



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



Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning and ending							
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>MO DERMATOLOGICAL SOCIETY ASSOC INC.</b></td> <td><b>D</b> Employer identification number <b>26-3934046</b></td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) <b>1034 S. BRENTWOOD BLVD.</b></td> <td>Room/suite <b>1700</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>ST. LOUIS, MO 63033</b></td> </tr> </table>	<b>C</b> Name of organization <b>MO DERMATOLOGICAL SOCIETY ASSOC INC.</b>	<b>D</b> Employer identification number <b>26-3934046</b>	Number and street (or P O box, if mail is not delivered to street address) <b>1034 S. BRENTWOOD BLVD.</b>	Room/suite <b>1700</b>	City or town, state or province, country, and ZIP or foreign postal code <b>ST. LOUIS, MO 63033</b>	
<b>C</b> Name of organization <b>MO DERMATOLOGICAL SOCIETY ASSOC INC.</b>	<b>D</b> Employer identification number <b>26-3934046</b>						
Number and street (or P O box, if mail is not delivered to street address) <b>1034 S. BRENTWOOD BLVD.</b>	Room/suite <b>1700</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>ST. LOUIS, MO 63033</b>							
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	<b>E</b> Telephone number <b>314-406-2933</b>						
<b>I</b> Website: <b>WWW.MODERN.ORG</b>	<b>F</b> Group Exemption Number _____						
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H</b> Check <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)						
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____							
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. <span style="float: right;">\$ <b>6,200.</b></span>							

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	4,000.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	2,200.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	6,200.	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	10.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	16	135.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	145.
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,055.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,554.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	25,609.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,554.	22	25,609.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	19,554.	25	25,609.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,554.	27	25,609.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 SEE SCHEDULE O(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a29 SEE SCHEDULE O(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a30 SEE SCHEDULE O(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) ☐ 32**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANK KORANDA, MD				
PRESIDENT	5.00	0.	0.	0.
ERIN GARDNER, MD				
PRESIDENT ELECT	1.00	0.	0.	0.
KIM CAYCE, MD				
IMMEDIATE PAST PRESIDENT	1.00	0.	0.	0.
JASON REINBERG, MD				
SECRETARY/TREASURER	1.00	0.	0.	0.
DAVID FIELEKE, MD				
DIRECTOR	1.00	0.	0.	0.
YADIRA HURLEY, MD				
DIRECTOR	1.00	0.	0.	0.
LUKE WELCH, MD				
DIRECTOR	1.00	0.	0.	0.
ANTHONY THOMAS, MD				
DIRECTOR	1.00	0.	0.	0.
NICOLE BURKEMPER, MD				
DIRECTOR	1.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">▶ N/A</span> , section 4912 <span style="float: right;">▶ N/A</span> , section 4955 <span style="float: right;">▶ N/A</span>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ N/A</span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ N/A</span>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">▶ NONE</span>		
<b>42a</b> The organization's books are in care of <span style="float: right;">▶ CASSIE BLISS</span> Telephone no <span style="float: right;">▶ 239-228-5905</span> Located at <span style="float: right;">▶ 649 FIFTH AVENUE S SUITE 202, NAPLES, FL</span> ZIP + 4 <span style="float: right;">▶ 34102</span>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float: right;">▶</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country. <span style="float: right;">▶</span>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
----	--	--

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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

Sign Here

Signature of officer

Date

DAVID M. JACKSON, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MARY JANE PIERONI, CPA

Preparer's signature

Mary Jane Pieroni

Date

12/8/14

Check ☐ if self-employed

PTIN

P00538772

Firm's name ▶ STONE CARLIE AND COMPANY, LLC

Firm's EIN ▶ 43-0642511

Firm's address ▶ 101 S HANLEY ROAD, SUITE 800  
ST LOUIS, MO 63105

Phone no 314-889-1100

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2013)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

MO DERMATOLOGICAL SOCIETY ASSOC INC.

Employer identification number  
26-3934046

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

BUSINESS LICENSE & FEES

95.

BANK CHARGES

40.

TOTAL TO FORM 990-EZ, LINE 16

135.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ADVANCING THE PRACTICE AND  
SECURING THE FUTURE OF DERMATOLOGY THROUGH MEDICAL EDUCATION, CREATION  
AND DISSEMINATION OF NEW KNOWLEDGE, IMPROVEMENT OF PATIENT CARE, AND  
LEGISLATIVE AND REGULATORY ADVOCACY IN MISSOURI

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

ANNUAL MEETING: AN EDUCATIONAL CONFERENCE TYPICALLY HOSTED

IN ST. LOUIS, KANSAS CITY, OR COLUMBIA WITH OVER 150

DERMATOLOGY PROVIDERS IN ATTENDANCE TO RECEIVE CONTINUING

MEDICAL EDUCATION (CME) CREDITS AND NETWORK WITH COLLEAGUES FROM AROUND

THE STATE. THE MDSA RECRUITS SEVERAL EXHIBITORS/VENDORS FROM THE

PHARMACEUTICAL/MEDICAL DEVICE INDUSTRY TO HELP COVER THE COST OF THE

EVENT.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SPRING MEETING: WE PLAN TO CONDUCT REGULAR SPRING MEETINGS

SOMEWHERE IN THE STATE WITH AN ADDITIONAL OPPORTUNITY TO

GAIN CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS WHO

COULD NOT ATTEND THE ANNUAL MEETING. THIS IS SMALLER IN SCOPE THAN THE

FALL ANNUAL MEETING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

26-3934046

MO DERMATOLOGICAL SOCIETY ASSOC INC.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHY SKIN DAY AT THE MISSOURI CAPITOL: A STATEWIDE

ADVOCACY DAY AT THE CAPITOL WHERE PHYSICIANS PERFORM SKIN

CANCER SCREENINGS FOR ALL LEGISLATORS AND STAFF WHILE

ADVOCATING FOR ISSUES RELATED TO THE PRACTICE OF DERMATOLOGY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.