

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



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

AF	or the	e 2013 calendar year, or tax year beginning and er	nding		
B c	heck if	C Name of organization		D Employer identif	ication number
	Addre chang	S NEDIGNY AGGOTAMION OF DIAGMIC CODORO	NS		
	Name chang			94-6	5118700
	]initial return		oom/suite	E Telephone number	
<u> </u>	Termii ated Amen	dod	550		927-8330
\ 	Jreturn ∏Applic	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,017,660.
	Dendii		D .	H(a) Is this a group if for subordinate	
		SAME AS C ABOVE		1	included? Yes No
		empt status X 501(c)(3)	527	1	a list. (see instructions)
		te: ► WWW.AAPS1921.ORG	_	H(c) Group exempte	
		organization: X Corporation Trust Association Other	L Year	of formation: 1921	M State of legal domicile: MN
Ра	rt i	Summary	TATIT A	ME AND ADVA	NOT
ည	1	Briefly describe the organization's mission or most significant activities. TO ST KNOWLEDGE OF THE SCIENCE AND THE ART OF P.	TMULA	C SIRGERY	TACE
Activities & Governance		Check this box If the organization discontinued its operations or dispose		<del></del>	ecate
Ve		Number of voting members of the governing body (Part VI, line 1a)	or more	3	13
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	13
es 8		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
viti	6	Total number of volunteers (estimate if necessary)		6	121
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
	_	<b>-</b>	<u> </u>	Prior Year	Current Year
ine		Contributions and grants (Part VIII, line 1h)		750,164. 461,837.	581,542.
Revenue		Program service revenue (Part VIII, line 2g)		25.622	361,519. 76,210.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		CE1/000.	7 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ଅ ⊢	1,426,623	1,019,271.
$\neg$			<del>@</del> / /	100 000	134,497.
		Benefits paid to or for members (Part IX, column (A), line 4)		0	0.
န		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50	aner O.	Ri o.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		EEN, UTO.	0.
χĎ	b	Total fundraising expenses (Part IX, column (D), line 25)  13,20	<u>0.                                    </u>		4
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	$\vdash$	738,624.	647,333.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	873,111.	781,830.
<u>. ç</u>	19	Revenue less expenses. Subtract line 18 from line 12		553,512.	- · · · · · · · · · · · · · · · · · · ·
ances	20	Total access (Part V Inn 16)	Be	ginning of Current Year 3,802,229.	End of Year 4,361,906.
Assel		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	$\vdash$	179,565.	
P.E.		Net assets or fund balances Subtract line 21 from line 20		3,622,664.	
	rt II	Signature Block			
Unde	r pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declarato propagate (other than officer) is based on all information of whic	h preparer	has any knowledge.	
Sign		htt/ackert.			4/5/2014
Sign	1	Signature of officer		Date	11 1
Here	•	DONALD R. MACKAY, M.D., TREASURER  Type or print name and title			·
			- 10	late   Check	TI PTIN
Paid		Print/Type preparer's name  RAYMOND L. ANSTISS, JR. RAYMOND L. ANSTIS		4/02/14 Check L	
Prep		Firm's name ANSTISS & CO., P.C.	<u>, 10</u>	Firm's EIN	04-2917204
Use		Firm's address 1115 WESTFORD STREET		THIT S CHY	3. 23.120.
		LOWELL, MA 01851		Phone no. (9	78) 452-2500
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		1,,, , , , , , , , , , ,	X Yes No
	1 10-2		s.		Form <b>990</b> (2013)

Form	1990 (2013) AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94-611	8700	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO STIMULATE AND ADVANCE KNOWLEDGE OF THE SCIENCE AND THE ART		
	PLASTIC SURGERY AND THEREBY IMPROVE AND ELEVATE THE STANDARDS		
	PRACTICE OF THIS SPECIALTY. TO BE THE HIGHEST MEDIUM OF RECOG	NITIO	<u>V</u>
	IN THE FIELD OF PLASTIC SURGERY.		
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	X 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	X 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 e	expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 370,864. including grants of \$ ) (Revenue \$	361,	519.)
	MEETINGS AND EDUCATION - THE ASSOCIATION PROVIDES EDUCATIONAL		
	INFORMATION ON RESEARCH AND THE ART OF PLASTIC SURGERY.		
	······································		
			-
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code ) (Expenses \$ 134,497. including grants of \$ 134,497.) (Revenue \$		<u> </u>
40	(Code ) (Expenses \$ 134,497. including grants of \$ 134,497.) (Revenue \$ GRANTS - AWARDED TO INDIVIDUALS TO PURSUE ACADEMIC RESEARCH IN	DT. A Cr	<del>ΓΤ</del> (
	SURGERY	I DAU	110
	DORGERI		
	<del></del>		
4c	(Code) (Expenses \$		)
		NIZE A	AND
	OPERATE VARIOUS FUNCTIONS OF THE ASSOCIATAION		
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ 12,749 · including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 580,006.	_	
	_	Form 99	<b>90</b> (2013)
33200: 10-29-	2 13		·

