Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL ROSACEA SOCIETY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 196 JAMES STREET | Room/suite

City or town, state or country, and ZIP + 4: BARRINGTON, IL 60010-4681

D Employer identification number: 36-4120334

E Telephone number: (847) 382-8971

G Gross receipts $ 605,469.

F Name and address of principal officer: SAMUEL B. HUFF
196 JAMES STREET BARRINGTON, IL 60010-4681

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ ROSACEA.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1996 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE LIVES OF THOSE WHO SUFFER FROM ROSACEA BY RAISING AWARENESS, PROVIDING INFORMATION, AND SUPPORTING MEDICAL RESEARCH ON THIS WIDESPREAD BUT POORLY UNDERSTOOD SKIN DISORDER.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	752,765.	604,232.
	9	Program service revenue (Part VIII, line 2g)		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,052.	1,237.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	757,817.	605,469.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	87,500.	69,725.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 61,070.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	696,466.	563,851.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	783,966.	633,576.
	19	Revenue less expenses. Subtract line 18 from line 12	-26,149.	-28,107.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	195,330.	165,569.
	21	Total liabilities (Part X, line 26)	12,493.	10,839.
	22	Net assets or fund balances. Subtract line 21 from line 20	182,837.	154,730.

Part II Signature Block

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

Sign Here

▶ X [redacted] — Signature of officer — Date X 5-24-10

▶ SAMUEL B. HUFF, DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [redacted] — Date 9-21-10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00070321

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FROST, RUTTENBERG & ROTHBLATT, P.C.
111 PFINGSTEN RD., SUITE 300 DEERFIELD, IL 60015-4981

EIN ▶ 36-3402398

Phone no. ▶ 847-236-1111

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form **990** (2009)

JSA
9E1010 3.000

IFN20N L920 270188-0105

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 58,765. including grants of $ _____) (Revenue $ _____)
MEDICAL SCIENTIFIC EDUCATION - SEE FOOTNOTE ATTACHED

4b (Code: _____) (Expenses $ 162,404. including grants of $ _____) (Revenue $ _____)
PUBLIC AWARENESS - SEE FOOTNOTE ATTACHED

4c (Code: _____) (Expenses $ 211,986. including grants of $ _____) (Revenue $ _____)
PUBLIC EDUCATION - SEE FOOTNOTE ATTACHED

4d Other program services. (Describe in Schedule O.) ATTACHMENT 3
(Expenses $ 88,370. including grants of $) (Revenue $)

4e Total program service expenses ▶ 521,525.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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 Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• 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.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes: ; No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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 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? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
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 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, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b If "Yes," has it filed a Form 990-T for this year? *If "No," 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
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?	7a			X
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 to file Form 8282?	7c			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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?	9b			
10 Section 501(c)(7) organizations. Enter:				
a 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			
11 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			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	7		
b	Enter the number of voting members that are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	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 reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	*The organization's CEO, Executive Director, or top management official*	15a	N/A	
b	Other officers or key employees of the organization	15b	N/A	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SAMUEL B. HUFF 196 JAMES STREET, BARRINGTON, IL , 60010-4681
847-382-8971

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SAMUEL B. HUFF PRESIDENT	7.00	X		X				0.	136,495.	0.
DATHA J. OLNEY TREASURER	1.00	X		X				0.	417.	0.
MARY F. ERHARD SECRETARY	1.00	X		X				0.	46,579.	0.
RICHARD ODOM, M.D. TRUSTEE	1.00	X						0.	0.	0.
MICHAEL MURRAY TRUSTEE	1.00	X						0.	0.	0.
HAROLD BARNETT TRUSTEE	1.00	X						0.	0.	0.
JONATHAN WILKIN, M.D. TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								0.	183,491.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 *For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue 36-4120334

