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_{Form} 990

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning and ending D Employer Identification number Check if applicable C Name of organization AMERICAN ACADEMY OF ADVERTISING Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 38-2239287 Name change E Telephone number 831 Fearrington Post 831 Langdon ZIP code Indial return State City or town 786 339 3333 Pittsboro NC 27312 Terminated Foreign postal code Foreign country name Foreign province/state/county 158.684 Amended return G Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? PATRICIA B ROSE 831 Fearrington Post 831 Langdon, Pittsboro, NO H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c)) < (insert no) Website: ► WWW AAASITE ORG H(c) Group exemption number ▶ X Corporation L Year of formation 1986 K Form of organization Trust Association Other > M State of legal domicile UT Part I Summary Briefly describe the organization's mission or most significant activities THE AAA IS MADE UP OF SCHOLARS, Activities & Governance PROFESSORS & STUDENTS IN THE FIELD OF ADVERTISING THE AAA PUBLISHES THE JOURNAL OF ADVERTISING AND HOLDS CONFERENCES TO REPORT THE RESULTS OF RESEARCH STUDIES & OFFER A Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2013 (Part V. line 2a). 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 30,496 8 34,921 Revenue 9 120,350 Program service revenue (Part VIII, line 2g) 107,353 10 Investment income (Part VIII, column (A), ines 3, 4, and 7d)
Other revenue (Part VIII, column (A), unes 5, 6d, 8c, 9c, 10c, and 11e) 3,167 3,413 11 0 Total revenue—add lines 8 through 11 (must equal Part VI) column (A), line 12) 12 141,016 158,684 Grants and similar amounts paid (Part IX, column (A) Hoes 1-3).
Benefits paid to or for members (Part IX, column (A), line 4). 13 8,500 10,500 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 20,000 15,000 Professional fundraising fees (Part IX, column (A), line 1 (e) .

Total fundraising expenses (Part IX, column (D), line 25) 16a 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 96.970 108,429 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 125,470 133.929 19 Revenue less expenses Subtract line 18 from line 12 15,546 24,755 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 578,504 595,243 21 15,105 Total liabilities (Part X, line 26) 23,121 22 Net assets or fund balances. Subtract line 21 from line 20 580,138 555,383 Signature Block Under penalties of perjury, I declare that I have examined this return, ; including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of a (other than officer) is base on all information of which preparer has any knowledge Sign Here Type or print name and title Preparer's signature PTIN Print/Type preparer's name Check X Paid Frank I Reinschreiber, CPA P00288530 self-employed Preparer 45-2385459 Frank I Reinschreiber, CPA Firm's EIN ▶ **Use Only** 523 Plymouth Lane Schaumburg, IL 60193 630 808,6882 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions). . .

Form 990 (2013)

Form 9	990 (2013) AMERICAN ACADEMY OF ADVERTISING	38-2239287	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to a	any line in this Part III	. [_]
1	Bnefly describe the organization's mission		
•	The Academy fosters research that is relevant to the field and provide	as a forum for the	
	exchange of ideas among its academic and professional members. T		
	Advertising, the Journal of Interactive Advertising and the annual con-		
	the Academy disseminates research findings and scholarly contribution		
2	Did the organization undertake any significant program services during		го
	the prior Form 990 or 990-EZ?	· · · Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes if		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for eac	ch of its three largest program services, as measured b	٧
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required		
	the total expenses, and revenue, if any, for each program service rep		-,
	and total orponiose, and resemble, it any, not easily program control rep		
40	(Code) (Expenses \$ 16,716 including grain	nts of \$ 10,500) (Revenue \$ 39,0	152 \
4a			
	Journal of Advertising/Journal of Interactive Advertising		
4b	(Code) (Expenses \$ 76,372 including gra	nts of \$) (Revenue \$ 81;	298)
70			
	Annual Conference		
			-
4c			
4c			
4c)
4c			
	: (Code:) (Expenses \$including gra		
4c	Code (Code (nts of \$) (Revenue \$	
	: (Code:) (Expenses \$		

