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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 4,651,357 including grants of \$ 404,420 ) (Revenue \$ 18,038,687 )

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 PERSONNEL, 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 \$ 1,732,115 including grants of \$ ) (Revenue \$ 219,611 )

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 \$ 1,322,156 including grants of \$ 54,950 ) (Revenue \$ 101,075 )

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 ABOUT 17,000

(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 \$ 10,860,209 including grants of \$ 562,078 ) (Revenue \$ 913,121 )

OTHER PROGRAM SERVICES - OVER 600 PROGRAMS

4d

Other program services (Describe in Schedule O )

(Expenses \$ 10,860,209 including grants of \$ 562,078 ) (Revenue \$ 913,121 )



















4e

Total program service expenses

18,565,837

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 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 	15 Yes	
16 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 	16 Yes	
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)	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? If "Yes," complete Schedule G, Part II	18	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	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 disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
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	Yes	
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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	135	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	95	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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, securities account, or other financial account)?			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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b 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.			
13a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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 or note to any line 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 . . . . .		
	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 committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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 this 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 filedIL
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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE DEBNAR 930 EAST WOODFIELD ROAD SCHAUMBURG,IL 60173 (847) 240-1128

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

Form **990** (2013)



## 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>	4,131,515	15,000	585,500

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 38

		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 Yes	
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	1,339,440
EXPERIENT INC PO BOX 932320 CLEVELAND OH 44193	OUTSOURCED/CONFERENCE TECH SERVICES	466,839
EVENT TRANSPORTATIONS SYSTEMS PO BOX E FARFAX VA 22031	TOUR SERVICES	355,715
POWERS PYLES SUTTER 1501 M STREETNW WASHINGTON DC 20005	LEGAL SERVICES	289,065
DIAMOND MARKETING SOLUTIONS 231318 MOMENTUM PLACE CHICAGO IL 60689	FULFILLMENT SERVICES	248,528

**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 ▶32

Part VIII

Statement of Revenue

Check if Schedule O contains a response 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	
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	4,117,608				
	g	Noncash contributions included in lines 1a-1f \$		258,747				
	h	Total. Add lines 1a-1f . . . . .			4,117,608			
Program Service Revenue	2a	ANNUAL NAT'L MEETINGS	Business Code					
			900099	16,837,238	16,551,243	285,995		
	b	ROYALTY INCOME	900099	3,371,098			3,371,098	
	c	ADVERTISING INCOME	541800	1,111,408		1,111,408		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			21,319,744			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,079,850			1,079,850	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		47,122,625						
		45,321,710						
		1,800,915						
	d	Net gain or (loss) . . . . .		1,800,915			1,800,915	
	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	2,985,467							
b	Less cost of goods sold . . . . .		291,053					
b								
c	Net income or (loss) from sales of inventory . . .		2,694,414	2,694,414				
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	900099	26,837	26,837				
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			26,837				
12	Total revenue. See Instructions . . . . .			31,039,368	19,272,494	1,397,403	6,251,863	

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).

