC	0	3	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	1,500
EAST ASIA AND THE PACIFIC	0	9	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	14,500
CENTRAL AMERICA AND THE CARIBBEAN	0	2	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	3,000
CENTRAL AMERICA AND THE CARIBBEAN	0	2	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	5,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	10	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	15,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	13	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	32,750
MIDDLE EAST AND NORTH AFRICA	0	8	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	13,250
MIDDLE EAST AND NORTH AFRICA	0	2	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	1,000
NORTH AMERICA	0	7	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	10,500
NORTH AMERICA	0	4	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	3,250
NORTH AMERICA	0	50	RESIDENT HOUSING AND TRAVEL	MEETING ATTENDANCE	49,140
SOUTH AMERICA	0	15	INTERNATIONAL PROGRAM GRANTS	MEETING ATTENDANCE	30,500
SOUTH AMERICA	0	2	WORLD CONGRESS SCHOLARSHIPS	MEETING ATTENDANCE	3,000
SOUTH AMERICA	0	1	SKIN CARE IN DEVELOPING COUNTRIES	MEETING ATTENDANCE	1,500

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

General Information on Grants and Assistance

- 1

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 the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

58

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RESIDENT GRANTS	718	559,079			
(2) LOCAL GRANT RESIDENTS	30	15,000			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IF AN ORGANIZATION RECEIVES A GRANT FOR A SHADE STRUCTURE, THE ORGANIZATION, BEFORE IT RECEIVES A CHECK, MUST PROVIDE THE ACADEMY WITH BID DOCUMENTS FROM A CONTRACTOR, A MEMBER OF THE ASSOCIATION ATTENDS THE GROUND BREAKING CEREMONY, AND THE ORGANIZATION PROVIDES THE ACADEMY WITH PICTURES OF THE COMPLETED STRUCTURE EDUCATIONAL GRANTS ARE PAID OUT AFTER THE ACADEMY RECEIVES THE AGREED UPON EDUCATIONAL RESEARCH FROM THE INSTITUTE

Software ID:

Software Version:

EIN: 41-0793046

Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALBUQUERQUE PUBLIC SCHOOLS SOMBRA DEL MONTE ELEMENTARY SCHOOL9110 SHOSHONE RD NE ALBUQUERQUE,NM 87111	85-6000101	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
ANNA ISD501 S SHIRLEY ANNA,TX 75409	26-3876693	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AREA FIVE AGENCY ON AGING & COMMUNITY SERVICE1801 SMITH ST LOGANSPO RT,IN 46947	23- 7444508	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
BILLY MITCHELL ELEMENTARY SCHOOL4161W 147TH ST LAWNDALE,CA 90260	95- 6001837	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUBS OF SANTA MONICA1220 LINCOLN BLVD SANTA MONICA,CA 90401	95-1890706	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
BRANDYWINE YMCA 50 S 1ST AVE COATESVILLE,PA 13920	23-1365994	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUENA PARK HIGH SCHOOL8833 ACADEMY DR BUENA PARK, CA 90621	95-6001410	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
DILLARD UNIVERSITY (COMMUNITY PARTNER OF A'S & ACES)1036 ARABELLA ST NEW ORLEANS, LA 70115	26-1905295	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAIRWAY ELEMENTARY PTO 480 OLD FAIRWAY DR WILDWOOD, MO 63040	43- 1661661	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
HANDS TOGETHER A CENTER FOR CHILDREN201 E CIVIC CENTER DR SANTA ANA, CA 92701	33- 0857087	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESABI FAMILY YMCA8367 UNITY DR VIRGINIA, MN 55792	41-1460551	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
MIRACLE LEAGUE OF BLAIR COUNTY INCPO BOX 1091 ALTOONA, PA 16603	20-0940941	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MT AIRY CITY SCHOOLS - THARRINGTON PRIMARY SCHOOL 118 HAMBY RD DOBSON, NC 27017	56-6000341	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
OAK GROVE ELEMENTARY SCHOOL PTA5005 GRANDIN RD EXTENSION ROANOKE, VA 24018	51-1207714	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OAK PARK SCHOOL 7285 PROCTOR RD SARASOTA, FL 34241	59- 6000847	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
OCEAN BAY ELEMENTARY SCHOOL950 INTERNATIONAL DR MYRTLE BEACH, SC 29579	57- 6000364	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALOMAR FAMILY YMCA1050 N BROADWAY ESCONDIDO, CA 92006	95-2039198	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
PARR'S RIDGE ELEMENTARY SCHOOL - CARROLL COUNTY PUBLIC SCHOOLS125 N COURT ST WESTMINSTER, MD 51157	52-6000911	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RENA ELEMENTARY SCHOOL720 RENA RD VAN BUREN,AR 72956	71-6021036	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
SCIWORKS SCIENCE CENTER AND ENVIRONMENTAL PARK400 WHANES MILL RD WINSTONSALEM,NC 27105	56-0815746	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHADOWLAWN ELEMENTARY SCHOOL2945 COUNTY RD 218 GREEN COVE SPRINGS,FL 32043	59- 6000552	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
ST LOUIS CENTER FOR EXCEPTIONAL CHILDREN AND ADULTS16195 OLD US 12 CHELSEA,MI 48118	38- 6038121	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TAMPA METROPOLITAN AREA YMCA CAMP CRISTINA110 E OAK AVE TAMPA,FL 33602	59-1742909	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
THE HOLLYS' PARENT TEACHER COMMUNITY ORGANIZATION (PTCO)3301 S MONACO PKWY DENVER,CO 80222	84-1245611	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TREASURE ISLAND ELEMENTARY SCHOOL7540 E TREASURE DR NORTH BAY VILLAGE,FL 33141	23-7102521	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
TURNER RECREATION COMMISSION831 S 55TH ST KANSAS CITY,KS 66106	48-1100104	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WEILENMANN SCHOOL OF DISCOVERY4237 W KILBY RD PARK CITY, UT 84098	26-4710117	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
WOODFORD COUNTY MIDDLE SCHOOL330 PISGAH PIKE VERSAILLES, KY 40383	61-6001372	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE EPISCOPAL DAY SCHOOL34 N CORIA ST BROWNSVILLE, TX 78520	74-6003489	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM
CITY OF VESTAVIA HILLS1973 MERRYVALE RD VESTAVIA HILLS, AL 35216	63-6002218	501 (C)(3)	8,000				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FABRA ELEMENTARY SCHOOL238 LOHMAN BOERNE,TX 78006	74- 2732933	501 (C)(3)	7,930				SHADE STRUCTURE GRANT PROGRAM
WESTWOOD CHARTER ELEMENTARY SCHOOL2050 SELBY AVE LOS ANGELES, CA 90025	95- 4136832	501 (C)(3)	7,272				SHADE STRUCTURE GRANT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DERMATOLOGY FOUNDATION1550 SHERMAN AVE EVANSTON, IL 60201	04-6115524	501 (C)(3)	38,500				DELEGATES/OTHER ORGANIZATIONS
SOCIETY FOR INVESTIGATIVE DERMATOLOGY525 SUPERIOR AVE CLEVELAND, OH 44114	23-1361165	501 (C)(3)	8,000				PICMED

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NYU LANGONE MEDICAL CENTER 550 1ST AVE NEW YORK, NY 10016	13-5562309	501 (C)(3)	17,940				RESIDENTS HOUSING & TRAVEL
WASHINGTON UNIVERSITY CAMPUS BOX 8123 ST LOUIS, MO 63110	43-0653611	501 (C)(3)	11,700				RESIDENTS HOUSING & TRAVEL

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVE S BIRMINGHAM,AL 35255	63-6005396	501 (C)(3)	10,920				RESIDENTS HOUSING & TRAVEL
UC REGENTSC 340 MEDICAL SCIENCES 1 IRVINE,CA 92697	94-6036493	501 (C)(3)	10,140				RESIDENTS HOUSING & TRAVEL