# Form 990 (2013) AMERICAN ASS Part IV Checklist of Required Schedules

			res	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	•	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	1	X	
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		X
4	Section 501(c)(3) organizations. 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		X
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_		X
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		<u>X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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		X
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	Х	
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.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a_		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		х
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
D	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		x	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	^	
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			•
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2012

12130402 803373 AAP8700

| Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	İ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ľ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ŀ		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ν.
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			Х
	complete Schedule L, Part II	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		23
20	Instructions for applicable filing thresholds, conditions, and exceptions):			, ,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			**
	Part V, line 1	34		X
		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990 (	2042
		FOIT	33U (	(ZU 13)

94-6118700 Form 990 (2013) Page 5 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 Yes Nο 11 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	. 3							
	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	1b	1	. 3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	7							
	officer, director, trustee, or key employee?	•	•	2		<b> </b> x ′					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?			з	X						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4	t	X					
5	Did the organization become aware during the year of a significant diversion of the organization's as			5	<u>├</u>	X					
6											
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnom	one or	6	Х	$\vdash$					
	more members of the governing body?	.ppo	. 0.1.0 01	7a	x	ĺ					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	ļ.u	<del> </del>	_					
	persons other than the governing body?	310010	010010, 01	7ь	x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hv ti	ne following:	1.5	<del></del> -						
а	The governing body?	by 1.	io ionoving.	- 8a	x	ا . ا					
	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	achad	at the	100	<del></del>						
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrica	at the	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code )		<u> </u>						
	The control of the co				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s affiliates.	1.00	<b>-</b>						
_	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 boo	dv befo	ore filing the form?			Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,	g		<del>                                     </del>						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to cor	ıflıcts?	12b	X	···-					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *\)			- <del></del>							
Ŭ	in Schedule O how this was done	. 00, 0	0007.20	12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X	$\vdash$					
15	Did the process for determining compensation of the following persons include a review and approv	al hv i	ndenendent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		naoponaon.		İ						
а	The organization's CEO, Executive Director, or top management official			15a		X,					
	Other officers or key employees of the organization			15b	† · · · ·	X					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.00							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment :	with a								
	taxable entity during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16a		l x ¹					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of	ate ite	narticination	100	<b>†</b>						
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization the organization the organization the organiza			i		_					
	exempt status with respect to such arrangements?	ııızauc	<i>n</i> 13	16b	ŀ						
Sec	tion C. Disclosure			1 100							
17	List the states with which a copy of this Form 990 is required to be filed MA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only	/) availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	. ,000	55 ((5)(5)5 5/11	, , = + andi							
	Own website Another's website  Upon request  Other (explair	ın Sc	hedule (1)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	and fina	ncial						
15	statements available to the public during the tax year	J. HIICL	o, antorest policy,	uriu illid	. icial						
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organi	zation: •							
20	PRRI - 978-927-8330		oras or are organi	Zauon. J	_						
	500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA 0191	.5		_							
	TO COMMENCE CHILDRIF DOLLAR TOOK DAVINGS , INT. VIJ										

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization ne	or any related	orga	nıza	ition	cor	mpei	nsat	ed any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	rtion	than -	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	├_	ceran	oao	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	Į.	indivatual trustee of directions of the Officer Key employee Highest compensated employee			organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	nstitutional trustee		99,	ubeu		(44-2/1099-141130)		and related
	below	dual	ttona	ا	mplo)	st coi	<b>5</b> 5			organizations
	line)	udiv	Institu	Officer	Key employee	Highe	Former			
(1) WILLIAM M. KUZON, JR., M.D.	2.00									
PAST PRESIDENT (4/13)		Х		X				0.	0.	0.
(2) DAVID L. LARSON, M.D.	2.00									
PAST PRESIDENT/PRESIDENT (4/13)		Х		X				0.	0.	0.
(3) JOHN A. PERSING, M.D.	2.00									
PRESIDENT/PRESIDENT-ELECT (4/13)	·	X		X		<u> </u>		0.	0.	0.
(4) STEPHAN ARIYAN, M.D.	2.00									
PRESIDENT-ELECT/VICE PRESIDENT (4/13		Х		X				0.	0.	0.
(5) MICHAEL L. BENTZ, M.D.	2.00									
VICE PRESIDENT/TREASURER (4/13)		Х		X				0.	0.	0.
(6) ARUN K. GOSAIN, M.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(7) W.P. ANDREW LEE, M.D.	2.00				<u> </u>					
TRUSTEE		X						0.	0.	0.
(8) MARY H. MCGRATH, M.D., M.P.	2.00									
SECRETARY		X	Ĺ	Х				0.	0.	0.
(9) W. THOMAS LAWRENCE, M.D.	2.00									
HISTORIAN		Х		X				0.	0.	0.
(10) MOSHE KON, M.D.	2.00					}				
EURAPS REPRESENTATIVE		Х		L		L_		0.	0.	0.
(11) LAWRENCE B. COLEN, M.D.	2.00	İ				l				
TRUSTEE	<u>.                                    </u>	Х						0.	0.	0.
(12) DONALD R. MACKAY, M.D.	2.00	]								
TREASURER		X		X				0.	0.	0.
(13) DONALD H. LALONDE, M.D.	2.00									_
TRUSTEE	<u> </u>	Х	Ĺ			Ш		_ 0.	0.	0.
(14) JOSEPH M. SERLETTI, M.D.	2.00									_
TRUSTEE		X	Ш					0.	0.	0.
(15) LINDA G. PHILLIPS, M.D.	2.00	l						_	_	_
TRUSTEE (4/13)		Х				$oxed{oxed}$		0.	0.	0.
(16) JAMES E. ZINS, M.D.	2.00							_	_ [	_
TRUSTEE (4/13)		Х		Щ				0.	0.	0.
	L					لــلــا				