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 604,232.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		604,232.			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5 ▶		1,237.			1,237.
	4 Income from investment of tax-exempt bond proceeds ▶		0.			
	5 Royalties ▶		0.			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0.			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		0.			
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶		0.			
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶		0.			
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0.			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		0.			
	12 **Total Revenue.** See instructions ▶		605,469.			1,237.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	50,000.	50,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	19,725.	19,725.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	435.		435.	
c Accounting	18,282.		18,282.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	83,989.	83,989.		
13 Office expenses	0.			
14 Information technology	86,838.	86,838.		
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	10,951.	7,878.	1,405.	1,668.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	12,665.	12,665.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	1,170.		1,170.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE & SHIPPING	50,515.	47,365.	267.	2,883.
b PRINTING & PUBLICATIONS	118,958.	118,958.		
c FUNDRAISING	56,519.			56,519.
d MEDICAL & EDUC. SERVICES	81,349.	81,349.		
e PLANNING AND BUDGETING	23,064.		23,064.	
f All other expenses	19,116.	12,758.	6,358.	
25 **Total functional expenses.** Add lines 1 through 24f	633,576.	521,525.	50,981.	61,070.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	94,695.	1	90,269.
	2	Savings and temporary cash investments	100,635.	2	50,300.
	3	Pledges and grants receivable, net		3	25,000.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 6,203.			
	b	Less: accumulated depreciation — 10b: 6,203.		10c	
	11	Investments - publicly traded securities		11	
	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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	195,330.	16	165,569.
Liabilities	17	Accounts payable and accrued expenses	12,493.	17	10,839.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	12,493.	26	10,839.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	182,837.	27	154,730.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, 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	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	182,837.	33	154,730.
	34	Total liabilities and net assets/fund balances	195,330.	34	165,569.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL ROSACEA SOCIETY

Employer identification number
36-4120334

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] 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.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

JSA
9E1210 2 000
IFN20N L920 270188-0105

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	628,042.	776,282.	822,747.	752,765.	604,232.	3,584,068.
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	628,042.	776,282.	822,747.	752,765.	604,232.	3,584,068.
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)						2,765,805.
6 **Public support.** Subtract line 5 from line 4.						818,263.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	628,042.	776,282.	822,747.	752,765.	604,232.	3,584,068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,250.	2,573.	2,239.	5,052.	1,237.	15,351.
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						3,599,419.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 22.73 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . **15** 35.10 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 *Other income. Do not include gain or loss from the sale of capital assets* (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization
NATIONAL ROSACEA SOCIETY

Employer identification number
36-4120334

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 *In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.*

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		6,203.	6,203.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	605,469.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	633,576.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-28,107.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-28,107.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	605,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	605,469.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	605,469.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	633,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	633,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	633,576.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FIN 48

SCHEDULE D PART X(2)

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DOES NOT HAVE A FOOTNOTE

REPORTING A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN-48.

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization NATIONAL ROSACEA SOCIETY

Employer identification number 36-4120334

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals . . . . . ▶					

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

Schedule F (Form 990) 2009

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IFN20N L920 270188-0105

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	10,725.	CHECK			
[redacted]	[redacted]	EAST ASIA/PACIFIC	RESEARCH	9,000.	CHECK			
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶ 0

36-4120334

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) 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)

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IFN20N L920

270188-0105

Part IV **Supplemental Information**
Complete this part to provide the information required in Part I, line 2, and any additional information.

MONITORING USE OF GRANT FUNDS

SCHEDULE F, PART 1, LINE 2

GRANT RECIPIENTS SIGN A CONTRACT FOR CONDUCTING THE MEDICAL RESEARCH STUDY PRIOR TO RECEIVING THE INITIAL HALF OF THE GRANT FUNDS. AN INTERIM REPORT IS REQUIRED AT THE MIDPOINT OF THE STUDY, AND THIS IS REVIEWED BY THE NATIONAL ROSACEA SOCIETY MEDICAL ADVISORY BOARD PRIOR TO ISSUING THE SECOND HALF OF THE GRANT FUNDING. A FINAL REPORT ON THE RESEARCH STUDY IS THEN REQUIRED TO FULFILL THE CONTRACT, AND IS REVIEWED BY THE NATIONAL ROSACEA SOCIETY MEDICAL ADVISORY BOARD.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ [ ]

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
DUKE UNIVERSITY MEDICAL CENTER,2200 S. MAIN SUITE 820, DURHAM, NC 27705	56-0532129		25,000.				RESEARCH
VETERANS MED. RESEARCH FOUNDATION, 3350 LA JOLLA VILL. DR. MC111B SAN DIEGO, CA 92161	33-0189397		12,500.				RESEARCH
UNIVERSITY OF MICHIGAN/DR. YOLANDA HELFRICH 1910 TAUBMAN CENTER ANN ARBOR, MI 48109	38-6006309		12,500.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART 1, QUESTION 2