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF COLORADO1665 AURORA COURT AURORA,CO 80045	84-6049811	501 (C)(3)	9,360				RESIDENTS HOUSING & TRAVEL
DERMATOLOGY FOUNDATION OF - RHODE593 EDDY STREET PROVIDENCE,RI 02903	06-1475107	501 (C)(3)	8,580				RESIDENTS HOUSING & TRAVEL

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OREGON HEALTH & SCIENCE UNIVERSITYSW BOND AVE CHD 16 PRTLND, OR 97239	93-1176109	501 (C)(3)	8,580				RESIDENTS HOUSING & TRAVEL
MAYO CLINIC ROCHESTER200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C)(3)	7,800				RESIDENTS HOUSING & TRAVEL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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UCMC SECTION OF DERMATOLOGY5841 S MARYLAND CHICAGO, IL 60637	36-2177139	501 (C)(3)	7,800				RESIDENTS HOUSING & TRAVEL
UNIVERSITY OF ROCHESTER DEPT OF DERM501 ELMWOOD AVE BOX 597 ROCHESTER, NY 14642	16-0743209	501 (C)(3)	7,020				RESIDENTS HOUSING & TRAVEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YALE UNIVERSITY PO BOX 208059 NEW HAVEN,CT 06520	06-6469773	501 (C)(3)	6,669				RESIDENTS HOUSING & TRAVEL
NORTH WESTERN UNIVERSITY575 N ST CLAIR CHICAGO,IL 60611	36-2157817	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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UNIVERSITY OF IOWA40042 PFP HAWKINS DRIVE IOWA CITY, IA 52242	42-6004813	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL
MEDICAL UNIVERSITY OF SOUTH CAROLINA 135 RUTLEDGE AVE 11TH FLOOR CHARLESTON, SC 29425	57-6028685	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL

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LOYOLA UNIVERSITY MEDICAL CENTER 2150 SOUTH FIRST AVE MAYWOOD,IL 60153	36-4015560	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL
UNIVERSITY OF ILLINOIS AT CHICAGO 808 S WOOD ST CHICAGO,IL 60612	37-6006007	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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TEXAS TECH UNIVERSITY3601 4TH STREET MS 9400 LUBBOCK,TX 79430	75-2668014	501 (C)(3)	6,240				RESIDENTS HOUSING & TRAVEL
UNIVERSITY OF DERMATOLOGY CONSULTANTSPO BOX 670592 CINCINNATI,OH 45267	31-1173968	501 (C)(3)	5,460				RESIDENTS HOUSING & TRAVEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEALTH VOLUNTEERS OVERSEES1900 L STREET NW WASHINGTON,DC 20036	52-1485477	501 (C)(3)	5,000				SKIN CARE IN DEV COUNTRIES
UNIVERSITY OF UTAH4A330 SCHOOL OF MEDICINE SALT LAKE CITY,UT 84131	87-6000525	501 (C)(3)	28,000				SULZBERGER INSTITUTE



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF CALIFORNIA SAN FRANCISCO 2200 POST STREET SAN FRANCISCO, CA 94143	94-6036493	501 (C)(3)	5,000				SULZBERGER INSTITUTE
REGENTS OF THE UNIVERSITY OF COLORADO 13001 E 17TH AURORA, CO 80045	84-6000555	501 (C)(3)	5,000				SULZBERGER INSTITUTE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 185 BERRY STREET SUITE 3509 SAN FRANCISCO, CA 94107	94-6036493	501 (C)(3)	5,000				SULZBERGER INSTITUTE
LOS ANGELES BIOMEDICAL RESEARCH INST 1124 W CARSON ST TORRANCE, CA 90502	95-2138184	501 (C)(3)	5,000				SULZBERGER INSTITUTE

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	Yes
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	Yes