Form 990 (2013)

130			_		_			STIC SURGEON		118	700 Page	e <b>8</b>
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do	not c		tion	l than	one h an	(D) Reportable compensation	(E)  Reportable compensation from related	on	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations	<b>1</b>
						_						
												_
					_							
		_			_							
		-										
1b Sub-total c Total from continuation sheets to Part V	II, Section A	<u> </u>		1	<u> </u>	<u> </u>	<b>&gt;</b>	0.		0.	(	0.
d Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization	not limited to t	hose	liste	ed a	bov	e) w	<b>▶</b> ho r	received more than \$10	0,000 of reportab	0. ole		0 .
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated of	employee on			Vo X
<ul> <li>line 1a? If "Yes," complete Schedule J for</li> <li>For any individual listed on line 1a, is the s</li> <li>and related organizations greater than \$15</li> </ul>	um of reportat	le c							the organization	I	عد الله الله	χ X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsa	tion	from	any	y un			vidual for services	3	5	X
Complete this table for your five highest of the organization. Report compensation for										npens	ation from	
(A) Name and business		/eai	ena	iiig v	WILLI	OI V	/1011	(B) Description of		C	(C) compensation	
PRRI, 500 CUMMINGS CENTE BEVERLY, MA 01915	E	45	50	,			MANAGEMENT S	SERVICES		133,54	2 .	
				-								
	<u>.</u>	<u> </u>										
				_					-		·	

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

r ai	LVII	Check if Schedule O cont		or note to any lu	ne in this Part VIII			
		0.000.00	<u></u>		(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	1 a	Federated campaigns	1a					
<u> </u>	b	Membership dues	1b	295,860.				
A, ts		•	1c					
듩		Related organizations	1d					
Sign		Government grants (contribut	· -					
널	T	All other contributions, gifts, gran		205 602				
물탕		similar amounts not included abo		285,682.	-			
통	_	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1f \$		581,542.			
<del>~ " </del>		Total. Add lines 1a-11		Business Code				
.	2 a	ANNUAL MEETINGS		900099	361,519.	361,519.		لميميد ب
울	b				· ·	,		
S 2	c							
e a	d							
Program Service Revenue	е			_			_	
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>	361,519.			<u></u>
	3	Investment income (including	dividends, inter-	est, and				
		other similar amounts)		<b>.</b>	70,128.			70,128.
	4	Income from investment of ta	x-exempt bond p	oroceeds				
	5	Royalties	() Pirel	(3.D		`	· · · · · · · · · · · · · · · · · · ·	<u> </u>
l	٥.	Outre wants	(i) Real	(ii) Personal			14 /	. (
1		Gross rents Less rental expenses						
- 1	0	Rental income or (loss)				12 TO A 1		, , , , , , , , , , , , , , , , , , ,
l	d	Net rental income or (loss)		<b></b>		matter de la companya del companya del companya de la companya de	La Feline to America a series	
		Gross amount from sales of	(i) Securities	(ii) Other	1.14	, , , ,	1 23 64 3 51	/ * / y
		assets other than inventory	3,004,471		1			li,
	b	Less. cost or other basis			***************************************		3°	
		and sales expenses	2,998,389		\$ 33.5	΄,		*
	С	Gain or (loss)	6,082		· · · · · · · · · · · · · · · · · · ·			
		Net gain or (loss)			6,082.			6,082.
9	8 a	Gross income from fundraisin	=		, ,	,		, ,
venue		including \$			, ,			
Other Rev		contributions reported on line				•	_	
je	L	Part IV, line 18	a b		1	ĺ		
ნ		Less direct expenses  Net income or (loss) from fund	_	<b></b>				
1		Gross income from gaming ad						
- 1		Part IV, line 19	а					
- 1	b	Less direct expenses	b		1			
	С	Net income or (loss) from gan	ning activities	<b></b>	and a simple of simple and a second time of			
- [	10 a	Gross sales of inventory, less	retums	i				
l		and allowances	а					- '
[	b	Less cost of goods sold	b					
,	С	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu	ie	Business Code	<u> </u>			ļ
	11 a					-		<u> </u>
	b				<del> </del>			<b></b>
	C							
	d	All other revenue  Total. Add lines 11a-11d			<del></del>			
	12	Total revenue. See instructions.			1,019,271.	361,519.	0.	76,210.
33200 10-29-	3					· · ·		Form <b>990</b> (2013)