Check if Schedule O contains a response or note to any line 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.	380,390	380,390		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	312,950	312,950		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	328,108	328,108		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,786,629	1,373,428	2,191,055	222,146
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.	8,301,223	5,330,149	2,493,336	477,738
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	711,010	471,424	193,081	46,505
9	Other employee benefits.	1,120,559	745,757	328,728	46,074
10	Payroll taxes.	705,003	433,885	224,504	46,614
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	191,950	44,205	140,858	6,887
c	Accounting.	65,448		65,448	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	133,097		133,097	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,037,943	1,755,803	195,472	86,668
12	Advertising and promotion.	319,208	311,684		7,524
13	Office expenses.	1,115,402	767,826	256,986	90,590
14	Information technology.	688,253	4,476	676,043	7,734
15	Royalties.				
16	Occupancy.	547,203		547,203	
17	Travel.	2,080,721	1,453,172	389,460	238,089
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,621,087	4,368,176	69,939	182,972
20	Interest.	-273		-273	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,303,836		1,303,836	
23	Insurance.	159,471	87,852	71,619	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	UNRELATED BUSINESS INCO	295,115	295,115		
b	STAFF EDUCATION	171,890	66,239	97,398	8,253
c	RECRUITMENT EXPENSE	131,130		131,130	
d	MEMBERSHIP DUES	68,288	16,135	49,233	2,920
e	All other expenses	62,628	19,063	43,278	287
25	Total functional expenses. Add lines 1 through 24e.	29,638,269	18,565,837	9,601,431	1,471,001
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		3,913,234	<b>1</b>	3,055,461
	<b>2</b>	Savings and temporary cash investments . . . . .		3,954,568	<b>2</b>	5,014,667
	<b>3</b>	Pledges and grants receivable, net . . . . .		926,379	<b>3</b>	838,825
	<b>4</b>	Accounts receivable, net . . . . .		2,880,739	<b>4</b>	2,733,988
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		600,408	<b>8</b>	578,576
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,303,331	<b>9</b>	1,196,065
	<b>10a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 21,778,232			
	<b>b</b>	Less accumulated depreciation . . . . .	<b>10b</b> 11,752,927	10,775,364	<b>10c</b>	10,025,305
	<b>11</b>	Investments—publicly traded securities . . . . .		36,254,099	<b>11</b>	40,505,129
	<b>12</b>	Investments—other securities See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets See Part IV, line 11 . . . . .		2,849,532	<b>15</b>	3,613,065
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		63,457,654	<b>16</b>	67,561,081
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		4,425,947	<b>17</b>	3,825,659
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		10,793,547	<b>19</b>	10,029,582
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		4,500,000	<b>23</b>	4,000,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		4,392,083	<b>25</b>	5,068,961
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		24,111,577	<b>26</b>	22,924,202
Net Assets or Fund Balances		<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .		33,035,024	<b>27</b>	36,936,869
	<b>28</b>	Temporarily restricted net assets . . . . .		3,967,938	<b>28</b>	5,356,895
	<b>29</b>	Permanently restricted net assets . . . . .		2,343,115	<b>29</b>	2,343,115
		<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		39,346,077	<b>33</b>	44,636,879
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		63,457,654	<b>34</b>	67,561,081

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	31,039,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,638,269
3	Revenue less expenses Subtract line 2 from line 1	3	1,401,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,346,077
5	Net unrealized gains (losses) on investments	5	986,274
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,903,429
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,636,879

Part XII Financial Statements and Reporting

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 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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		