GRANT RECIPIENTS SIGN A CONTRACT FOR CONDUCTING THE MEDICAL RESEARCH STUDY PRIOR TO RECEIVING THE INITIAL HALF OF THE GRANT FUNDS. AN INTERIM REPORT IS REQUIRED AT THE MIDPOINT OF THE STUDY, AND THIS IS REVIEWED BY THE NATIONAL ROSACEA SOCIETY MEDICAL ADVISORY BOARD PRIOR TO ISSUING THE SECOND HALF OF THE GRANT FUNDING. A FINAL REPORT ON THE RESEARCH STUDY IS THEN REQUIRED TO FULFILL THE CONTRACT, AND IS REVIEWED BY THE NATIONAL ROSACEA SOCIETY MEDICAL ADVISORY BOARD.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization
NATIONAL ROSACEA SOCIETY

Employer identification number
36-4120334

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SAMUEL HUFF	PRESIDENT		SEE SCHEDULE R		X

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

Schedule L (Form 990 or 990-EZ) 2009

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IFN20N L920 270188-0105

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

ATTACHMENT 1

REVIEW OF THE FORM 990

PART VI, SECTION A, LINE 11A

A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS REVIEWED AT BOARD MEETINGS.

GOVERNING DOCUMENTS AVAILABILITY TO THE PUBLIC

PART VI, SECTION C, LINE 19

AVAILABLE UPON REQUEST.

BUSINESS RELATIONSHIPS BETWEEN OFFICERS AND DIRECTORS

PART VI, SECTION A, LINE 2

THREE OF THE SEVEN DIRECTORS OF THE NATIONAL ROSACEA SOCIETY (NRS), SAMUEL B. HUFF, DATHA J. OLNEY AND MARY F. ERHARD, ARE EMPLOYED BY GLENDALE COMMUNICATIONS GROUP(GLENDALE) AND/OR PARK MAILING AND FULFILLMENT (PARK), AN AFFILIATE OF GLENDALE. GLENDALE AND PARK PROVIDE THE PERSONNEL AND INFRASTRUCTURE, AND CARRY CERTAIN OUTSIDE EXPENSES, NEEDED TO SUPPORT AND IMPLEMENT THE PROGRAM SERVICES AND ADMINISTRATION OF THE NRS, AND ALSO PROVIDE SERVICES TO OTHER CLIENTS UNRELATED TO THE NRS.

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

ATTACHMENT 1 (CONT'D)

THE POSITIONS OF THESE NRS DIRECTORS WITH GLENDALE AND/OR PARK AND THEIR TOTAL SALARIES FROM GLENDALE AND/OR PARK IN 2009 ARE AS FOLLOWS (ALSO REPORTED IN COLUMN F IN PART VII, SECTION A):

SAMUEL B. HUFF	
PRESIDENT, GLENDALE	$120,801
PRESIDENT, PARK	$15,694
DATHA J. OLNEY	
TECHNICAL SUPPORT, GLENDALE	$417
MARY F. ERHARD	
MEDICAL EDITOR, GLENDALE	$46,579

BECAUSE OF THEIR RELATIONSHIP, NRS DIRECTORS ASSOCIATED WITH GLENDALE AND/OR PARK ABSTAIN FROM ALL BOARD OF DIRECTOR VOTES AFFECTING GLENDALE AND/OR PARK, AND ONLY THE NRS DIRECTORS NOT ASSOCIATED WITH GLENDALE AND/OR PARK (THE "INDEPENDENT NRS DIRECTORS") REVIEW AND APPROVE ACTIVITIES AND BUDGETS AFFECTING GLENDALE AND/OR PARK. EACH YEAR, THE INDEPENDENT NRS DIRECTORS REVIEW THE CONTINUATION OF THE NRS'S RELATIONSHIP WITH GLENDALE AND PARK, AND MUST APPROVE RETENTION OF GLENDALE AND PARK BY THE NRS ANNUALLY. IN ADDITION, AT LEAST ONE OF THE INDEPENDENT NRS DIRECTORS REVIEWS MONTHLY INVOICES FROM GLENDALE AND PARK TO THE NRS. GLENDALE'S AND PARK'S FEES TO THE NRS ARE DETERMINED ON THE SAME BASIS AS FOR OTHER GLENDALE AND PARK CLIENTS,