Part IV	Checklist of	i Required	d Schedules

endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part IX 11c Did the organization is separate or consolidated financial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII is optional 11d Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11d Did the organization maintain an office, employees, or agents outside of the United States? 11d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 11d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 11d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 decion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or smillar amounts as defined in Revenue Procedure 99-119? If "Yes," complete Schedule C, Part III 5 Old 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? If "Yes," complete Schedule D, Part II 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for investments—order securities in Part X, line 10? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments—order securities		-	1	х	
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 11 If the organization assert to any of the following questions is "Yes," then complete Schedule D, Part VI. 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 13 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part VIII. 15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XIII. 16 Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XIII. 17 Did the organization obtain separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XIII. 18 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside the United States? 10 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmak			7		Х
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and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			124		_X
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			_		.,
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16		X
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19					
If "Yes," complete Schedule G, Part III		·	18		X
			19		Х
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			20b		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			ł
	employees? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		\Box
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
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? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If so, complete Schedule L, Part II	26		Ιx
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\Box
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	의		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
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	ا ا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			U
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		\vdash
4a	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	70		Ĥ
-	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 as charitable contributions?	6a		Х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		 ^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	1 !		ĺ
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		ł
11	Section 501(c)(12) organizations. Enter	1 1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them.)			ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	1	\vdash	
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to month those payments? If "No " provide an evaluation in Schodule O	14a 14b	\vdash	X
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	T 1-+D		1

38-2239287

On 11 330 (2010)	AMENICAN ACADEMI OF ADVERTIGING
Part VI	Governance, Management, and Disclosure For
	response to line 8a, 8b, or 10b below, describe the

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

Sect	ion A. Governing Body and Management								
		I		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (힉						
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar		1						
	committee, explain in Schedule O		1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b (힉						
2									
	any other officer, director, trustee, or key employee?	•	2		X				
3	Did the organization delegate control over management duties customarily performed by or under	er the direct	1						
	supervision of officers, directors, or trustees, or key employees to a management company or of	ther person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? .	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?	5		X				
6	Did the organization have members or stockholders?		6	X					
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	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,							
	stockholders, or persons other than the governing body?		7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during							
	the year by the following	J	1						
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		_ X				
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue C	ode.)						
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?.	10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a		<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		<u> </u>				
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	Х	<u> </u>				
13	Did the organization have a written whistleblower policy?		13		<u> </u>				
14	Did the organization have a written document retention and destruction policy?		14		<u> </u>				
15	Did the process for determining compensation of the following persons include a review and app								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	1.						
а	The organization's CEO, Executive Director, or top management official	•	15a		<u> </u>				
b	Other officers or key employees of the organization	•	15b	X	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ingement		1	[
	with a taxable entity during the year?		16a	<u> </u>	X				
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev								
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	ifeguard			ļ				
	the organization's exempt status with respect to such arrangements?	•	16b	L	<u> </u>				
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed UT Sortion 6404 requires an expansion to make the Forms 1033 for 1034 if applicable) 900, and	000 T (Codios 504)	.)/2\^						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available Check all that apply	01/05 (1000096) 1-0ee)(J)S (JIIY)					
		kplain in Schedule O	,						
19	Own website Another's website X Upon request Other (exposed by Describe in Schedule O whether (and if so, how) the organization made its governing document	•		and					
13	financial statements available to the public during the tax year	a, winner of filterest	Policy	anu					
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the							
-0	organization. ▶ Patricia B Rose	786.339.33							
	831 Fearrington Post 831 Landon , Pittsboro, NC 27312		- -						

•						
Form 990 (2013)	AMERICAN ACADEMY OF ADVE	RTISING			38-22392	87 Page 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	es, Key Employees, H	ighest Comp	ensated	
	Employees, and Independent C					
	Check if Schedule O contains a re	sponse or not	e to any line in this Par	rt VII	· · · · · ·	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	d Highest Compensated	Employees		
la Complete organization's	this table for all persons required to be tax year	listed Report of	compensation for the cale	ndar year endin	g with or within	the
of compensat List all List the who received	of the organization's current officers, of ion. Enter -0- in columns (D), (E), and of the organization's current key emplorganization's five current highest colling reportable compensation (Box 5 of Found any related organizations.	(F) if no comper oyees, if any. So mpensated emp	nsation was paid. ee instructions for definitions ployees (other than an off	on of "key emplicer, director, tru	oyee " ustee, or key em	ployee)
	of the organization's former officers, k eportable compensation from the orgal			l employees wh	o received more	than
	of the organization's former directors more than \$10,000 of reportable comp					of the
	n the following order individual trustee employees, and former such persons	s or directors, ir	nstitutional trustees, office	ers, key employe	ees, highest	
Check the	is box if neither the organization nor an	y related organ	ization compensated any	current officer,	director, or trust	ee
	(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other