Form 990 (2013) AMERICAN ASSO Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	126,997.	126,997.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	7,500.	7,500.		
4	Benefits paid to or for members	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees)		· ,-		_
а	Management	118,800. 721.		118,800.	
b	Legal			721.	
С	Accounting	10,100.		10,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10 150		10 150	
f	Investment management fees	12,158.		12,158.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	02 525		02 525	
13	Office expenses	23,535.		23,535. 404.	
14	Information technology	404.		404.	
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	370,864.	370,864.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 007		2 927	
23	Insurance	3,827.		3,827.	
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.)				
а	OFFICERS AND COMMITTEES	61,896.	61,896.		
b	BAD DEBT EXPENSE	19,000.		19,000.	
c	FUNDRAISING EXPENSE	13,200.			13,200.
d	PRINTING AND PUBLICATIO	12,749.	12,749.		
е	All other expenses	79.	500.005	79.	12 000
25_	Total functional expenses. Add lines 1 through 24e	781,830.	580,006.	188,624.	13,200.
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 If following SOP 98-2 (ASC 958-720)				
	in tollowing 50r 50-2 (450 536-720)			<u> </u>	

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			<u></u>
		(A) Beginning of year		( <b>B)</b> End of year
1	Cash - non-interest-bearing	335,324.	1	273,865
2	Savings and temporary cash investments	236,262.	2	269,017
3	Pledges and grants receivable, net	348,925.	3	454,984
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	•
6	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 instr). Complete Part II of Sch L	an a second second	6	
7	Notes and loans receivable, net		7	
8 8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	20,908.	9	54,264
	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь			10c	
11	Investments - publicly traded securities	2,856,392.	11	3,305,129
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,418.	15	4,64
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,802,229.	16	4,361,906
17	Accounts payable and accrued expenses		17	
18	Grants payable	60,000.	18	60,000
19	Deferred revenue	119,565.	19	66,44
20	Tax-exempt bond liabilities	· ·	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	<del>.</del>	21	
1	Loans and other payables to current and former officers, directors, trustees,			
_	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
i   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
ŀ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	179,565.	26	126,44
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			,
3	complete lines 27 through 29, and lines 33 and 34.	- value many - mr	_	
27	Unrestricted net assets	844,189.	27	964,55
28	Temporarily restricted net assets	2,676,183.	28	3,168,612
29	Permanently restricted net assets	102,292.	29	102,292
<u>.</u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,622,664.	33	4,235,461
34	Total liabilities and net assets/fund balances	3,802,229.	34	4,361,906

Form **990** (2013)

	990 (2013) AMERICAN ASSOCIATION OF PLASTIC SURGEONS	94-61	18700	Pag	<sub>1e</sub> 12
Pa	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u>Ш</u>
			4 04		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,019		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,622		
5	Net unrealized gains (losses) on investments	5	37!	5,3	56.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,23	5,4	<u>61.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	<del></del>			Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other		.		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			. 1
	separate basis, consolidated basis, or both.			l	. 1
	Separate basis Consolidated basis Both consolidated and separate basis				]
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both			.	4
	Separate basis Consolidated basis Both consolidated and separate basis			,	-,\$
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a	[	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		

Form **990** (2013)

# SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

m990. Inspection

Name of the organization

AMERICAN ASSOCIATION OF PLASTIC SURGEONS

Employer identification number 94-6118700

OMB No 1545-0047

Open to Public

Pa	rt 📗	Reason	for Public Char	rity Status (All organiz	ations mu	ct comple	to this par	L) Soo inc	tructions					
_									iluctions.					
	organi			because it is: (For lines										
1	H	•		s, or association of chur			ection 170	(b)(1)(A)(i	).					
2	$\vdash$			<b>70(b)(1)(A)(ii).</b> (Attach Sc										
3	믬			ital service organization (										
4	ш		-	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the h	ospital	's nan	ne,
		city, and stat												
5	ш	An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or o	perated by	a govem	mental un	rt descnb	ed in			
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)										
6	$\sqsubseteq$	A federal, sta	ate, or local governm	ent or governmental unr	t describe	d ın <b>sectic</b>	n 170(b)(	1)(A)(v).						
7		An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	publi	c desc	rıbed	ın
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8														
9	X	An organizati	ion that normally red	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	p fees. a	nd ar	oss re	ceipts	from
				nctions - subject to certa										
			•	axable income (less sect	•	•	•			• •		_		
			509(a)(2). (Complete	•		•		•	, ,					
10				perated exclusively to te	st for publ	ic safety.	See <b>sect</b> io	n 509(a)(4	4).					
11		_	=	perated exclusively for th	-				•	v out the	e purp	oses o	of one	or
			-	•		•				•				-
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type i	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	_				e III - No	n-fund	ctional	lv inte	grated
е		• •		at the organization is not	-	=	_						•	-
		_	=	than one or more publicly			-	-		•	•			
f			=	tten determination from t		_				-(-)(-)			(/(-/	
-		-	rganization, check the				po ., .,po	, ,						
g			•	organization accepted ar	ny aift or c	ontribution	from any	of the foll	owing per	sons?				
3				lirectly controls, either al			-		• .		,		Yes	No
		-	=	upported organization?	o og	,041.01 171.11	po. 50.10 t		(, a	,, 50.011		11g(i)		<del>- • • •</del>
				n described in (i) above?								11g(ii)	$\vdash$	
		- I I		person described in (i) o		<u>-</u> 2						1g(iii)	-	
h				about the supported or	• •						Ľ	19(11)	<u> </u>	L
		r rovide the r	Ollowing in formation	about the supported of	garnzation	(3)								
/:\	Nome	of averaged	/!!> FIN	(III) Turn of account	(iv) is the c	organization	(v) Did voi	i notify the	(vi) ls	the	6.33			
(1)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				l organizatio	on in col. I	(VII) #	Amount		netary
	viya	IIIZation			governing		(i) of you		(i) organız U.S	.?		Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
			<u>-</u>			<del></del>	100	110		110				
			<del></del>							+ +				
			İ			•								
						<del></del>				<del>   </del>				
					]									
				-	-	<del>                                     </del>			<del>                                     </del>	<del>                                     </del>				
			-	<del> </del>	<del> </del>				<b></b>					
			_							<del>                                     </del>				
'ota	4													

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

Schedule A (Form 990 or 990-EZ) 2013

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) (c) 2011 (d) 2012 (e) 2013 (f) Total (a) 2009 **(b)** 2010 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) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 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

# Schedule A (Form 990 or 990-EZ) 2013 AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94-6118700 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support	sion, piedeo comp	noto v alt my				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			·			
	membership fees received. (Do not						
	include any "unusual grants ")	352,760.	361,759.	387,870.	750,164.	581,542.	2434095.
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	294,300.	288,225.	345,100.	461,837.	361,519.	1750981.
3	Gross receipts from activities that				-		
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	647,060.	649,984.	732,970.	1212001.	943,061.	4185076.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7¢ from line 6.)		_				4185076.
	ction B. Total Support						
	indar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	647,060.	649,984.	(c) 2011 732, 970.	(d) 2012 1212001.	(e) 2013 943,061.	(f) Total 4185076.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,381.	99,741.	74,479.	87,825.	70,128.	437,554.
ì	Unrelated business taxable income				•	·	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b	105,381.	99,741.	74,479.	87,825.	70,128.	437,554.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1,000.		1,000.
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)	752,441.	749,725.	807,449.	1300826.	1013189.	4623630.
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) di	ivided by line 13, o	olumn (f))		15	90.51 %
	Public support percentage from 2012					16	88.90 %
_	ction D. Computation of Inves	-			<del></del>		
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	9.46 %
18	Investment income percentage from 2					18	11.08 %
19	33 1/3% support tests - 2013. If the						
_	more than 33 1/3%, check this box as	•	•				<b>▶</b> [X]
t	33 1/3% support tests - 2012. If the	•					and
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organizatio			•	• • • • •	-	
20	rrivate roundation. If the organizatio	n did not check a	DOX OF HIRE 14, 19	a, or 190, check tr	IIS DUX AITU SEE ITS	inductions	

	nformation. Property for any addition						artii, iiie 12.
 <del></del>							
 	<del></del>						
 	<del></del>					<del></del>	
						<del>-</del>	_
 						·	
 	<u> </u>						
					.,		
 		<del></del>	_				
	·		·				
 				<del></del>			

