

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. AMERICAN ACNE AND ROSACEA SOCIETY 2323 NORTH STATE STREET #30 BUNNELL, FL 32110	D Employer identification number 20-3959920
		E Telephone number 386-437-4405
		F Group Exemption Number
		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.ACNESOCIETY.ORG

J Organization type (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 325,615.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	315,415.
2	Program service revenue including government fees and contracts	2	1,450.
3	Membership dues and assessments	3	8,250.
4	Investment income	4	145.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe SEE STATEMENT 1)	8	355.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	325,615.
10	Grants and similar amounts paid (attach schedule SEE STATEMENT 2)	10	30,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	29,682.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,174.
16	Other expenses (describe SEE STATEMENT 3)	16	101,504.
17	Total expenses (add lines 10 through 16)	17	162,360.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	163,255.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	99,536.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	262,791.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	104,922.	266,814.
23	Land and buildings		
24	Other assets (describe SEE STATEMENT 4)	1,900.	13,775.
25	Total assets	106,822.	280,589.
26	Total liabilities (describe SEE STATEMENT 5)	7,286.	17,798.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,536.	262,791.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part V. Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities N/A		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>CA</u>		

42a The books are in care of ▶ D & J ACCOUNTING & TAX SERVICE Telephone no ▶ 773-237-7400
 Located at ▶ 5543 W. DIVERSEY CHICAGO IL ZIP + 4 ▶ _____

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

Sign Here

Signature of officer: *Cynthia Froehlich* Date: 8/19/2009
 Type or print name and title: Cynthia Froehlich

Paid Preparer's Use Only

Preparer's signature: *Steven M. Weinberg* Date: 8/18/09
 Check if self-employed: Preparer's Identifying Number: N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: STEVEN M. WEINBERG, CPA
 PO BOX 183
 DEERFIELD, IL 60015-0183
 EIN: N/A
 Phone no: (847) 948-8011

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization. AMERICAN ACNE AND ROSACEA SOCIETY	Employer identification number 20-3959920
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2323 NORTH STATE STREET - SUITE #30	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUNNELL, FL 32110	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ D&J ACCOUNTING & TAX SERVICES, LTD.

Telephone No. ▶ (773) 237-7400 FAX No. ▶ (773) 237-2822

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

RECEIVED
Internal Revenue Service

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization for the organization's return for:

▶ calendar year 2008 or

▶ tax year beginning _____, 20____, and ending _____, 20____.

MAY 13 2009

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

SCHILLER PARK, ILLINOIS

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.00
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.00
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
 BKA

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: AMERICAN ACNE AND ROSACEA SOCIETY
Employer Identification number: 20-3959920
2323 NORTH STATE STREET #30
BUNNELL, FL 32110

Check type of return to be filed (File a separate application for each return):

Form 990 (checked), Form 990-PF, Form 990-BL, Form 990-EZ, Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. D & J ACCOUNTING
Telephone No. 773-237-7400 FAX No.
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

4 I request an additional 3-month extension of time until 11/15, 20 09.
5 For calendar year 2008, or other tax year beginning, 20, and ending, 20.
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension. INFORMATION NECESSARY TO COMPLETE THIS RETURN, NOT YET AVAILABLE.

Table with 2 columns: Description and Amount. Row 8a: tentative tax, less any nonrefundable credits. Row 8b: refundable credits and estimated tax payments made. Row 8c: Balance Due.

Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.
Signature: Steven M. Weinberg Title: C.P.A. Date: 8/12/2009

INTERNAL REVENUE SERVICE
W & I - FIELD ASSISTANCE
SCHILLER PARK, IL 60176

AUG 12 2009

RECEIVED
24305

STEVEN M. WEINBERG, CPA
PO BOX 183
DEERFIELD, IL 60015-0183

AMERICAN ACNE AND ROSACEA SOCIETY

20-3959920

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

	\$	355.
TOTAL	\$	<u>355.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	CLINICAL RESEARCH GRANT
DONEE'S NAME:	WHITNEY BOWE, MD
DONEE'S ADDRESS:	SUNY DOWNSTATE DEPT OF DERMATOLOGY PHILADELPHIA, PA 19146

RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.

CLASS OF ACTIVITY:	CLINICAL RESEARCH GRANT
DONEE'S NAME:	THY THY DO, MD
DONEE'S ADDRESS:	1500 EAST MEDICAL CENTER DR ANN ARBOR, MI 48109

RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.

CLASS OF ACTIVITY:	CLINICAL RESEARCH GRANT
DONEE'S NAME:	LISA MAIR, MD
DONEE'S ADDRESS:	9350 CAMPUS POINT DR LA JOLLA, CA 92037

RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BOARD OF DIRECTORS EXP	\$ 2,883.
CONFERENCES, CONVENTIONS, AND MEETINGS	19,711.
CREDIT CARD CHARGES	1,306.
INFORMATION TECHNOLOGY	4,980.
MISCELLANEOUS	228.
PUBLIC RELATIONS	71,300.
TELEPHONE	630.
TRAVEL	466.