## Additional Data

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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DIRK M ELSTON MD PRESIDENT OF THE BOARD	30 00 0 00	X		X				165,166	0	0
BRETT M COLDIRON MD PRESIDENT-ELECT OF THE BOARD	5 00 0 00	X		X				30,000	0	0
LISA A GARNER MD VICE PRESIDENT OF THE BOARD	3 00 0 00	X		X				30,000	0	0
ELISE A OLSEN MD VICE PRESIDENT-ELECT OF THE BOARD	30 0 00	X		X				0	0	0
SUZANNE M OLBRICHT MD SECRETARY-TREASURER OF THE BOARD	15 00 0 00	X		X				157,000	0	0
BARBARA MATHES MD ASSISTANT SECRETARY-TREASURER OF THE BOARD	5 00 0 00	X		X				50,000	0	0
DANIEL M SIEGEL MD IMMEDIATE PAST PRESIDENT OF THE BOARD	30 10	X		X				39,702	15,000	0
ROBERT T BRODELL MD BOARD DIRECTOR	30 0 00	X						0	0	0
JULIE A HODGE MD MPH BOARD DIRECTOR	30 0 00	X						0	0	0
GEORGE J HRUZA MD MBA BOARD DIRECTOR	30 0 00	X						0	0	0
PAUL A STORRS MD BOARD DIRECTOR	30 0 00	X						0	0	0
STEPHEN H MANDY MD BOARD DIRECTOR	30 0 00	X						0	0	0
JACK S RESNECK JR MD BOARD DIRECTOR	2 80 0 00	X						0	0	0
KATHRYN SCHWARZENBERGER MD BOARD DIRECTOR	2 50 0 00	X						0	0	0
ABEL TORRES MD JD BOARD DIRECTOR	30 0 00	X						0	0	0
ROBERT D DURST JR MD BOARD DIRECTOR	2 80 0 00	X						0	0	0
ALICE B GOTTLIEB MD PHD BOARD DIRECTOR	30 0 00	X						0	0	0
THOMAS E ROHRER MD BOARD DIRECTOR	30 0 00	X						0	0	0
PHOEBE RICH MD BOARD DIRECTOR	30 0 00	X						0	0	0
JAMES M SPENCER MD BOARD DIRECTOR	30 0 00	X						0	0	0
ILONA J FRIEDEN MD BOARD DIRECTOR	30 0 00	X						0	0	0
DEE ANNA GLASER MD BOARD DIRECTOR	30 0 00	X						0	0	0
MARK LEBWOHL MD BOARD DIRECTOR	30 0 00	X						10,000	0	0
RONALD P RAPINI MD BOARD DIRECTOR	30 0 00	X						0	0	0
ELAINE C WEISS EXECUTIVE DIRECTOR & CEO	37 50 0 00			X				386,674	0	24,241



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.

▶ Information about Schedule A (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 AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in Sections 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) 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.")						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 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 . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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.)

Section A. Public Support						
Calendar 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.")	4,604,428	3,713,573	2,145,969	3,705,750	4,117,608	18,287,328
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	16,738,391	20,000,521	19,870,126	22,244,068	24,305,211	103,158,317
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	21,342,819	23,714,094	22,016,095	25,949,818	28,422,819	121,445,645
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 )						121,445,645

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	21,342,819	23,714,094	22,016,095	25,949,818	28,422,819	121,445,645
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,047,972	775,293	875,344	1,147,721	1,079,850	4,926,180
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,047,972	775,293	875,344	1,147,721	1,079,850	4,926,180
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	876,107		721,695			1,597,802
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )	134,343	162,733	118,229	60,857	26,837	502,999
13 Total support. (Add lines 9, 10c, 11, and 12 )	23,401,241	24,652,120	23,731,363	27,158,396	29,529,506	128,472,626
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 ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	94 530 %	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	93 670 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	3 830 %	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	4 230 %	
19a 33 1/3% support tests—2013. 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 stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. 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 stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

<b>Name of the organization</b> AMERICAN ACADEMY OF DERMATOLOGY INC	<b>Employer identification number</b>  41-0793046
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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><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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><input type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

Using the organization's acquisition, 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	17,196,022	14,682,575	13,564,807	11,322,424	10,079,993
b Contributions . . . . .	377,182	233,026	350,225	457,042	472,395
c Net investment earnings, gains, and losses	2,216,424	1,513,981	-136,306	1,287,923	1,598,391
d Grants or scholarships . . . . .	110,950		136,780	34,996	
e Other expenditures for facilities and programs . . . . .	-15,263	612,888	494,319	404,420	688,234
f Administrative expenses . . . . .	57,500	-1,379,328	-1,534,948	-936,833	140,123
g End of year balance . . . . .	19,636,441	17,196,022	14,682,575	13,564,806	11,322,422

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

85 070 %

b

Permanent endowment

11 930 %

c

Temporarily restricted endowment

3 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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?