(A) Name and Trtle	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck is pe	rson	n of the state of	an	(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
(1) Patricia B Rose	30 00		stee			sated				
Executive Director		Х						15,000		
(2) Maria Royne Stafford President	15 00			Х						
(3) Karen Lacenforfer President-Elect	15.00			X						
(4) Jisu Huh Vice President	15 00			х						-
(5) Sheila Sasser Secretary	15 00			Х						
(6) Gayle Kerr Treasurer	15 00			х						
(7) Kim Sheenan Past-President	15 00			Х			L			L
_ (8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>[14]</u>										

more than \$100,000 of compensation from the organization

P	Section A. Officers, Directors, II	ustees, Key Er	npio	yee	<u>s, a</u>	na	<u>Hign</u>	est	Compensated	Employed	es (coi	ntinue	<u> (a)</u>	
	(A) Name and trite	(B) Average hours per	box,	unles er an	Pos neck ss pe	rson	than is bot	h an tee)	compensation	(E) Reportab compensat	ation	ar	(F)	_
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizat (W-2/1099-	tions	com fr org an-	other pensati om the anizati d relate anizatio	e on ed
(15)													•	·· ·
(16)														
(17)														
(18)														
(19)														-
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total	•					<u>.</u>	•	15,000		0			0
C	Total from continuation sheets to Part VII,	Section A						. ▶	0		0			0
_d	Total (add lines 1b and 1c)			<u>. </u>		<u></u>		<u> </u>	15,000		0			0
2	Total number of individuals (including but not		listed) wh	o rec	œiv	ed more than \$1	100,000 of				
	reportable compensation from the organization	n ▶			0	-							Yes	Na
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					yee	, or h	iigh	est compensate	d	ſ	3	162	X
4	For any individual listed on line 1a, is the sum					and	d oth	er c	ompensation fro	m	ŀ			^
	the organization and related organizations greundividual	ater than \$150,0	000?	If "	Yes	s, " c	ompl	ete	Schedule J for s	such		4		х
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•			•				•	dıvıdual		5		X
Sec	tion B. Independent Contractors		_				•							
1	Complete this table for your five highest comp compensation from the organization Report c year											's tax		
	(A) Name and business add	Iress							(B) Description of ser	vices	С	(C ompen		
														0
														0
								<u> </u>						0
					_			\vdash						0
2	Total number of independent contractors (incl.	uding but not lig	nted :	to th	1000	a lie	ted a	hov	re) who received					0

Form 990 (2013		13) AMERICAN ACADEMY OF ADVERT	ISING			38-2239	287 Page 9
Par	t VIII			•			
		Check if Schedule O contains a respons	e or note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a a	1a	Federated campaigns	1a 0				
Z and	b	Membership dues .	1b 34,921				
S, G	С	Fundraising events	1c 0				
Gift Tar	d	Related organizations.	1d 0				
ns,	е	Government grants (contributions)	1e 0		i		
et de	f	All other contributions, gifts, grants, and	_				
Contributions, Giffs, Grants and Other Similar Amounts	1	similar amounts not included above .	1f 0				i
SE	9	Noncash contributions included in lines 1a-1f	\$	24.024			ŀ
	<u> </u>	Total. Add lines 1a-1f	Business Code	34,921			
92	2a	Annual Conference Revenue		81,298			
Program Service Revenue	b		•	39,052			
8				39,032			
Ž	ď		-	0			
Š	e			0			
Ē	f	All other program service revenue	·	0			
g.	g	Total. Add lines 2a-2f	•	120,350		- · · - · -	<u> </u>
	3	Investment income (including dividends, inte	erest, and		· · · · · · · · · · · · · · · · · · ·		
	ļ	other similar amounts).	•	3,413			
	4	Income from investment of tax-exempt bond	d proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal	1			Î
	6a	Gross rents					
	b	Less rental expenses					İ
	C	Rental income or (loss)	0 0	_[
	_ d	Net rental income or (loss) Gross amount from sales of (i) Securiti	es (ii) Other	0			
	/a	Grood difficulty for ballog of					1
	١.	assets other than inventory Less cost or other basis	0 0				ļ
	ן י	and sales expenses .	ol o	ļ			1
	c	Gain or (loss)	0 0				1
	ď			٥			
	-					-	
ē	8a	Gross income from fundraising					
Other Revenue		events (not including \$ 0					
ě		of contributions reported on line 1c)					1
Ä		See Part IV, line 18 .	a0				-
美		Less direct expenses	b 0				ļ
U		Net income or (loss) from fundraising event	s >	0			
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19	a 0			•	
		Less. direct expenses .	b0	ا			1
		Net income or (loss) from gaming activities	· · · ·	0			
	Tua	Gross sales of inventory, less returns and allowances					İ
	h		a 0				
		Less cost of goods sold Net income or (loss) from sales of inventory		o	-		
	-	Miscellaneous Revenue	Business Code		-		
	11a						1
	b		-	0			
	C		-	ő			-
	d	All other revenue		o			
	ء ا	Total. Add lines 11a-11d		n n			1