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT D GREENBERG	(i)	157,000	0	0	0	0	157,000	0
	(ii)	0	0	0	0	0	0	0
(2) RONALD HENRICHS	(i)	338,924	66,582	53,224	143,366	52,982	655,078	0
	(ii)	0	0	0	0	0	0	0
(3) STEVE DEBNAR	(i)	115,508	8,236	8,900	15,305	26,739	174,688	0
	(ii)	0	0	0	0	0	0	0
(4) KAREN COLLISHAW	(i)	269,694	11,590	24,960	28,750	28,124	363,118	0
	(ii)	0	0	0	0	0	0	0
(5) EILEEN MURRAY	(i)	219,616	14,598	31,185	27,723	9,631	302,753	0
	(ii)	0	0	0	0	0	0	0
(6) BARBARA GREENAN	(i)	183,475	12,176	16,966	23,659	5,140	241,416	0
	(ii)	0	0	0	0	0	0	0
(7) SARAH TANCREDI	(i)	164,936	11,258	23,967	21,876	26,100	248,137	0
	(ii)	0	0	0	0	0	0	0
(8) ELIZABETH EDGAR	(i)	118,547	9,446	23,584	16,642	8,527	176,746	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN HEDSTROM	(i)	126,837	0	8,747	8,527	24,934	169,045	0
	(ii)	0	0	0	0	0	0	0
(10) ALLISON SCHERER	(i)	124,154	10,588	9,698	16,582	26,756	187,778	0
	(ii)	0	0	0	0	0	0	0
(11) ERIK HORN	(i)	124,705	10,486	9,423	16,392	18,543	179,549	0
	(ii)	0	0	0	0	0	0	0
(12) TIMOTHY MOSES	(i)	130,081	9,704	7,840	14,851	8,518	170,994	0
	(ii)	0	0	0	0	0	0	0
(13) LARA LOWERY	(i)	120,987	9,742	2,949	9,491	9,329	152,498	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS IS ALLOWED FOR THE PRESIDENT, SECRETARY-TREASURERS, AND EXECUTIVE DIRECTOR/CEO, BY WRITTEN POLICY, ON FLIGHTS OF THREE HOURS OR MORE. TRAVEL FOR COMPANIONS, BY WRITTEN POLICY, FOR THE PRESIDENT, SECRETARY-TREASURERS, AND EXECUTIVE DIRECTOR/CEO, MAY BE ALLOWED WHEN TRAVELING AS AN OFFICIAL REPRESENTATIVE OF THE ACADEMY FOR WHICH THE EXPECTED LENGTH OF STAY IS THREE DAYS OR LONGER, OR AT WHICH THE SOCIAL ACTIVITIES ARE A STRONG COMPONENT OF THE MEETING. ON OCCASION, RECOGNIZED STAFF RECEIVE GIFT CARDS WITH VALUES RANGING FROM \$25-\$200, THE VALUE OF THESE CARDS ARE GROSSED-UP AND INCLUDED IN THE EMPLOYEES' W-2.
	PART I, LINE 4B	RONALD HENRICHS RECEIVED \$114,616 FROM A SECTION 457(F) PLAN.
	PART I, LINE 5	INTEREST ACCRUED ON THE EXECUTIVE DIRECTOR'S SERP PLAN IS BASED ON THE QUARTERLY RATE OF RETURN OF THE AAD RESERVE INCOME FUND.
	PART I, LINE 8	INITIAL CONTRACT EXCEPTION IN FORCE FOR CONTRACT WITH EXECUTIVE DIRECTOR. THE ORGANIZATION FOLLOWS STRINGENT GUIDELINES DESIGNED TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR APPLICABLE COMPENSATION ARRANGEMENTS. SEE SCHEDULE O EXPLANATION APPLICABLE TO PART VI LINE 15 FOR FURTHER EXPLANATION OF THE COMPENSATION PROCESS.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	26	160,927	COST - WEB & VENDOR