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

ATTACHMENT 1 (CONT'D)

AND THE INDEPENDENT NRS DIRECTORS ARE PROVIDED WITH COMPETITIVE COST ESTIMATES FOR SPECIFIC PROJECTS UNDERTAKEN BY GLENDALE AND PARK ON BEHALF OF THE NRS.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO IMPROVE THE LIVES OF THOSE WHO SUFFER FROM ROSACEA BY RAISING AWARENESS, PROVIDING INFORMATION, AND SUPPORTING MEDICAL RESEARCH ON THIS WIDESPREAD BUT POORLY UNDERSTOOD SKIN DISORDER AFFECTING AN ESTIMATED 16 MILLION AMERICANS.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
RESEARCH GRANTS SEE FOOTNOTE		88,370.	
TOTALS		88,370.	

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GLENDALE COMMUNICATIONS GROUP, INC 196 JAMES STREET BARRINGTON, IL 60010	COMMUNICATION SVCS	359,665.
TOTAL COMPENSATION		359,665.

Name of the organization: NATIONAL ROSACEA SOCIETY

Employer identification number: 36-4120334

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	1,237.			1,237.
TOTALS	1,237.			1,237.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
NATIONAL ROSACEA SOCIETY

Employer identification number
36-4120334

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GLENDALE COMMUNICATIONS GROUP INC. 36-3551914 196 JAMES STREET BARRINGTON, IL 60010	MEDICAL COMMUN.	IL	N/A	C CORP			
PARK MAILING AND FUFILLMENT, INC. 36-4470038 196 JAMES STREET BARRINGTON, IL 60010	MAILING & FULLFIL	IL	N/A	S CORP			

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	GLENDALE COMMUNICATIONS GROUP, INC.	L,M,N	359,665.
(2)	PARK MAILING AND FUFILLMENT, INC.	L,M,N	90,159.
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

FEDERAL FOOTNOTES

FORM 990, PART III. LINE 28-31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MEDICAL SCIENTIFIC EDUCATION: BECAUSE OF ROSACEA'S WIDE RANGE OF POTENTIAL MANIFESTATIONS, THE SOCIETY CONDUCTS CONSENSUS CONFERENCES OF LEADING MEDICAL EXPERTS TO DEVELOP WORLDWIDE STANDARDIZED CRITERIA FOR THE DISEASE, INCLUDING ITS PRIMARY AND SECONDARY DIAGNOSTIC FEATURES, SUBTYPES, VARIANTS, AND GRADES ("STANDARDS"), AS WELL AS STANDARD MANAGEMENT OPTIONS PUBLISHED IN 2009. THESE STANDARDS ARE REVIEWED BY MEDICAL AUTHORITIES THROUGHOUT THE UNITED STATES AND WORLDWIDE, AND PUBLISHED IN MEDICAL JOURNALS TO SERVE AS STANDARD INSTRUMENTS FOR UNIFYING RESEARCH, IMPROVING CLINICAL DIAGNOSIS AND CARE, AND PROVIDING COMMON TERMINOLOGY FOR COMMUNICATIONS. THE SOCIETY ALSO PROVIDES TECHNICAL EXHIBITS AT MAJOR MEDICAL MEETINGS, CONDUCTS ROSACEA RESEARCH WORKSHOPS, PRODUCES MEDICAL EDUCATION MATERIALS, AND DISTRIBUTES INFORMATION ON ITS RESEARCH GRANTS PROGRAM TO RESEARCH CENTERS WORLDWIDE.

PUBLIC AWARENESS: THE SOCIETY DESIGNATES APRIL AS ROSACEA AWARENESS MONTH EACH YEAR, PRODUCES NATIONAL PUBLIC SERVICE ANNOUNCEMENTS AND CONDUCTS NATIONAL PUBLIC RELATIONS ACTIVITIES TO REACH THE COUNTLESS MILLIONS WHO MAY UNKNOWINGLY SUFFER FROM THIS CHRONIC AND POTENTIALLY LIFE- DISRUPTIVE DISORDER. THE SOCIETY ALSO MAINTAINS A TOLL-FREE TELEPHONE NUMBER AND A COMPREHENSIVE WEB SITE WHERE INDIVIDUALS AND HEALTH PROFESSIONALS CAN OBTAIN INFORMATION OR ASSISTANCE ON ROSACEA. THE EXPANDED WEB SITE, ROSACEA.ORG, RECEIVED A GOLD TRIANGLE AWARD FROM THE AMERICAN ACADEMY OF DERMATOLOGY FOR EXCELLENCE IN CONSUMER HEALTH INFORMATION, AND SERVED 919,526 WEBSITE VISITORS IN 2009.