12 Total revenue. See instructions

158,684

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete al	•		t complete column (
	Check if Schedule O contains a response or note	to any line in this F	Part IX	<u> </u>	X
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22 .	10,500	10,500		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees .	15,000		15,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			<u></u>
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			·
11	Fees for services (non-employees)				
a	Management	<u> </u>			
b	Legal	0		22/2	
C	Accounting	2,213		2,213	<u> </u>
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	0.040	0.040	1	
42	(A) amount, list line 11g expenses on Schedule O)	6,216 0	6,216		
12 13	Advertising and promotion Office expenses	9,173		0.472	
14	Information technology	2,533		9,173 2,533	
15	Royalties	2,555		2,555	
16	Occupancy .	0			
17	Travel	9,720	3.042	6,678	
18	Payments of travel or entertainment expenses	9,720	3,042	0,076	
10	for any federal, state, or local public officials	٥		1	
19	Conferences, conventions, and meetings	76,372	76,372		****
20	Interest	0,572	70,572		
21	Payments to affiliates	Ö			
22	Depreciation, depletion, and amortization	79	0	0	
23	Insurance	1,078		1,078	
24	Other expenses Itemize expenses not covered	,,,,,,	- · · · · · · · · · · · · · · · · · · ·		
	above (List miscellaneous expenses in line 24e If]	
	line 24e amount exceeds 10% of line 25, column			ł	
	(A) amount, list line 24e expenses on Schedule O)			!	
а	Bank Charges	1,045		1,045	
b		0			
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	133,929	96,130	37,720	
26	Joint costs. Complete this line only if the			T	
	organization reported in column (B) joint costs		j		
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)			}	

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 72,133 Cash-non-interest-bearing 70,442 2 Savings and temporary cash investments 487,197 514,557 3 Pledges and grants receivable, net . . . 0 3 0 4 Accounts receivable, net . . 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net 0 7 0 Inventories for sale or use 18.975 Prepaid expenses and deferred charges 9 10,124 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,381 b Less accumulated depreciation 10b 1,261 199 10c 120 11 Investments-publicly traded securities 0 11 0 12 Investments-other securities See Part IV, line 11 ol 0 12 0 13 Investments-program-related See Part IV, line 11 ol 13 14 Intangible assets ol 14 0 15 Other assets. See Part IV, line 11 0 15 0 16 578,504 595,243 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 9,625 Grants payable 18 11,625 19 Deferred revenue 13,496 19 3,480 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other 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 23 0 Unsecured notes and loans payable to unrelated third parties 24 0 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 25 Total liabilities. Add lines 17 through 25 23,121 26 15,105 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here ► X 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 555,383 32 580,138 33 Total net assets or fund balances 555,383 33 580,138