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	AAD IS AN ASSOCIATION REPRESENTING APPROXIMATELY 17,000 DERMATOLOGISTS, WHO BECOME MEMBERS OF THE ACADEMY THE ACADEMY HAS TEN CLASSES OF MEMBERS BUT ONLY FELLOWS AND LIFE AND HONORARY MEMBERS WHO WERE FELLOWS ARE ELIGIBLE TO VOTE AND SERVE IN ANY ELECTIVE OFFICE MEMBERS ANNUALLY ELECT THE PRESIDENT TO A THREE YEAR TERM AS PRESIDENT ELECT, PRESIDENT, AND PAST PRESIDENT AND VICE-PRESIDENT TO TWO YEAR TERM AS VICE-PRESIDENT ELECT AND VICE PRESIDENT ADDITIONALLY, MEMBERS ALSO ELECT FOUR DIRECTORS TO SERVE A FOUR YEAR TERM PROPOSED AMENDMENTS TO THE BY-LAWS BY THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION OF LINE 6 ABOVE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	SEE EXPLANATION OF LINE 6 ABOVE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD RETAINED THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO THE BOARD OF DIRECTORS PRIOR TO FILING. THE RETURN IS POSTED ON A SECURED WEB SITE FOR THEIR REVIEW. BOARD MEMBERS ARE GIVEN A REASONABLE PERIOD OF TIME TO CONTACT EITHER MANAGEMENT OR THE CPA FIRM WITH ANY QUESTIONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>OFFICERS, DIRECTORS, COMMITTEE MEMBERS, EDITORS, SPEAKERS, AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION DETAILED BELOW IS THE DISCLOSURE PROCESS DISCLOSURE PROCESS 1 THE INDIVIDUALS COVERED ARE REQUIRED TO ELECTRONICALLY SUBMIT A DISCLOSURE STATEMENT ACKNOWLEDGING A DUTY TO SERVE THE ACADEMY IN GOOD FAITH AND WITH UNDIVIDED LOYALTY THESE INDIVIDUALS ARE TO DESCRIBE ALL PERSONAL OR PROFESSIONAL CIRCUMSTANCES WHICH MIGHT CREATE A POTENTIAL CONFLICT OF INTEREST WITH THE INTERESTS OF THE ACADEMY ACCOMPANYING THIS POLICY STATEMENT AS EXHIBIT A IS A SAMPLE COPY OF SUCH A DISCLOSURE STATEMENT MEMBERS WHO DO NOT SUBMIT A YEARLY CONFLICT OF INTEREST DISCLOSURE, MAY LOSE THE RIGHT TO HOLD OFFICE AND SERVE IN THE GOVERNANCE STRUCTURE AND, EXCEPT IN UNUSUAL CIRCUMSTANCES APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS, TO PARTICIPATE IN ACADEMY PROGRAMS AS A FACULTY MEMBER, PRESENTER, OR SCIENTIFIC EXHIBIT CONTRIBUTOR REVIEW PROCESS 1 OFFICERS, DIRECTORS, CHAIRS AND MEMBERS OF COUNCILS, COMMITTEES, AND TASK FORCES, THE EDITORS OF JAAD AND SENIOR STAFF WILL SUBMIT THEIR STATEMENTS DIRECTLY ONTO THE ACADEMY WEBSITE WITH OVERSIGHT BY THE SECRETARY TREASURER 2 THE STATEMENTS ARE PROVIDED AT EVERY COMMITTEE MEETING TO ALL COMMITTEE MEMBERS IF NECESSARY, THE CHAIRMEN WILL FORWARD THOSE THAT APPEAR TO HAVE CONFLICTS WHICH COULD PREVENT THEM FROM SERVING TO THE SECRETARY -TREASURER WITH ANY RELEVANT OBSERVATIONS OR RECOMMENDATIONS 3 THE SECRETARY-TREASURER WILL REVIEW ALL STATEMENTS SUBMITTED FOR FURTHER REVIEW AND IF NECESSARY WILL FORWARD TO THE ETHICS COMMITTEE, WHILE AT THE SAME TIME INFORMING THE BOARD OF DIRECTORS OF ANY CONFLICTS THAT APPEAR ESPECIALLY SIGNIFICANT IF FURTHER CLARIFICATION IS NEEDED THE ETHICS COMMITTEE WILL UTILIZE THE ACADEMY OVERSIGHT COMMITTEE 4 THE ETHICS COMMITTEE WILL REVIEW AND INITIATE ANY REQUEST FOR FURTHER INFORMATION AND PROMPTLY PREPARE A REPORT TO THE SECRETARY-TREASURER REGARDING ITS FINDINGS THE SECRETARY-TREASURER WILL REPORT TO THE BOARD OF DIRECTORS ON ANY ITEMS FOUND BY THE COMMITTEE TO BE OF SPECIAL SIGNIFICANCE ALL ELECTRONIC DISCLOSURE STATEMENTS WILL BE