FEDERAL FOOTNOTES

PUBLIC EDUCATION: THE SOCIETY PRODUCES AND SUPPLIES INFORMATION AND EDUCATIONAL MATERIALS IN RESPONSE TO REQUESTS FROM THOSE UNDER MEDICAL CARE, HEALTH PROFESSIONALS AND THE GENERAL PUBLIC. THESE INCLUDE "ROSACEA REVIEW," A NEWSLETTER WITH NEWS AND GENERAL INFORMATION ON ROSACEA, EDITED BY A LEADING DERMATOLOGIST AT HARVARD MEDICAL SCHOOL; BOOKLETS ON ROSACEA AND LIFESTYLE MANAGEMENT TO HELP INDIVIDUALS COPE WITH THE ILLNESS; A PATIENT DIARY TO HELP SUFFERERS IDENTIFY AND AVOID LIFESTYLE AND ENVIRONMENTAL FACTORS THAT MAY AGGRAVATE THEIR INDIVIDUAL CONDITION; A BOOKLET ON THE MEDICAL MANAGEMENT OF THE DISORDER; AND MEDICAL AND CONSUMER ARTICLES AND BIBLIOGRAPHIES. THE SOCIETY ALSO CONDUCTS AND PUBLISHES PATIENT SURVEYS ON TRIGGER FACTORS, SYMPTOMS, QUALITY OF LIFE AND OTHER SIGNIFICANT ASPECTS OF ROSACEA.

RESEARCH GRANTS: SINCE THE CAUSE OF ROSACEA IS UNKNOWN AND CONSEQUENTLY THERE IS NO CURE, THE SOCIETY ADMINISTERS A RESEARCH GRANTS PROGRAM TO ENCOURAGE AND SUPPORT MEDICAL RESEARCH RELATING TO POTENTIAL CAUSES AND OTHER KEY ASPECTS OF THE DISORDER. THE SOCIETY'S MEDICAL ADVISORY BOARD, CHAIRED BY THE FORMER DIRECTOR OF DERMATOLOGY FOR THE U.S. FOOD & DRUG ADMINISTRATION AND INCLUDING THREE FORMER PRESIDENTS OF THE AMERICAN ACADEMY OF DERMATOLOGY, REVIEWS GRANT APPLICATIONS AND SELECTS STUDIES FOR FUNDING. STUDY RESULTS ARE THEN PRESENTED AT SCIENTIFIC MEETINGS AND PUBLISHED IN MEDICAL JOURNALS, AS WELL AS IN THE SOCIETY'S NEWSLETTER AND ON ITS WEB SITE.

FACTS AND CIRCUMSTANCES

For reasons set forth below, the National Rosacea Society ("Society") believes that it should be treated as a "publicly supported" organization pursuant to the "facts and circumstances" test described in Section 1.170A-9(e)(3) of the Income Tax Regulations.

The Society was initially organized, and has been continuously operated, to provide physicians, patients and the general public with educational information and materials on the common but little-known and often life-disruptive skin disorder called rosacea; to support effective patient management of this chronic and often progressive disease; and to support research relating to potential causes and other key aspects of the disorder. Between January 1, 2005 and December 31, 2009, the Society has received an aggregate amount of $818,263 in cash donations and contributions which qualify as "public support." This amount constituted 22.73% of the Society's total support for the same period, which exceeds the 10% minimum level of public support required by the Regulations.

The Society has maintained a continuous and bona fide program to solicit funds from the general public. This solicitation program has been implemented primarily through requests for contributions which regularly appear in the Society's newsletter that is distributed without charge to the general public. However, the Society's newsletter is read primarily by people who suffer from rosacea as well as physicians and other persons who care for afflicted individuals, and therefore, the Society's solicitations have reached a limited audience. The Society began to significantly broaden its fund-raising activities to include health professionals, foundations and industry in 2004, and has continued to expand these activities in order to reach larger audiences.