TOTAL	\$	<u>101,504.</u>
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AMERICAN ACNE AND ROSACEA SOCIETY

20-3959920

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,900.	\$ 13,775.
TOTAL	<u>\$ 1,900.</u>	<u>\$ 13,775.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES .	\$ 4,586.	\$ 11,648.
DEFERRED REVENUE	2,700.	6,150.
TOTAL	<u>\$ 7,286.</u>	<u>\$ 17,798.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE, SUPPORT, DEVELOP AND PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION ABOUT ACNE AND ROSACEA; TO PROMOTE RESEARCH IN ACNE AND ROSACEA; TO IMPROVE THE CARE OF PATIENTS WITH ACNE OR ROSACEA.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ANNUAL MEETING - THE AARS ANNUAL MEETING IS A COMBINATION OF SCIENTIFIC PROGRAMMING, MEMBERSHIP MEETING AND PROFESSIONAL NETWORKING. THE ORGANIZATION PROVIDES INFORMATION AND EDUCATION TO ITS MEMBERS AND THOSE IN ATTENDANCE.

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

NEWSLETTER - THE AARS NEWSLETTER FEATURES SHORT SCIENTIFIC ARTICLES, BOOK AND ARTICLE REVIEWS AND SOCIETY NEWS WHICH PROVIDES MEMBERS AND SUBSCRIBERS WITH INSIGHTS INTO CURRENT DEVELOPMENTS IN ACNE AND ROSACEA.

AMERICAN ACNE AND ROSACEA SOCIETY

20-3959920

STATEMENT 9
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC RELATIONS - MANAGING THE CARE OF ACNE AND ROSACEA PATIENTS FORMS A LARGE PART OF DAILY DERMATOLOGIC PRACTICE. BUT THE ACADEMIC, RESEARCH AND POLICY MAKING COMMUNITIES DEVOTE LITTLE ATTENTION TO THESE DISEASES. MANY LAY PEOPLE, NON DERMATOLOGISTS AND EVEN SOME DERMATOLOGY PROFESSIONALS CONSIDER THESE DISORDERS TO BE LITTLE MORE THAN MINOR INCONVENIENCES. THE AARS IS DEVOTED TO CHANGING THIS MISREPRESENTATION AS WELL AS AWARENESS OF ACNE AND ROSACEA ISSUES THROUGH PUBLIC RELATIONS.

STATEMENT 10
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
WEB SITE - PROVIDES AN INFORMATION DATA BASE FOR MEMBERS AND GENERAL PUBLIC FOR VARIOUS TOPICS ON ACNE AND ROSCEA IN ORDER TO EDUCATE THE GENERAL PUBLIC ON TOPICAL ISSUES AND TO ASSIST IN FINDING A SPECIALIST TO ANSWER QUESTIONS. INCLUDES FOREIGN GRANTS: NO		4,980.
CLINICAL RESEARCH GRANTS - THE AMERICAN ACNE AND ROSACEA SOCIETY (AARS) OFFERS A RESEARCH GRANT (S) TO ADVANCE CLINICAL SCIENCE, WHILE NURTURING YOUNGER INVESTIGATORS IN THE FIELD OF ACNE AND ROSACEA. RESEARCH PROJECTS THAT ARE CLINICAL/TRANSLATIONAL IN NATURE WILL RECEIVE PREFERENTIAL CONSIDERATION. THE GRANT WILL NOT EXCEED \$10,000. ALL FUNDS ARE TO BE SPENT WITHIN 18 MONTHS OF RECEIPT OF THE AWARD. INCLUDES FOREIGN GRANTS: NO	30,000.	
TOTAL	<u>\$ 30,000.</u>	<u>\$ 4,980.</u>

STATEMENT 11
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HILARY E. BALDWIN, MD 450 CLARKSON AVE BROOKLYN, NY 11203	PRESIDENT 8.00	\$ 0.	\$ 0.	0.
JAMES Q. DEL ROSSO, DO 3230 E. FLAMINGO RD LAS VEGAS, NV 89121	PRES-ELECT 8.00	0.	0.	0.

AMERICAN ACNE AND ROSACEA SOCIETY

20-3959920

STATEMENT 11 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD FRIED, MD, PHD 903 FLORAL VALE BLVD YARDLEY, PA 19067	SEC-TREAS 2.00	\$ 0.	\$ 0.	\$ 0.
GUY F. WEBSTER, MD, PHD 529 LONDON TRACT RD LANDENBERG, PA 19350	PAST PRESIDENT 5.00	0.	0.	0.
DIANE S BERSON, MD 211 EAST 53RD ST NEW YORK, NY 10022	DIRECTOR 5.00	0.	0.	0.
DAVID COHEN, MD 100 HAZEL CT NORWOOD, NJ 07648	DIRECTOR 5.00	0.	0.	0.
SEWON KANG, MD 1910 TAUBMAN HEALTH CARE CTR ANN ARBOR, MI 48109	DIRECTOR 5.00	0.	0.	0.
LAWRENCE F. EICHENFIELD, MD 8010 FROST ST SAN DIEGO, CA 92123	DIRECTOR 5.00	0.	0.	0.
JENNY J. KIM, MD, PHD 10833 LE CONTE AE LOS ANGELES, CA 90095	DIRECTOR 5.00	0.	0.	0.
DIANE M. THIBOUTOT, MD 200 WEST ARBOR DR SAN DIEGO, CA 92103	DIRECTOR 5.00	0.	0.	0.
RICHARD GALLO, MD, PHD 200 WEST ARBOR DR SAN DIEGO, CA 92103	DIRECTOR 5.00	0.	0.	0.
ALEXA KIMBALL, MD, PHD 50 STANIFORD ST BOSTON, MA 02114	DIRECTOR 5.00	0.	0.	0.
WILLIAM JAMES, MD 3600 SPRUCE STREET PHILADELPHIA, PA 19104	DIRECTOR 5.00	0.	0.	0.
CYNTHIA FROELICH 2323 N. STATE STREET BUNNELL, FL 32110	EXECUTIVE DIREC 8.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.