RETAINED ON THE ACADEMY SERVER THEY WILL BE AVAILABLE ELECTRONICALLY FOR REVIEW BY MEMBERS OF THE BOARD OF DIRECTORS AND STAFF, AND UPON REQUEST BY ACADEMY MEMBERS THEY WILL BE AVAILABLE TO THE COUNCIL, COMMITTEE AND TASK FORCE MEMBERS TO REVIEW PRIOR TO ALL CONFERENCE CALLS AND MEETINGS ALL MEMBERS FILING AN ANNUAL DISCLOSURE STATEMENT WILL BE OBLIGATED TO PROMPTLY UPDATE ANY CHANGE IN CIRCUMSTANCES WHICH MIGHT GIVE RISE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MEMBERS ALSO SHOULD VERBALLY DISCLOSE AND UPDATE THEIR CONFLICT OF INTEREST FORM FOR ANY RELEVANT CONFLICTS THAT MAY OCCUR DURING A CONFERENCE CALL OR MEETING THAT DO NOT ALREADY APPEAR ON THE DISCLOSURE FORM CHAIRS OF COUNCILS, COMMITTEE AND TASK FORCES ARE REQUIRED TO INCLUDE IN THE SUMMATION REPORT ANY CONFLICT OF INTERESTS THAT HAVE BEEN EXPRESSED BY A MEMBER DURING A MEETING OR CONFERENCE CALL</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE DIRECTOR IT HAS BEEN STANDARD PRACTICE FOR THE ACADEMY TO COMPLY WITH THE INTERNAL REVENUE CODES SECTION 4958, FOLLOWING BEST PRACTICES FOR ENSURING COMPLIANCE AND ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS AS IT RELATES TO COMPENSATION THE ACADEMY USES FAIR MARKET VALUE TO DETERMINE CASH AND NON-CASH COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO FAIR MARKET VALUE IS BASED ON MARKET DATA MARKET DATA MAY BE COLLECTED FROM A VARIETY OF METHODS, INCLUDING PUBLISHED OR OFF THE SHELVES SURVEYS, SURVEYS MANAGED BY THIRD PARTY CONSULTANTS, COMPENSATION ANALYSIS PERFORMED BY THIRD PARTY CONSULTANTS, AND SURVEYS MANAGED BY A GROUP OF ORGANIZATIONS THE COMPETITIVE MARKET IS TYPICALLY DEFINED IN TERMS OF REVENUE AND COMPANY SIZE TO DEFINE COMPETITIVE MARKET THE ACADEMY CONSIDERS THE FOLLOWING AS VALID RESOURCES FOR COMPARABLE MARKET DATA COMPANIES WITH SIMILAR OPERATING BUDGET, COMPANIES WITH ROUGHLY SAME NUMBER OF EMPLOYEES, AND COMPANIES WHO OPERATE UNDER LIKE CIRCUMSTANCES COMPENSATION DECISIONS ARE RECOMMENDED BY THE COMPENSATION COMMITTEE THAT CONSISTS OF INDEPENDENT OFFICERS OF THE BOARD OF DIRECTORS AND APPROVED BY THE BOARD OF DIRECTORS THE DECISIONS ARE BASED ON ANALYSIS OF COMPARABLE MARKET DATA OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION KEY EMPLOYEES OF THE ORGANIZATION'S COMPENSATION ARE DETERMINED IN THE SAME FASHION OF THE EXECUTIVE DIRECTOR ALTHOUGH THEIR COMPENSATION DECISIONS ARE APPROVED BY THE EXECUTIVE DIRECTOR</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ACADEMY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE ACADEMY'S WEB SITE FOR THE MEMBERSHIP AND PUBLIC TO VIEW. THE ANNUAL FINANCIAL STATEMENTS ARE PUBLISHED IN DERMATOLOGY WORLD, THE ACADEMY'S MAGAZINE, AND ARE AVAILABLE ON GUIDESTAR.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,239,477 TRANSFER FROM AADA 1,576,540 OFFICER COMPENSATION ALLOCATED TO AADA 973,060 TOTAL TO FORM 990, PART XI, LINE 5 1,310,123