☐ Yes

☐ No
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	2,360,391	5,856,256
c Leasehold improvements . . . . .		180,250	45,063	135,187
d Equipment . . . . .		5,780,097	4,993,998	786,099
e Other . . . . .		5,052,156	4,353,475	698,681
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,025,305



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	32,183,598
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	986,274
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	291,053
e	Add lines 2a through 2d . . . . .	2e	1,277,327
3	Subtract line 2e from line 1 . . . . .	3	30,906,271
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	133,097
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	133,097
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	31,039,368

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	28,455,512
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 XIII ) . . . . .	2d	291,053
e	Add lines 2a through 2d . . . . .	2e	291,053
3	Subtract line 2e from line 1 . . . . .	3	28,164,459
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	133,097
b	Other (Describe in Part XIII ) . . . . .	4b	1,340,713
c	Add lines 4a and 4b . . . . .	4c	1,473,810
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	29,638,269

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
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 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
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ACADEMY AND RECOGNIZE A TAX LIABILITY IF THE ACADEMY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ACADEMY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS THE ACADEMY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVENTORY COSTS NETTED AGAINST REVENUES 291,053
PART XII, LINE 2D - OTHER ADJUSTMENTS	INVENTORY COSTS NETTED AGAINST REVENUES 291,053
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMPENSATION ALLOCATED FROM AFILIATED ORGANZIATION 1,339,933 RETURNED GRANT FUNDS 780

[illegible]



SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) 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  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
3a Sub-total	0	36			176,506
b Total from continuation sheets to Part I	0	0			153,000
c Totals (add lines 3a and 3b)	0	36			329,506

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. Part II can be duplicated 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)
( 1 )			EUROPE (INCLUDING ICELAND & GREENLAND) -	INTERNATIONAL PROGRAMS	25,000	CHECK			
( 2 )			SUB-SAHARAN AFRICA	REGIONAL DERM TRAINING CENTER	25,000	CHECK			
( 3 )			EAST ASIA AND THE PACIFIC	DISASTER RELIEF	5,000	CHECK			
( 4 )									

- 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 . . . . ▶ 

3
- 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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) See Add'l Data							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	EDUCATIONAL GRANTS ARE PAID OUT AFTER THE ACADEMY RECEIVES THE AGREED UPON EDUCATIONAL RES EARCH FROM THE INSTITUTE TRAVEL GRANTS ARE PAID AFTER RECEIPTS ARE RECEIVED

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	9	EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY CONGRESS	MEETING ATTENDANCE	59,720
NORTH AMERICA	0	1	NATIONAL MEDICAL ASSOCIATION	MEETING ATTENDANCE	1,364
NORTH AMERICA	0	2	CANADIAN DERMATOLOGY ASSOCIATION	MEETING ATTENDANCE	5,733

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
EAST ASIA AND THE PACIFIC	0	1	CHINESE SOCIETY OF DERMATOLOGY	MEETING ATTENDANCE	771
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	INTERNATIONAL INVESTIGATIVE DERMATOLOGY	MEETING ATTENDANCE	2,135
SUB-SAHARAN AFRICA	0	6	REGIONAL DERMATOLOGY TRAINING CENTER - ADVANCES IN TROPICAL MEDICINE	MEETING ATTENDANCE	49,966

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
SUB-SAHARAN AFRICA	0	16	RESIDENT INTERNATIONAL GRANTS	MEETING ATTENDANCE	31,817
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INTERNATIONAL PROGRAMS - GRANTS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	25,000
SUB-SAHARAN AFRICA	0	0	REGIONAL DERM TRAINING CENTER	GRANTS TO RECIPIENTS LOCATED IN THE REGION	25,000



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
EAST ASIA AND THE PACIFIC	0	0	DIASTER RELIEF	GRANTS TO RECIPIENTS LOCATED IN THE REGION	5,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FIDE	GRANTS TO RECIPIENTS LOCATED IN THE REGION	8,500
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,000

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
SOUTH ASIA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	3,500
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	14,000
MIDDLE EAST AND NORTH AFRICA	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	3,000