595,243

578,504

34

Form 9	90 (2013) AMERICAN ACADEMY OF ADVERTISING	38	3-2239287	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		158	,684
2	Total expenses (must equal Part IX, column (A), line 25)	2		133	,929
3	Revenue less expenses. Subtract line 2 from line 1	3		24	,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		555	,383
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		580	,138
Part	• • • • • • • • • • • • • • • • • • • •				_
	Check if Schedule O contains a response or note to any line in this Part XII				
_				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	0.	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	ì			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			İ	
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
_			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization AMERICAN ACADEMY OF ADVERTISING 38-2239287 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 Type II Type III—Functionally integrated d | Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (i) Name of supported (ii) EiN (v) Did you notify (vi) Is the (vii) Amount of monetary (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support (i) organized in the col (i) of your above or IRC section. governing document? (see instructions)) support? US? Yes Yes No Yes (A) (B) (C) (D) (E)

0

Par							
	(Complete only if you checked the						under
	Part III. If the organization fails to o	qualify under t	the tests liste	d below, plea	se complete	Part III.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grants")	ŀ					0
2	Tax revenues levied for the organization's	-					
	benefit and either paid to or expended on	ļ		İ			
	its behalf	i					0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			i	1	}	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	-				Ĭ	<u> </u>
•	person (other than a governmental unit			İ		ŀ	
	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						0
	ion B. Total Support					l	_
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0		0	0	0
8	Gross income from interest, dividends,				0	<u> </u>	<u> </u>
J	payments received on securities loans,	ı					
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business			· · · · · · · · · · · · · · · · · · ·			
•	activities, whether or not the business is						
	regularly carned on .						0
10	Other income Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10 .						0
12	Gross receipts from related activities, etc. (se	ee instructions)	\ \	<u></u>		12	
13	First five years. If the Form 990 is for the or			rd. fourth. or fift	h tax vear as a		(3)
	organization, check this box and stop here			., ,			``. ▶ □
Sect	ion C. Computation of Public Support					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (line 6, c		ed by line 11 o	column (f))		14	0 00%
15	Public support percentage from 2012 Sched			SOIGH (1))	•	15	0 00%
16a	33 1/3% support test—2013. If the organiza			n line 13, and lii	ne 14 is 33 1/3		
	and stop here. The organization qualifies as						•
b	33 1/3% support test—2012. If the organization				and line 15 is 3	3 1/3% or more	check this
	box and stop here. The organization qualifie						, ss. t
17a	10%-facts-and-circumstances test—2013.		• • •		ne 13 16a or	16h and line 1	, ,
	is 10% or more, and if the organization meet						
	Part IV how the organization meets the "fact						
	organization	o ano-onoumst	unoco lest II	io organization	Aramico do g	hanina's anbhoi.	
ь	10%-facts-and-circumstances test—2012.	If the omenia	ation did not ch	nack a bay an li	 no 12 16a 16	h or 170 on 41	. P 🗀
U	15 is 10% or more, and if the organization m	•					
	Part IV how the organization meets the "fact					•	-Apiaiii iii
	supported organization	3-411U-CHCUIII\$(i	ances lest If	ie viganization	qualines as a	publiciy	_
40			40 40		476		
18	Private foundation. If the organization did number of the instructions	ioi check a box	on line 13, 16	ъа, 10D, 1/a, 0r	17D, Check thi	s box and see	▶□

Support Schedule for Organizations Described in Section 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.)