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC 930 EAST WOODFIELD RD SCHAUMBURG, IL 60173 36-4367987	TO REPRESENT THE INTERESTS OF DERMATOLOGISTS AND THEIR PATIENTS	IL	501(C)(6)				No



Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC	P	1,576,540	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 41-0793046  
Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) JOURNAL OF THE AMERICAN ACADEMY OF DERMATOLOGY - THE OFFICIAL CLINICAL JOURNAL OF THE ACADEMY IS PUBLISHED MONTHLY AND FEATURES ORIGINAL, PEER-REVIEWED ARTICLES ON THE LATEST ADVANCES IN THE PREVENTION, DIAGNOSIS, AND TREATMENT OF DERMATOLOGIC DISORDERS. ITS AUDIENCE INCLUDES DERMATOLOGISTS, PEDIATRIC DERMATOLOGISTS, DERMATOLOGIC SURGEONS, DERMATOPATHOLOGISTS, RESIDENTS, AND PHYSICIAN ASSISTANTS AND IT IS INDEXED IN INDEX MEDICUS, SCIENCE CITATION INDEX, CURRENT CONTENTS/CLINICAL MEDICINE, AND MEDICINE. IT HAS A CIRCULATION OF 18,300.
(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) SCIENCE, RESEARCH, QUALITY AND PRACTICE - INCLUDES THE DISTILLATION AND RATING OF EVIDENCE AND DISSEMINATION OF BEST PRACTICES IN THE PRACTICE OF DERMATOLOGY VIA CLINICAL PRACTICE GUIDELINES, PERFORMANCE MEASURES, AND OTHER TOOLS, SCIENTIFIC SUPPORT FOR PUBLIC AND HEALTH POLICY MESSAGING AND EDUCATIONAL PROGRAMS, AND SURVEY RESEARCH. PROVIDE ACADEMY MEMBERS WITH ASSISTANCE AND EDUCATION RELATED TO APPROPRIATELY RUNNING AN EFFICIENT PRACTICE INCLUDING COMPLIANCE WITH RELEVANT REGULATIONS, IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY, QUALITY IMPROVEMENT, AND GENERAL PRACTICE MANAGEMENT ISSUES.
(Code ) (Expenses \$ 6,648,924 including grants of \$ 295,754 ) (Revenue \$ ) OTHER PROGRAM SERVICES - OVER 600 PROGRAMS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD L MOY MD PRESIDENT OF THE BOARD	25 00	X		X				128,190	0	0
SUZANNE M CONNOLLY MD VICE PRESIDENT OF THE BOARD	15 00	X		X				30,000	0	0
ANDREW P LAZAR MD VICE PRESIDENT OF THE BOARD	3 00	X		X				10,000	0	0
DANIEL M SIEGEL MD MS PRESIDENT-ELECT OF THE BOARD	3 00	X		X				30,000	15,000	0
ZOE D DRAEOS MD VICE PRESIDENT-ELECT OF THE BOARD	3 00	X		X				0	0	0
ROBERT D GREENBERG SECRETARY-TREASURER OF THE BOARD	20 00	X		X				157,000	0	0