**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
MIDDLE EAST AND NORTH AFRICA	0	0	INTERNATIONAL PROGRAMS-GRANTS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	5,000
MIDDLE EAST AND NORTH AFRICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	3,250
NORTH AMERICA	0	0	RESIDENT HOUSING GRANTS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	24,000

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
NORTH AMERICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	1,500
SOUTH AMERICA	0	0	FIDE	GRANTS TO RECIPIENTS LOCATED IN THE REGION	27,500
SOUTH AMERICA	0	0	INTERNATIONAL PROGRAMS - GRANTS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,500

**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
SOUTH AMERICA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	9,000
SOUTH AMERICA	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	4,000
EAST ASIA AND THE PACIFIC	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,000

**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
SOUTH ASIA	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	5,250
EAST ASIA AND THE PACIFIC	0	0	INTERNATIONAL AFFAIRS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,000
EAST ASIA AND THE PACIFIC	0	0	WORLD CONGRESS SCHOLARSHIPS	GRANTS TO RECIPIENTS LOCATED IN THE REGION	3,500

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FIDE	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,500

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FIDE	CENTRAL AMERICA AND THE CARIBBEAN	5	8,500	CHECK			
INTERNATIONAL AFFAIRS	CENTRAL AMERICA AND THE CARIBBEAN	2	2,000	CHECK			
WORLD CONGRESS SCHOLARSHIPS	SOUTH ASIA	2	3,500	CHECK			
INTERNATIONAL AFFAIRS	EUROPE (INCLUDING ICELAND & GREENLAND)	14	14,000	CHECK			
INTERNATIONAL AFFAIRS	MIDDLE EAST AND NORTH AFRICA	3	3,000	CHECK			
INTERNATIONAL PROGRAMS-GRANTS	MIDDLE EAST AND NORTH AFRICA	1	5,000	CHECK			
WORLD CONGRESS SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	1,500	CHECK			
WORLD CONGRESS SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	1,750	CHECK			
RESIDENT HOUSING	NORTH AMERICA	58	24,000	CHECK			
WORLD CONGRESS SCHOLARSHIPS	NORTH AMERICA	1	1,500	CHECK			



Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FIDE	SOUTH AMERICA	11	27,500	CHECK			
INTERNATIONAL PROGRAMS-GRANTS	SOUTH AMERICA	1	2,500	CHECK			
WORLD CONGRESS SCHOLARSHIPS	SOUTH AMERICA	6	9,000	CHECK			
INTERNATIONAL AFFAIRS	SOUTH AMERICA	4	4,000	CHECK			
INTERNATIONAL AFFAIRS	SOUTH ASIA	2	2,000	CHECK			
WORLD CONGRESS SCHOLARSHIPS	SOUTH ASIA	3	5,250	CHECK			
INTERNATIONAL AFFAIRS	EAST ASIA AND THE PACIFIC	2	2,000	CHECK			
WORLD CONGRESS SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	2	3,500	CHECK			
FIDE	CENTRAL AMERICA AND THE CARIBBEAN	1	2,500	CHECK			

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

▶ Information about Schedule I (Form 990) 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  
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. Part II can be duplicated 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 . . . . .

27

3

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

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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 - HOUSING AND TRAVEL	713	285,200			
(2) RESIDENT GRANTS - INTERNATIONAL	16	18,750			
(3) INTERNATIONAL PROGRAMS	4	9,000			

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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
THE MOUNT SINAI MEDICAL SCHOOL OF MEDICINE PO BOX 1048 NEWYORK,NY 10029	13-6171197	501(C)(3)	47,000				SULZBERGER INSTITUTE

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
DERMATOLOGY FOUNDATION 1560 SHERMAN AVE EVANSTON,IL 60201	04-6115524	501(C)(3)	39,600				DELEGATES/OTHER ORGANIZATIONS

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
SOCIETY FOR INVESTIGATIVE DERMATOLOGY 526 SUPERIOR AVE CLEVELAND, OH 44114	23-1361165	501(C)(3)	30,000				WORLD CONGRESS SCHOLARSHIPS