# **SCHEDULE D**

(Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.urs.gov/torm990

Open to Publics Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

Pa	t I Organizations Maintaining Donor Advise			Accounts Complete if the
	<del></del>		ai i ulius oi i	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised fund	10	(b) Funds and other accounts
_	T	(a) Donor advised idite	13	(b) I dilus and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			<del></del>
3	Aggregate grants from (during year)	<del></del>		<del></del>
4	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and donor advisors in v		donor advised fui	
_	are the organization's property, subject to the organization's	-		└ Yes
6	Did the organization inform all grantees, donors, and donor a	• •		•
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any oth	er purpose confe	
Da	impermissible private benefit?			Yes No
Ь	t II Conservation Easements. Complete if the org		orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g , recreation or e			illy important land area
	Protection of natural habitat	Preservation	on of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution	in the form of a c	onservation easement on the last
	day of the tax year.			T
				Held at the End of the Tax Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic stru	` <i>'</i>		2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a his	toric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or termin	ated by the orga	nization during the tax
_	year			
4	Number of states where property subject to conservation eas	·	<del></del> -	
5	Does the organization have a written policy regarding the per	- · · ·	andling of	
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	<del>-</del>	-	· · · ———
7	Amount of expenses incurred in monitoring, inspecting, and e			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of s	ection 170(h)(4)(	
_	and section 170(h)(4)(B)(ii)?			└ Yes
9	In Part XIII, describe how the organization reports conservation		-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that	describes the or	ganization's accounting for
Pai	conservation easements. t IIII Organizations Maintaining Collections of	Art Historical Treasur	res or Other	Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		es, or other	Ollillar Assets.
12			nua atatament a	and halance about works of out
ıa	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh	•		•
	the text of the footnote to its financial statements that describ		in furtherance of	r public service, provide, in Part XIII,
<b>.</b>			atatamant and l	nalanaa ahaat wadoo af art historiaal
ь	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed			•
	•	ucation, or research in further	arice or public se	ervice, provide the following amounts
	relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1			<b>.</b> ¢
				► \$ ► \$
2	(ii) Assets included in Form 990, Part X	curee or other emiler ecests	for financial ac-	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 11		-	provide
_	the following amounts required to be reported under SFAS 11	o (ASC 936) relating to these	nems	▶ ¢
	Revenues included in Form 990, Part VIII, line 1			<b>_</b>
D	Assets included in Form 990, Part X			▶ ⊅

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		N ASSOCIAT				94-61		
Pai	rt III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	<u>ner Simi</u>	lar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant	t use of its	collection	ı ıtems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	U Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizatıon's ex	empt purp	oose in Par	t XIII.	
5	During the year, did the organization solicit of				ar assets	_	_	
_	to be sold to raise funds rather than to be ma						_ Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" t	o Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	***						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	is or other assets no	ot included	<u>,</u>	-	
	on Form 990, Part X?						」Yes	└── No
b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.			r		<del></del>
						ļ	Amount	
	Beginning balance				1c	ļ		
	Additions during the year				1d	<del> </del>		<del></del>
_	Distributions during the year				1e	<del>                                     </del>		
f	Ending balance	000 B 4V I	040		1f	<u> </u>	T.,	<del></del>
	Did the organization include an amount on Fo						J Yes	No
	If "Yes," explain the arrangement in Part XIII.  If V: Endowment Funds. Complete it							
	Endownient Fanas. Complete		(b) Prior year	(c) Two years back	<del></del>	years back	(a) Four	years back
10	Beginning of year balance	(a) Current year 2,763,354.	2,230,622.	2,207,928	+	977,651.	<del>- ' '</del>	643,196.
h	Contributions	242,182.	403,074.	36,080	<del>+</del>	36,775.	<i>-</i>	45,367.
0	Net investment earnings, gains, and losses	345,461.	204,145.	<1,636		195,502.		303,088.
4	Grants or scholarships	71,392.	74,487.	11,750	<u>'r                                     </u>	2,000.	<del>                                     </del>	14,000.
u _	Other expenditures for facilities			,	1	_,		
·	and programs							
f	Administrative expenses				1			
g	End of year balance	3,279,605.	2,763,354.	2,230,622	2.	207,928.	1.	977,651.
2	Provide the estimated percentage of the curr				<u>. , , , , , , , , , , , , , , , , , , ,</u>		<u>''</u>	
	Board designated or quasi-endowment	1.79	%	.,,				
	Permanent endowment ► 3.12	%						
		<del>5.0</del> 9 %						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%						
За	Are there endowment funds not in the posse	-	ation that are held a	nd administered for	the organ	ızatıon		
	by	_			•			Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or of basis (investing	1 ' '		Accumulat epreciation		(d) Book	value
1a	Land							
ь	Buildings				•	$\neg$		
С	Leasehold improvements		-					
d	Equipment							
е	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c) )				0.