SUZANNE M OLBRICHT MD ASSISTANT SECRETARY-TREASURER OF THE BOARD	17 00	X		X				50,000	0	0
WILLIAM D JAMES MD IMMEDIATE PAST PRESIDENT	1 00	X		X				39,250	0	0
DAVID M PARISER MD IMMEDIATE PAST PRESIDENT	1 00	X		X				0	0	0
DARRYL M BRONSON MD MPH BOARD MEMBER	1 00	X						0	0	0
MARGARET E PARSONS MD BOARD MEMBER	1 00	X						0	0	0
SANDRA I READ MD BOARD MEMBER	1 00	X						0	0	0
THEODORE ROSEN MD BOARD MEMBER	1 00	X						0	0	0
DAVID J GOLDBERG MD JD BOARD MEMBER	1 00	X						0	0	0
ELISE A OLSEN MD BOARD MEMBER	1 00	X						0	0	0
LISA A GARNER MD BOARD MEMBER	1 00	X						0	0	0
VICTOR J MARKS MD BOARD MEMBER	1 00	X						0	0	0
VINCENT A MUSCARELLA MD BOARD MEMBER	1 00	X						0	0	0
BRETT M COLDIRON MD BOARD MEMBER	1 00	X						0	0	0
BRIAN BERMAN MD PHD BOARD MEMBER	1 00	X						0	0	0
DIRK M ELSTON MD BOARD MEMBER	1 00	X						35,000	0	0
KENNETH J TOMECKI MD BOARD MEMBER	1 00	X						0	0	0
DEE ANNA GLASER MD BOARD MEMBER	1 00	X						0	0	0
ILONA J FRIEDEN MD BOARD MEMBER	1 00	X						0	0	0
MARK LEBWOHL MD BOARD MEMBER	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD P RAPINI MD BOARD MEMBER	1 00	X						0	0	0
ALICE B GOTTLIEB MD BOARD MEMBER	1 00	X						0	0	0
JAMES M SPENCER MD BOARD MEMBER	1 00	X						0	0	0
PHOEBE RICH MD BOARD MEMBER	1 00	X						0	0	0
THOMAS E ROHRER MD BOARD MEMBER	1 00	X						0	0	0
RONALD HENRICHS EXECUTIVE DIRECTOR	45 00			X				458,730	0	196,348
STEVE DEBNAR CONTROLLER	45 00			X				132,644	0	42,044
KAREN COLLISHAW DEPUTY EXECUTIVE DIRECTOR, AADA	45 00				X			306,244	0	56,874
EILEEN MURRAY DEPUTY EXECUTIVE DIRECTOR, AAD	45 00				X			265,399	0	37,354
BARBARA GREENAN SENIOR DIRECTOR, GOVERNMENT AFFAIRS	45 00				X			212,617	0	28,799
SARAH TANCREDI MANAGING DIRECTOR, ADMINISTRATION	43 00				X			200,161	0	47,976
ELIZABETH EDGAR DIRECTOR, PHILANTHROPIC PROGRAMS	45 00				X			151,577	0	25,169
JOHN HEDSTROM DIRECTOR, LEGISLATIVE POLICY & POLITICAL AFFAIRS	44 00					X		135,584	0	33,461
ALLISON SCHERER DIRECTOR, COMMUNICATIONS	49 00					X		144,440	0	43,338
ERIK HORN DIRECTOR, INFORMATION TECHNOLOGY	45 00					X		144,614	0	34,935
TIMOTHY MOSES DIRECTOR, MEETINGS & CONVENTIONS	46 00					X		147,625	0	23,369
LARA LOWERY DIRECTOR, CREATIVE & PUBLISHING	47 50					X		133,678	0	18,820