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
PLAY & PARK PO BOX 11407 BIRMINGHAM, AL 35246	20-0173831	501(C)(3)	10,448				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
NYU LANGONE MEDICAL CENTER 240 EAST 38TH STREET NEW YORK, NY 10015	13-5562308	501(C)(3)	8,800				RESIDENTS HOUSING & TRAVEL



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
LIVING CLASSROOMS 515 M STREET SE SUITE 222 WASHINGTON, DC 20003	90-0518838	501(C)(3)	8,600				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
OAKLAND JUNIOR HIGH 3405 OAKLAND PLACE COLUMBIA, MO 65202	64-0850010	501(C)(3)	8,600				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
ARTSPACE CENTER 2030 US HIGHWAY 70 SWANNANOA, NC 28778	56-2156415	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
ROWAN COUNTRY BOARD OF EDU 121 E SECOND STREET MOREHEAD,KY 40351	61-6001328	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
BLUE RIDGE ELEMENTARY 2290 EAST FIRST STREET BLUE RIDGE,GA 30513	58-6000240	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
CHAPARRAL MIDDLE SCHOOL 1211 HAWAII AVENUE ALMOGORDO, NM 88310	85-6000100	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
CREEKSIDE ELEMENTARY 5321 EPHESUS CHURCH ROAD DURHAM, NC 27707	45-1347568	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
MARVIN ELEMENTARY 9700 MARVN SCHOOL ROAD MARVIN, NC 28173	45-2823908	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
ROUNDUP RIVER RANCH 10 W BEAVER CREEK BLVD SUITE 250 AVON, CO 81620	20-4632248	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
ROSSITER ELEMENTARY 55 S RODNEY STREET HELENA, MT 59601	81-6000557	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
SADLER & SOUTHMAYDE CISD PO BOX 837 SADLER, TX 76262	75-1611789	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
TUVIA TEMPLE MENORAH (ADOPT-A-SHADE) 1101 CAMINO REAL REDONDO BEACH, CA 90277	95-6052367	501(C)(3)	7,975				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
BOCA RATON CHRISTIAN SCHOOL 315 NW 4TH STREET BOCA RATON, FL 90260	86-6003545	501(C)(3)	7,967				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
COLUMBIA PUBLIC SCHOOLS 3405 OAKLAND PLACE COLUMBIA, MO 65202	43-6000318	501(C)(3)	7,899				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
INTERFAITH CHILD DEVELOPMENT CENTER 5630 RUSH HAVEN DRIVE THE WOODLANDS, TX 77381	74-1804123	501(C)(3)	7,837				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
MILLSAP ELEMENTARY SCHOOL 201 BRAZOS STREET MILLSAP, TX 76066	75-6002076	501(C)(3)	7,675				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
YMCA OF GREATER ROCHESTER 1851 FAIRPORT NINE MILE POINT PENFIELD,NY 14526	16-0743242	501(C)(3)	7,218				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
UNIVERSITY OF MINNESOTA 516 DELAWARE ST SE MMC 98 MINNEAPOLIS,MN 55455	41-6007513	501(C)(3)	7,200				RESIDENTS HOUSING & TRAVEL

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
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DIV OF DERM 660 S EUCLID AVE ST LOUIS, MO 63110	43-0653611	501(C)(3)	6,400				RESIDENTS HOUSING & TRAVEL

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
CUMNS KIDS 7101 N SHADELAND AVENUE INDIANAPOLIS, IN 46250	35-1149228	501(C)(3)	5,234				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
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1722 2ND AVE ST SUITE 415 CEFH BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	5,200				RESIDENTS HOUSING & TRAVEL

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
HEALTH VOLUNTEERS OVERSEAS 1900 L STREET NW WASHINGTON,DC 20036	52-1485477	501(C)(3)	5,000				INTERNATIONAL PROGRAMS-GRANTS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) 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  
AMERICAN ACADEMY OF DERMATOLOGY INC