In addition, the Society believes the following factors support its characterization as a publicly supported organization:

1. The Society has received its public support from a large, diverse group of more than 70,000 individuals in

relatively small contribution amounts, as well as a growing number of moderate amounts from corporations and foundations.

2. The Society's Board of Directors is comprised of various unrelated individuals who have an interest in the promotion of awareness and understanding of the disease. No member of the Society's Board is related to or affiliated with any substantial donor to the Society.

3. The Society has financially supported a number of public services and research activities which provide a substantial benefit to the public, especially those persons who are afflicted with the skin disease rosacea or who care for persons with such affliction. Among such programs funded or sponsored by the Society are the following:

A. Information Services. Through its toll-free telephone number, e-mail address and regular mail, the Society receives and handles more than 35,000 inquiries a year from individuals and health professionals requesting information on rosacea.

B. Web Site. The Society's Web site, rosacea.org, contains a wide variety of in-depth information relating to rosacea, and was viewed by 919,526 unique visitors in 2009. This comprehensive site received a Gold Triangle Award from the American Academy of Dermatology for excellence in consumer health information.

C. Educational Materials. The Society produces and supplies educational materials at no charge in response to requests from the general public and health professionals each year. These include such items as educational booklets on understanding rosacea, managing rosacea, lifestyle management, a patient diary booklet to help sufferers identify and avoid trigger factors affecting their individual cases, a medical poster showing the classification of rosacea, medical office placards, the Rosacea Review newsletter, medical journal articles and bibliographies.

D. Newsletter. The Society publishes a newsletter on rosacea, Rosacea Review, with news and information for patients and health care professionals.

E. Awareness Program. Through its designation of April as Rosacea Awareness Month each year, public service announcements and public relations activities throughout the year, the Society reaches an estimated audience of 400 million annually, many of whom may unknowingly suffer from this chronic and potentially life-disruptive disorder that affects an estimated 16 million Americans.

F. Research Grants Program. Because the cause of rosacea is unknown and there is no cure, the Society established a research grants program beginning in 1999, which funds medical research relating to the potential causes and other key aspects of the disorder.

4. The Society also serves as a research and educational organization, whose works are regularly published in medical journals and are widely used by medical researchers, physicians and the general public. Among the educational and research activities funded or organized by the Society are the following:

A. Consensus Conferences. Because of rosacea's wide range of potential manifestations, the Society has organized and sponsored consensus conferences of leading authorities on rosacea and epidemiology to develop worldwide standardized criteria for the disease, including its primary and secondary features, subtypes and variants; a standardized grading system for assessing relative severity; and a recently published standard management options system. These standard criteria are reviewed by medical authorities throughout the United States and worldwide, and have been published in major medical journals. They serve as a standard instrument for unifying the focus and parameters of rosacea research worldwide, and are essential to allow data from different sources to be compared and evaluated. The standard criteria also aid in clinical diagnosis and patient care, and provide standard terminology for clear communications on rosacea among researchers, physicians, health administrators, patients and the general public.

B. Patient Surveys. Because of the Society's unique

access to many thousands of rosacea sufferers through its newsletter and Web site, it is able to conduct surveys with large patient samples on trigger factors, heredity, age of onset, speed of progression, impact on quality of life and other significant aspects of rosacea. The survey results are published in medical journals, are often cited in other medical articles and presentations, and are used by researchers, physicians and patients.

C. Medical Research. Since the cause of rosacea is unknown, the Society's Medical Advisory Board awards research grants each year for studies relating to potential causes and other key aspects of rosacea. Since the issuing of grants began in late 1999, $1,103,244 has been awarded to fund 48 research studies, and the Society anticipates issuing greater numbers of grants in the future. Study results are presented at scientific and medical meetings, and are published in scientific and medical journals.

D. Research Workshop. To share scientific knowledge and encourage rosacea research, the Society has organized and sponsored research workshops at the Society for Investigative Dermatology annual meeting. The workshops feature presentations and open discussion among rosacea experts and attending medical researchers on new scientific information and various aspects of the disease that should be investigated.