Sec	tion A. Public Support	ider the tests	noted below,	picade comp	ioto i ditii j		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	your (or insert your noging iii,	(4) 2000	(2) 20.0	(0) 20 11	(0) 2012	(6) 20.0	(1) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	32,153	33,590	28,218	30,496	34,921	159,378
2	Gross receipts from admissions, merchandise	ŀ					
	sold or services performed, or facilities furnished						
	in any activity that is related to the	444.400	110 100	400 407	407.050		700 100
_	organization's tax-exempt purpose .	111,189	118,199	103,407	107,353	120,350	560,498
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						•
							0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						•
5	The value of services or facilities			· · · · · · · · · · · · · · · · · · ·			0
5							
	furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 5	143,342	151,789	131,625	137,849	155,271	<u> </u>
6 7a	Amounts included on lines 1, 2, and 3	143,342	151,769	131,023	137,049	155,271	119,010
/ a	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	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6).						719,876
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounto from line C	143,342	151,789	131,625	137,849	155,271	
9 10a	Amounts from line 6	143,342	151,769	131,023	137,049	155,27 1	719,876
104	payments received on securities loans,						
	rents, royalties and income from similar sources	16,371	8,791	5,012	3,167	3,413	36,754
ь	Unrelated business taxable income (less	10,571	0,731	3,012	3,107	3,713	30,734
•	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975 .						0
c	Add lines 10a and 10b	16,371	8,791	5,012	3,167	3,413	36,754
11	Net income from unrelated business		31.3.	5,5.5	71.3	51.13	00,.0.
	activities not included in line 10b, whether						
	or not the business is regularly carned on .						0
12	Other income Do not include gain or						
	loss from the sale of capital assets]	
	(Explain in Part IV.)	950	0	0	0	3,652	4,602
13	Total support. (Add lines 9, 10c, 11,						<u></u>
	and 12)	160,663	160,580	136,637	141,016		761,232
14	First five years. If the Form 990 is for the organization	tion's first, secor	nd, third, fourth, c	or fifth tax year as	s a section 501(d	c)(3)	
	organization, check this box and stop here		· · · ·				. ▶∐
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column	•	e 13, column (f))			15	94 57%
16	Public support percentage from 2012 Schedule A,					16	93.29%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2013 (line 10c,	• • •	•	ımn (f))		17	4 83%
18	Investment income percentage from 2012 Schedul				1	18	6.44%
19a	33 1/3% support tests—2013. If the organization of		•				. —
	not more than 33 1/3%, check this box and stop he	•			_		. ▶ X
ь	33 1/3% support tests—2012. If the organization of						
	line 18 is not more than 33 1/3%, check this box ar						<i>·</i> ▶
20	Private foundation, if the omanization did not che	ck a hox on line	14 19a or 19b	check this how ai	nd see instructio	ne	▶

	990 or 990-EZ) 2013	AMERICAN A	ACADEMY OF A	ADVERTISING			<u> 38-2239287</u>	Page 4
Part IV	Supplemental	Information.	Provide the ex	planations re	guired by Part	II, line 10; Pa	rt II, line 17a o	17b:
	and Part III, lin							,
	and Fait III, IIII	E 12. AISO COI	ipiele li lis pai l	ioi arry additi	onal informati	on. (See mout	ictions)	
							• • • • • • • • • • • • • • • • • • • •	
		**						
	• • • • • • • • • • • • • • • • • • • •							
						•		
	• • • • • • • • • • • • • • • • • • • •		· 					
		••••••						
			• • • • • • • • • • • • • • • • • • • •				•••••	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

AMERICAN ACADEMY OF ADVERTISING

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

► Attach to Form 990.

Open to Public

Inspection Employer identification number

38-2239287

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

1 Does the organization	on maintair	records to su	ubstantiate the amo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, the grantees	s eligibility for the gran	ts or assistance, and	; ; [
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for moniton	used to avi	ward the gran ation's proced		stance / monitoring the use of grant funds in the United States	in the United States			Tes No
art	Other As	sistance to		nd Organizations ir	the United States	. Complete if the org	ments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990,	"Yes" to Form 990,
Part IV, line	21, for an	y recipient th	hat received more	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	can be duplicated if	f additional space is	needed.	
1 (a) Name and address of organization or government	nization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1)								
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Enter total number of section 501(c)(3) and governmeEnter total number of other organizations listed in the	of section 5 of other org	i01(c)(3) and grantical ist	govemment organiza ted in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	1 table	•	▲ •	0

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

Schedule I (Form 990) (2013)

AMERICAN ACADEMY OF ADVERTISING Schedule I (Form 990) (2013)

Part III	Part III can be duplicated if additional space is needed	Space is needed	Jnited States. Comp	plete if the organiza	tion answered "Yes" to	e is needed. (A) Amount of A) A) A) A) A) A) A) A) A) A) A) A) A)	
	(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	
Researc	Research Grants	Ō	10,500				
2							
8							_
4							
9							
9							
7							
Part IV	Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b),	the information rec	quired in Part I, line 2	, Part III, column (b)	and any other additional information	al information.	
• • • • • • • • • • • • •				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2013)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Employer Identification number **AMERICAN ACADEMY OF ADVERTISING** 38-2239287 Form 990, Part VI, Section B, Line 11b. The tax returns initially reviewed by the Executive Director. After the final return is available, it is submitted to the Treasurer and/or President for review and signature Form 990, Part VI, Section B, Line 12c The written conflict of interest policy is discussed at the Annual Members' meeting Form 990, Part VI, Section C, Line 19 The constitution of the organization is posted on the website All other information, including Conflict of Interest and financial data, are available upon request Form 990, Part IX, Line 11g. The expenses listed on Line 11g - Other, represent expenses incurred in relationship to the publishing of the Journal that are detailed in Part III, Line