Employer identification number  
41-0793046

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><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></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><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></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	Yes	
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	Yes	
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		No

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 GROSS-UP AND INCLUDED IN THE EMPLOYEES W-2. ADDITIONAL GROSS-UP SEVERANCE PAYMENTS WERE PROVIDED TO THE FORMER EXECUTIVE DIRECTOR AND SENIOR DIRECTOR, COMMUNICATIONS.
PART I, LINE 1B	THERE IS NOT A STANDARD WRITTEN POLICY FOR SEPARATION AND SEVERANCE AGREEMENTS. THE AGREEMENT WITH THE FORMER EXECUTIVE DIRECTOR WAS BASED ON THE EMPLOYMENT AGREEMENT AND THE AGREEMENT FOR THE SENIOR DIRECTOR, COMMUNICATIONS WERE NEGOTIATED AMONG THE ORGANIZATION AND THE EMPLOYEE. THE ACTING-EXECUTIVE DIRECTOR APPROVED THE SENIOR DIRECTOR, COMMUNICATIONS AGREEMENT WITH REVIEW DONE BY THE MEMBER LEADERSHIP.
PART I, LINE 3	
PART I, LINE 4A	RON HENRICHS - RECEIVED SEVERANCE PAYMENTS TOTALING \$320,578 IN 2013. ALLISON SCHERER - RECEIVED SEVERANCE PAYMENTS TOTALING \$101,456 IN 2013.
PART I, LINE 6	INCENTIVE COMPENSATION PROGRAM FOR DIRECTORS AND ABOVE HAVE A GOAL ON REACHING TARGETS FOR OPERATING-INCOME.
PART I, LINE 7	THE ORGANIZATION PROVIDES SPOT BONUSES FOR ACCOMPLISHMENT OF SIGNIFICANT WORK/ITEMS. THE FOLLOWING BONUSES WERE APPROVED BY THE EXECUTIVE DIRECTOR: SUZANNE LOTHARY - SUPERSTAR BONUS \$1,250, MELISSA LUNDBERG - SUPERSTAR BONUS \$5,000, NAHEED ALI - SUPERSTAR BONUS \$2,500, ERIK HORN - SUPERSTAR BONUS \$750, LESLIE LLOYD - SUPERSTAR BONUS \$2,500, LARA LOWERY - SUPERSTAR BONUS \$2,000, TIMOTHY MOSES - SUPERSTAR BONUS \$1,500, EILEEN MURRAY - SUPERSTAR BONUS \$15,000. APPROVED BY MEMBERSHIP LEADERSHIP. ELAINE WEISS - SIGN ON BONUS \$40,000 APPROVED BY THE BOARD OF DIRECTORS.
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.

Additional Data

Software ID:

Software Version:

EIN: 41-0793046

Name: AMERICAN ACADEMY OF DERMATOLOGY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DIRK M ELSTON MD PRESIDENT OF THE BOARD	(i)	165,166	0	0	0	0	165,166	0
	(ii)	0	0	0	0	0	0	0
SUZANNE M OLBRICHT MD SECRETARY- TREASURER OF THE BOARD	(i)	157,000	0	0	0	0	157,000	0
	(ii)	0	0	0	0	0	0	0
ELAINE C WEISS EXECUTIVE DIRECTOR & CEO	(i)	338,290	40,000	8,384	5,157	19,084	410,915	0
	(ii)	0	0	0	0	0	0	0
EILEEN M MURRAY DEPUTY EXECUTIVE DIRECTOR	(i)	277,693	40,375	8,576	13,384	8,716	348,744	0
	(ii)	0	0	0	0	0	0	0
STEVEN J DEBNAR CONTROLLER	(i)	135,626	13,053	1,140	17,295	28,098	195,212	0
	(ii)	0	0	0	0	0	0	0
BARBARA L GREENAN SENIOR DIRECTOR, GOVERNMENT AFFAIRS	(i)	217,101	17,523	552	26,139	5,209	266,524	0
	(ii)	0	0	0	0	0	0	0
SARAH J TANCREDI MANAGING DIRECTOR, ADMINISTRATION	(i)	199,854	17,017	7,767	24,640	26,981	276,259	0
	(ii)	0	0	0	0	0	0	0
NAHEED ALI SENIOR DIRECTOR, COMMUNITY, CORPORAT	(i)	182,868	20,126	552	23,016	20,048	246,610	0
	(ii)	0	0	0	0	0	0	0
KENNETH J LUURS SENIOR DIRECTOR, MEMBER SERVICES & B	(i)	185,968	13,770	1,032	22,165	8,814	231,749	0
	(ii)	0	0	0	0	0	0	0
SHAWN R FRIESEN DIRECTOR, LEGISLATIVE, POLITICAL & G	(i)	154,765	11,383	216	19,051	26,626	212,041	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY A MOSES DIRECTOR, MEETINGS & CONVENTION	(i)	148,716	15,324	552	16,580	8,735	189,907	0
	(ii)	0	0	0	0	0	0	0
ERIK A HORN DIRECTOR, INFORMATION TECHNOLOGY	(i)	152,154	11,197	216	18,322	11,439	193,328	0
	(ii)	0	0	0	0	0	0	0
LARA H LOWERY DIRECTOR, CREATIVE & PUBLISHING	(i)	137,794	15,042	474	10,943	10,449	174,702	0
	(ii)	0	0	0	0	0	0	0
DEBRA L GIST SENIOR DIRECTOR, EDUCATION	(i)	137,577	12,982	1,584	16,824	9,337	178,304	0
	(ii)	0	0	0	0	0	0	0
LESLIE S LLOYD DIRECTOR, REGULATORY & PAYMENT POLIC	(i)	134,999	15,719	240	17,709	29,822	198,489	0
	(ii)	0	0	0	0	0	0	0
ROSEANNE M FISCHOFF DIRECTOR, SCIENCE, QUALITY & PRACTIC	(i)	120,191	12,240	216	10,094	31,291	174,032	0
	(ii)	0	0	0	0	0	0	0
SUZANNE LOTHARY DIRECTOR, MARKETING	(i)	127,227	7,885	325	15,465	25,004	175,906	0
	(ii)	0	0	0	0	0	0	0
RONALD A HENRICHS FORMER EXECUTIVE DIRECTOR	(i)	0	0	321,696	0	9,996	331,692	320,578
	(ii)	0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) 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  
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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	18	258,747	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 . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .

30a

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

**Part III**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.  
▶ 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 AMERICAN ACADEMY OF DERMATOLOGY INC	Employer identification number 41-0793046
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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

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

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

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



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>

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>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM AADA 1,562,715 OFFICER COMPENSATION ALLOCATED TO AADA 1,339,933 RETURNED GRANT FUNDS 781

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) 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  
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 (if applicable) 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 entity?	
						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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

## Part V

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Yes	No
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<b>1a</b>		<b>No</b>
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<b>1b</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
-----------	--	-----------

<b>1d</b>		<b>No</b>
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<b>1e</b>		<b>No</b>
-----------	--	-----------

<b>1f</b>		<b>No</b>
-----------	--	-----------

<b>1g</b>		<b>No</b>
-----------	--	-----------

<b>1h</b>		<b>No</b>
-----------	--	-----------

<b>1i</b>		<b>No</b>
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<b>1j</b>		<b>No</b>
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1k		No
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<b>11</b>		<b>No</b>
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<b>1m</b>		<b>No</b>
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1n	Yes	
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10	Yes	
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<b>1p</b>		<b>No</b>
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1q	Yes	
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<b>1r</b>		<b>No</b>
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<b>1s</b>		<b>No</b>
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2

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC	Q	1,562,715	FAIR MARKET VALUE

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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