Schedule D (Form 990) 2013

AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94-6118700 Page 3 Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (1) (2)(3)(4)(5)(6)(7)(8) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(4) (5)(6)(7) (8)(9)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5) (6)(7) (8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 AMERICAN ASSOCIATION OF P.				6118700	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per F	Return	ì.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a				
1 Total revenue, gains, and other support per audited financial statements			1	1,382	469.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
a Net unrealized gains on investments	2a	375,356.	<u> </u>		
b Donated services and use of facilities	2b		<b>↓</b>		
c Recoveries of prior year grants	2c		<b>.</b>		
d Other (Describe in Part XIII.)	2d		<u> </u>		
e Add lines 2a through 2d			2e		<u>,356.</u>
3 Subtract line 2e from line 1			3	1,007	<u>,113.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		10 150			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,158.	<u> </u>		
b Other (Describe in Part XIII.)	4b			10	150
c Add lines 4a and 4b			4c	12	,158.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1-3461		<u>_5</u> _	1,019	, 271.
Part XII Reconciliation of Expenses per Audited Financial Stater		in Expenses per	· Ketu	rn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a				<u> </u>
Total expenses and losses per audited financial statements			1	769	,672.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
a Donated services and use of facilities	2a		┨ . ┃		
<b>b</b> Prior year adjustments	2b	<u> </u>	<b>┤</b> ┤		
c Other losses	2c		<b>↓  </b>		
d Other (Describe in Part XIII )	2d				0
e Add lines 2a through 2d			2e	760	,672.
3 Subtract line 2e from line 1			3	769	, 6 / 2 .
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1	12 150			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,158.	اي ا		
b Other (Describe in Part XIII )	4b			1 2	150
c Add lines 4a and 4b			4c	701	,158. ,830.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	<del></del>		5	701	, 030.
		Ob D U I	4. D4	V to a C Day	<u></u>
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Pan	x, iine 2, Part .	ΑI,
illes 20 and 40, and Part Air, lines 20 and 40. Also complete this part to provide any ac	Juluonai iinoi	mation			
PART V, LINE 4:					
·					
EXPLANATION: THE ENDOWMENT FUNDS ARE INTENDED	ED TO	SUPPORT SEV	ERA	L AWARDS	3
FOR OUTSTANDING RESEARCH IN THE FIELD OF PLA	ASTIC S	SURGERY AS	WEL:	L AS	
			•	•	-
HONORARIUM AND TRAVEL EXPENSES INCURRED RELA	ATED TO	SPEAKERS	AND	AWARD	
RECIPIENTS.					
		<del>'</del>			
PART X, LINE 2:					
EXPLANATION: ASC 740-10, "INCOME TAXES" REQU	UIRES 7	THE ASSOCIA	TIOI	OT N	
	-				
EVALUATE AND DISCLOSE TAX POSITIONS THAT COU	ULD HAV	/E AN EFFEC	T 01	N THE	
ASSOCIATION'S FINANCIAL STATEMENTS. THE ASS	SOCIATI	ON REPORTS	: IT:	S	
110					····
ACTIVITIES TO THE INTERNAL REVENUE SERVICE A	AND TO	THE COMMON	WEA]	LTH OF	
MASSACHUSETTS ON AN ANNUAL BASIS. THESE IN	<b>ГОВМУ</b> Ф1	ONAL RETUR	NS 2	ARE	
332054	OIGIAII	CNAD KEIUK			00/ 0040
09-25-13 27			эспеа	lule D (Form 9	<del>9</del> 0) 2013

Schedule D (Form 990) 2013 AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94 – 6118700 Page 5 Part XIII Supplemental Information (continued)
GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A
PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF THE
ASSOCIATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT
PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ASSOCIATION IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS
A TAX-EXEMPT NOT-FOR-PROFIT ENTITY.

### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	e of the organization					Employer identi	fication number
AME	ERICAN ASSOCI	ATION OF	PLASTIC	SURGEONS		94-61187	00
Par				tside the United States. Comple	ete if the organ	zation answered "	Yes" on
	Form 990, Part IV	/, line 14b					
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
	United States						
3			r e	an be duplicated if additional space is r			T
	(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)	ıs a prodescribe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			in region				-
					•		
						<del></del>	<del>- </del>
				1			
							<del></del>
							İ
			<u> </u>				<del>                                     </del>
							<del> </del>
				1			
							<del> </del>
	Sub-total	0	0				0.
þ	Total from continuation	_	_				
	sheets to Part I	0	0				0.
C	Totals (add lines 3a	,					

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94-6118700

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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

(a) Name of organization	ton 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)
								·
2 Enter total numbe the IRS, or for whi	or of recipient organization ich the grantee or counse	ns listed above that are new last provided a section	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	foreign country,	recognized as tax-ex	empt by		

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entities

AMERICAN ASSOCIATION OF PLASTIC SURGEONS

Page 3

Schedule F (Form 990) 2013 AMERICAN ASSOCIATION OF PLASTIC SURGEONS 34-0110/00

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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)
JOHN D. CONSTABLE INTERNATIONAL TRAVELING FELLOWSHIP - TO PROVIDE AN AUSTRAL OPPORTUNITY FOR INTERNATIONAL BRUNEI,	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,		7,500.CHECK	СНЕСК	0		
						Schedu	Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (A) DESCRIPTIONS 31

332073 10-03-13

		(Form 990) 2013	AMERICAN	<u>ASSOCIATION</u>	OF	PLASTIC	SURGEONS	94-6	<u> 5118700</u>	Page 4
Part	١٧	Foreign Forms	3							
1	orga	•	uired to file Form	property to a foreign co 926, Return by a US Tr 6)	•	•	•		☐ Yes	X No
2	may Rec	be required to file F	Form 3520, Annua gn Gifts, and/or Fo	foreign trust during the I Return to Report Trans orm 3520-A, Annual Info 3520 and 3520-A)	action irmatic	s with Foreign To on Return of Fore	rusts and	,	☐ Yes	X No
3	the	organization may be	required to file Fo	nterest in a foreign corpo orm 5471, Information Re tions for Form 5471)		,	· ·		Yes	X No
4	qua Info	lified electing fund d	lunng the tax year Shareholder of a l	hareholder of a passive ? If "Yes," the organizati Passive Foreign Investm	on ma	y be required to	file Form 8621,		☐ Yes	X No
5	the	J	required to file Fo	nterest in a foreign partn orm 8865, Return of US Form 8865)	•	• ,			Yes	X No
6	"Yes	•		in or related to any boyo o file Form 5713, Interna	_	•	•		Yes	X No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 AMERICAN ASSOCIATION OF PLASTIC SURGEONS 94-6118700 Page 5  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
PART III, COLUMN (A):
REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,
(A) TYPE OF GRANT OR ASSISTANCE: JOHN D. CONSTABLE INTERNATIONAL
TRAVELING FELLOWSHIP - TO PROVIDE AN OPPORTUNITY FOR INTERNATIONAL
PLASTIC SURGEONS TO COME TO AMERICA UNDER THE AUSPICES OF THE AMERICAN
ASSOCIATION OF PLASTIC SURGEONS.