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
AMERICAN ACADEMY OF ADVERTISING (38-2239287
• • • • • • • • • • • • • • • • • • • •	
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•	

· Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
Federated Campaigns	1	
2 Membership dues	2 34,921	
Fundraising events	3	
Related organizations	4	
5 Government grants (contributions)	. 5	
All other contributions, gifts, grants, and similar amounts not included above Miscellaneous Donations		
Other contributions total	60	
7 Total	7 34,921	

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

			<u>.</u>		(A)	(B)	(C)	(D)
					Total	Program	Management	Fundraising
						services	and general	
1	Depreciation			1	79			
2	Depletion .	•		2	0			
3	Amortization		•	3 _	0			
4	Total	•		. 4	79	0	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							Total:	1,381	1,182	1,261	0	199	120
			Leasehold			Check if Check if	Check If		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
Computer				×				1,381	1,182	1,261		199	120

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

See separate instructions.

► Attach to your tax return.

Sequence No. 17

	ne(s) shown on return		ess or activity to which this	form relates		Identifying nur	nber	
	ERICAN ACADEMY OF ADVERTIS		4 11 1 0 11 4			38-2239287		
Pa	Election To Expense C Note: If you have any listed p							
1	Maximum amount (see instructions)						11	····
	Total cost of section 179 property pl		e (see instructions)	•		•	2	
	Threshold cost of section 179 prope			estructions)	•	•	3	
	Reduction in limitation Subtract line	-	•	100 0000107		•	4	0
	Dollar limitation for tax year. Subtract			er_O_ If marrie	d filina	•	1	
•	separately, see instructions	ot iiiic 4 ii oiii ii	THE T IT LETO OF 1655, CITE	21 0 11 11 Idillio	a ming		5	0
6	(a) Description of pro	poerty	(b) C	ost (business use	only)	(c) Elected o		<u>_</u>
<u> </u>	(2) 2002(1)2011 01 101		15/ 5			(0)	<u> </u>	
_			 -		·	-		
7	Listed property Enter the amount from	om line 29			7			
	Total elected cost of section 179 pro		nounts in column (c), line	s 6 and 7			8	0
	Tentative deduction Enter the small				_		9	0
	Carryover of disallowed deduction fr				•	·	10	
	Business income limitation Enter th			than zero) or	line 5 (see ins	tructions)	11	
	Section 179 expense deduction Add		· · · · · · · · · · · · · · · · · · ·	-	• (12	0
	Carryover of disallowed deduction to				. ▶ 13	 	0	
	te: Do not use Part II or Part III below							
	rt II Special Depreciation A				clude listed p	roperty.) (See	instru	ctions.)
	Special depreciation allowance for o							
	during the tax year (see instructions		, (14	
15	Property subject to section 168(f)(1)					_	15	
	Other depreciation (including ACRS						16	
	rt III MACRS Depreciation (de listed property.) (Se	ee instruction	ıs.)			
			Section A					
17	MACRS deductions for assets place	ed in service in		ore 2013			17	79
	MACRS deductions for assets place If you are electing to group any asset		tax years beginning bef		nore	•	17	79
	MACRS deductions for assets place If you are electing to group any asset general asset accounts, check here	ets placed in s	tax years beginning bef		nore		17	79
	If you are electing to group any assegeneral asset accounts, check here	ets placed in s	tax years beginning bet ervice during the tax yea	r into one or m		► D		79
	If you are electing to group any assegeneral asset accounts, check here	ets placed in s	tax years beginning before during the tax years in the tax years in the tax years in the tax years in the tax years in the tax years in the tax years in the tax years in the tax years in the tax years beginning the tax years beginning to tax years begi	r into one or m		► Deciation System		79
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18	If you are electing to group any assegeneral asset accounts, check here Section B - Assets P (a) Classification of property	Placed in Serv (b) Month and year placed	tax years beginning before during the tax years. ice During 2013 Tax Years (c) Basis for depreciation (business/investment use	r into one or m	General Dep		em .	
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