E. Technical Exhibits. The Society provides technical exhibits for physicians at major medical meetings, including a wide range of medical education information on the disease, as well as educational materials for their patients.

5. The activities and programs of the Society have attracted the participation and support of a wide and growing number of physicians, medical researchers and scholars with special knowledge or interest in rosacea. The Society's newsletter is edited by Dr. Lynn Drake of Harvard Medical School, who is a former president of the American Academy of Dermatology (AAD). The Society's Medical Advisory Board is chaired by Dr. Jonathan Wilkin, former director of the Dermatologic Division, U.S. Food & Drug

Administration. Medical Advisory Board members also include Dr. Drake; Dr. Mark Dahl, chairman of dermatology, Mayo Clinic-Scottsdale, and a former president of AAD; Dr. Richard Odom, professor of clinical dermatology, University of California, San Francisco, and a former president of AAD; Dr. David Norris, chairman of dermatology, University of Colorado, and a former president of the Society for Investigative Dermatology; Dr. Frank Powell, consultant dermatologist, Regional Centre of Dermatology, Mater Misericordiae Hospital, Dublin, Ireland; Dr. Michael Detmar, associate professor of dermatology at Harvard Medical School; Dr. Bryan Sires, clinical associate professor of ophthalmology, University of Washington, Dr. Diane Thiboutot, professor of dermatology at Pennsylvania State University, and Dr. Marian Macsai, vice chair of ophthalmology, Northwestern University. The classification, grading and management options consensus conferences also included Dr. Alvan Feinstein, professor of medicine and epidemiology at Yale University School of Medicine and a world-renowned authority on disease classification systems; Dr. Matthew Liang, professor of medicine, department of health policy and management, Harvard School of Public Health; Dr. Zoe Draelos, clinical assistant professor of dermatology at Wake Forest University; Dr. Jeffrey Dover, associate clinical professor of dermatology, Yale University School of Medicine; and Dr. Guy Webster, professor of dermatology at Thomas Jefferson University.

Research grants have been awarded to Dr. Mina Yaar, professor of dermatology at Boston University Medical School; Dr. Ethan A. Lerner, associate professor of dermatology at Harvard Medical School; Dr. Patricia Fitzpatrick, epidemiologist with the Department of Public Health Medicine & Epidemiology at University College, Dublin; Dr. Frank Powell, consultant dermatologist, Mater Misericordiae Hospital, Dublin; Dr. Kevin Kavanagh, department of biology at National University of Ireland; Dr. Patrick Schlievert, professor of microbiology at University of Minnesota Medical School; Dr. Robert A. Swerlick, associate professor of dermatology at Emory University School of Medicine; Dr. Mark Dahl, chairman of dermatology, Mayo Clinic-Scottsdale; Dr. Richard Gallo, chief of dermatology, University of California-San Diego; Drs. Takaaki Otake, Masamoto Murakami, and Kenshi Yamasaki, Veterans Medical Research Foundation, San Diego; Dr. Diane Thiboutot, professor of dermatology, Hilma Benjamin, and Dr. Klaus Helm, Division of Dermatology, Pennsylvania State

University; Dr. Sandra Jones Wu, assistant professor of dermatology, Dr. Nicholas Flavahan, professor of medicine, and Dr. Niconor Moldovan, assistant professor of medicine, The Ohio State University; Karol Lindow, associate professor of nursing, Deb Shelestak, and Mary Dalpiaz, assistant professor of nursing, Kent State University; Dr. Richard Granstein, chairman of dermatology, and Dr. Cynthia Magro, director of dermatopathology, Cornell University; Dr. Wendy Roberts, medical director, Desert Dermatology Medical Associates, Rancho Mirage, California; Drs. Richard Burroughs, Mark Peake and Richard Vinson, William Beaumont Army Medical Center; Dr. Scott Norton, chief of dermatology, Walter Reed Army Medical Center; Dr. John Werren, professor of biology, and Seth Bordenstein, University of Rochester; Dr. Youwen Zhou, director of the Chieng Genomics Center, University of British Columbia, Canada; Drs. Martin Steinhoff and Thomas Luger, department of dermatology, University of Muenster, Germany; Dr. Albert Kligman, professor of dermatology, and Dr. Yaxian Zhen, researcher, University of Pennsylvania; Dr. Mark Mannis, chairman of ophthalmology, University of California-Davis; Dr. Lenio Alvarenga, department of ophthalmology, Federal University of Sao Paulo, Brazil; Dr. Payam Tristani-Firouzi, assistant professor, and Dr. Nancy Samolitis, visiting professor, department of dermatology, University of Utah; Dr. Sandra Cremers, assistant professor of ophthalmology, Harvard Medical School; Dr. Kent Keyser, professor of Vision Sciences, University of Alabama at Birmingham; Dr. Yolanda Helfrich, assistant professor of dermatology, University of Michigan; Dr. Robert Walters, assistant professor of dermatology and Dr. Robert Lefkowitz, professor of medicine, Duke University; Dr. Curdin Conrad, senior postdoctoral research fellow, MD Anderson Cancer Center; Dr. Alexander Navarini, senior postdoctoral research fellow, Department of Dermatology, University Hospital of Zurich, Switzerland; Drs. Joseph Rothnagel and Manuela Trabi, department of microbial sciences, University of Queensland, Australia; Dr. Jamison Feramisco, molecular medicine fellow in dermatology at the University of California-San Francisco; Dr. Thad Wilson, associate professor of physiology and medicine at Ohio University; and Dr. Noreen Lacey, postdoctoral researcher at University College Dublin.