OMB No 1545-0047

(Form 990)		9 6	Grants and Otner Assistance to Organizations, Governments, and Individuals in the United States	ier Assistan id Individua	ce to Organ Is in the Uni	izations, ted States		2013
Department of the Treasury		Compl	Complete if the organizatio	n answered "Yes" to For ▶ Attach to Form 990.	organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	t IV, line 21 or 22.		Open to Public
Name of the organization	I Information about too AMEDICAN ASCOCIANTON OR	■ Information about a coort A m T ON OF	on about Schedule I (Form	(Form 990) and its ins	s instructions is a	Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Employer identification number 94-6118700
Part   General Ir	General Information on Grants and Assistance	nd Assistance	1		CAL			0000110
1 Does the organi	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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	
criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	tance? cedures for monit	oring the use of grant	finds in the Unite	d States			X Yes No
ar 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	Governments and	Organizations in the	e United States.	Complete if the orga	Inization answered "N	es" to Form 990, Part I	V, line 21, for any
<b>.</b>	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addit	ional space is neer	ded			
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							·	
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	ganizations listed in the table	is listed in the line 1 table				
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. THE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A PRESENTATION AT ANNUAL MEETING DURING THE COURSE OF THE AWARD PERIOD AS WELL AS WRITTEN (d) Amount of non-cash assistance ö ö 0 0 2,000 120,000 1,892 3,105, (c) Amount of cash grant (b) Number of recipients VISITING PROFESSORS - AWARDED TO AN AAPS RESEARCH JAMES BARRET BROWN AWARD - PRESENTED ANNUALLY TO AAPS SCHOLAR AWARDS - TO ASSIST A SURGEON IN THE LEONARD R RUBIN AWARD- PRESENTED ANNUALLY TO THE AUTHOR OF THE BEST SCIENTIFIC PAPER PRESENTED AS ESTABLISHMENT OF A NEW AND INDEPENDENT RESEARCH THE AUTHOR OF THE BEST PLASTIC SURGERY RELATED PAPER PUBLISHED DURING THE PREVIOUS YEAR. (a) Type of grant or assistance ACHIEVEMENT AWARD RECIPIENT PROGRESS REPORTS PART I, LINE 2: THE ANNUAL MEETING. PROGRAM. Part IV Part III

Schedule I (Form 990) (2013)

332102 10-29-13

Page 2

94-6118700

AMERICAN ASSOCIATION OF PLASTIC SURGEONS

Schedule I (Form 990) (2013)

# SCHEDULE O

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form990

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2013**Open to Public 7

Inspection:

Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF PLASTIC SURGEONS

Employer identification number 94-6118700

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLICATIONS - THE ASSOCIATION PRODUCES A NEWSLETTER, MEMBERSHIP ROSTER, AND OTHER VARIOUS MAILING UPDATES TO THE MEMBERSHIP. EXPENSES \$ 12,749. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: EXPLANATION: THE PROFESSIONAL RELATIONS AND RESEARCH INSTITUTE (PRRI) OF BEVERLY, MASSACHUSETTS, MAINTAINS THE BOOKS AND RECORDS OF THE ORGANIZATION AND PERFORMS OTHER RELATED MANAGERIAL AND ADMINISTRATIVE FUNCTIONS FOR WHICH IT IS COMPENSATED. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION HAS THREE CLASSES OF MEMBERS: ACTIVE FELLOWS, LIFE FELLOWS, AND DISTINGUISHED FELLOWS. ALL THREE CLASSES OF MEMBERS HAVE VOTING RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: ACTIVE FELLOWS, LIFE FELLOWS, AND DISTINGUISHED FELLOWS ALL HAVE THE RIGHT TO ELECT OFFICERS TO THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: ACTIVE FELLOWS, LIFE FELLOWS, AND DISTINGUISHED FELLOWS ALL HAVE THE RIGHT TO APPROVE NEW MEMBERS TO THE ASSOCIATION, ALONG WITH ANY

FORM 990, PART VI, SECTION B, LINE 11:

CHANGES TO THE BY-LAWS AND CONSTITUTION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 099-04-13

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