Others who have made significant contributions to Society programs and activities include Dr. Larry Millikan, chairman of dermatology at Tulane Medical School; Dr. John Wolf, chairman of dermatology at Baylor University; Dr.

Jerome Litt, assistant clinical professor of dermatology at Case Western Reserve University; Dr. Joseph Bikowski, clinical assistant professor of dermatology at The Ohio State University; Dr. Thomas Cash, professor of psychology at Old Dominion University; Dr. Ted Grossbart, clinical psychologist at Harvard Medical School; Dr. Philip Bailin, chairman of dermatology at the Cleveland Clinic Foundation; Dr. Ronald Moy, associate clinical professor of dermatology at the University of California-Los Angeles and former president of the American Society for Dermatologic Surgery; Dr. James Del Rosso, assistant clinical professor of dermatology, University of Nevada School of Medicine; Dr. Joel Bamford, associate professor of family practice, University of Minnesota-Duluth; Dr. Mats Berg, department of dermatology, Uppsala University in Sweden; Dr. Ronald Marks, emeritus professor of dermatology, University of Wales College of Medicine; Dr. Gerd Plewig, professor of dermatology, Ludwig-Maximilians University in Germany; Dr. Alfredo Rebora, professor of endocrinology and metabolism, University of Genoa in Italy; Dr. James T. Elder, professor of dermatology, University of Michigan; Dr. Michelle Pelle, clinical assistant professor of dermatology, University of California-San Diego; Dr. Lisa Maier, assistant professor of dermatology, University of Michigan; Dr. Roy Geronemus, clinical professor of dermatology at New York University, and Dr. Wilma Bergfeld, section head, dermapathology at the Cleveland Clinic Foundation. The Society intends to continue to attract and expand such participation in the future.

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

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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NATIONAL ROSACEA SOCIETY	Employer identification number 36-4120334
	Number, street, and room or suite no. If a P.O. box, see instructions. 196 JAMES STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BARRINGTON, IL 60010-4681	

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

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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 the care of ▶ SAMUEL B. HUFF

  Telephone No. ▶ 847 382-8971 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) _____ 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 is for.

4 I request an additional 3-month extension of time until 11/15/2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

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 ADDITIONAL TIME IS REQUIRED TO COMPILE ALL DATA NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a. 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.	8c	$ 0.

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 ▶ [redacted] Title ▶ CPA Date ▶ 08/09/2010

FROST, RUTTENBERG & ROTHBLATT, P.C.
111 PFINGSTEN RD., SUITE 300
DEERFIELD, IL 60015-4981

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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	Employer identification number
File by the due date for filing your return. See instructions.	NATIONAL ROSACEA SOCIETY	36-4120334
	Number, street, and room or suite no. If a P.O. box, see instructions. 196 James Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BARRINGTON, IL 60010	

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

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Samuel B. Huff

Telephone No. ▶ 847-382-8971 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)_____. 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2009 or

▶ ☐ tax year beginning _____, 20___, and ending _____, 20___.

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

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	$ None
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	$ none
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.

ISA