

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 private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: AMERICAN ACADEMY OF PEDIATRICS  
 Doing business as:  
 Number and street (or P O box if mail is not delivered to street address): 345 PARK BLVD Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: ITASCA, IL 60143

**D** Employer identification number: 36-2275597  
**E** Telephone number: (630) 626-6000  
**G** Gross receipts \$ 136,109,906

**F** Name and address of principal officer: MARK DEL MONTE JD, 345 PARK BLVD, ITASCA, IL 60143

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: WWW AAP ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation 1930 **M** State of legal domicile IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 THE MISSION OF THE AAP IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH AND WELL BEING FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS THE ACADEMY SEEKS TO PROMOTE THIS GOAL BY ENCOURAGING AND ASSISTING ITS MEMBERS IN THEIR EFFORTS TO MEET THE OVERALL HEALTH NEEDS OF CHILDREN AND YOUTH, BY PROVIDING SUPPORT AND COUNSEL TO OTHERS CONCERNED WITH THE WELL-BEING OF CHILDREN, THEIR GROWTH AND DEVELOPMENT, AND BY SERVING AS AN ADVOCATE FOR CHILDREN AND THEIR FAMILIES WITHIN THE COMMUNITY AT LARGE THE ACADEMY PLEDGES ITS EFFORTS AND EXPERTISE TO A FUNDAMENTAL GOAL - THAT ALL CHILDREN AND YOUTH HAVE THE OPPORTUNITY TO GROW UP SAFE AND STRONG, WITH FAITH IN THE FUTURE AND IN THEMSELVES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	10
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	537
<b>6</b> Total number of volunteers (estimate if necessary)	8,125
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	4,677,455
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-1,731,766

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	34,666,973	34,528,705
<b>9</b> Program service revenue (Part VIII, line 2g)	85,666,203	79,868,268
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,509,554	3,505,355
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,795,952	3,518,172
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,638,682	121,420,500
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,499,011	2,014,965
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,550,875	60,319,592
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,105,455		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,635,753	57,141,691
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	120,685,639	119,476,248
<b>19</b> Revenue less expenses Subtract line 18 from line 12	5,953,043	1,944,252
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	136,817,547	160,903,949
<b>21</b> Total liabilities (Part X, line 26)	79,104,763	100,942,804
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	57,712,784	59,961,145

**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**

Signature of officer: \_\_\_\_\_ Date: 2019-04-24  
 MARK DEL MONTE JD CEO/EXECUTIVE VP (INTERIM)  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: LU ANN TRAPP Preparer's signature: LU ANN TRAPP Date: 2019-04-11  
 Check  if self-employed PTIN: P01506476  
 Firm's name: PLANTE & MORAN PLLC Firm's EIN: 38-1357951  
 Firm's address: 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606 Phone no: (312) 207-1040

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

THE MISSION OF THE AAP IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH AND WELL BEING FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS THE ACADEMY SEEKS TO PROMOTE THIS GOAL BY ENCOURAGING AND ASSISTING ITS MEMBERS IN THEIR EFFORTS TO MEET THE OVERALL HEALTH NEEDS OF CHILDREN AND YOUTH, BY PROVIDING SUPPORT AND COUNSEL TO OTHERS CONCERNED WITH THE WELL-BEING OF CHILDREN, THEIR GROWTH AND DEVELOPMENT, AND BY SERVING AS AN ADVOCATE FOR CHILDREN AND THEIR FAMILIES WITHIN THE COMMUNITY AT LARGE THE ACADEMY PLEDGES ITS EFFORTS AND EXPERTISE TO A FUNDAMENTAL GOAL - THAT ALL CHILDREN AND YOUTH HAVE THE OPPORTUNITY TO GROW UP SAFE AND STRONG, WITH FAITH IN THE FUTURE AND IN THEMSELVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 14,229,116 including grants of \$ 125,400 ) (Revenue \$ 0 ) See Additional Data

4b (Code ) (Expenses \$ 13,662,183 including grants of \$ 0 ) (Revenue \$ 12,012,065 ) See Additional Data

4c (Code ) (Expenses \$ 10,295,072 including grants of \$ 0 ) (Revenue \$ 24,759,150 ) See Additional Data

(Code ) (Expenses \$ 54,436,014 including grants of \$ 1,889,565 ) (Revenue \$ 43,097,053 ) LIFE SUPPORT - THE AAP OFFERS A SPECIALIZED COURSE THAT FOCUSES ON THE RESUSCITATION OF NEWBORNS SO THAT PEDIATRICIANS AND OTHER ALLIED/EMERGENCY HEALTHCARE PROFESSIONALS CAN MORE EFFECTIVELY SERVE NEWBORNS PUBLIC EDUCATION - THE AAP DISSEMINATES INFORMATION TO SCHOOLS AND THE GENERAL PUBLIC REGARDING ADVANCES IN PREVENTATIVE HEALTHCARE, IN SUCH AREAS AS CONTROL OF DISEASE, DISABILITY, ENVIRONMENTAL HAZARDS, ACCIDENT PREVENTION, NUTRITION, MENTAL AND EMOTIONAL DISEASE AND CHILD ABUSE AND NEGLECT COMMUNITY, CHAPTER & STATE AFFAIRS - THE DEPARTMENT WORKS TO FOSTER PEDIATRICIAN INVOLVEMENT IN THEIR COMMUNITIES, DEVELOP AND SUSTAIN STRONG CHAPTERS AND DISTRICTS, AND INFLUENCE STATE LEVEL POLICY RELATED TO CHILD HEALTH AND PEDIATRIC PRACTICE MEMBERSHIP - THE AAP IS A PROFESSIONAL MEMBERSHIP ORGANIZATION OF 66,000 PRIMARY CARE PEDIATRICIANS, PEDIATRIC MEDICAL SUB-SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS DEDICATED TO THE HEALTH, SAFETY, AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS CME - THE AAP OFFERS CONTINUING MEDICAL EDUCATION FOR PEDIATRIC HEALTH CARE PROFESSIONALS TO ENABLE THEM TO DEVELOP, MAINTAIN AND INCREASE THEIR KNOWLEDGE AND SKILLS IN PEDIATRIC MEDICINE IN ORDER TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS EDUCATION ADMINISTRATION - SUPPORT AREA FOR THE EDUCATIONAL ACTIVITIES OF THE AAP NATIONAL MEETINGS - THE AAP HOSTS EDUCATIONAL CONFERENCES THAT OFFER THE FOREMOST UPDATES ON PEDIATRIC TREATMENT AND RESEARCH RESEARCH - THE AAP DEVELOPS CONDITION-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR CHILDREN AND THEIR FAMILIES THE AAP ALSO HAS ESTABLISHED A PRACTICE-BASED RESEARCH NETWORK TO IMPROVE THE HEALTH OF CHILDREN BY CONDUCTING COLLABORATIVE RESEARCH WITH OVER 1,700 PRACTITIONER MEMBERS CHIEF MEDICAL OFFICER - THE DEPARTMENT PROVIDES SUPPORT TO THE AAP COMMITTEES THAT FOCUS ON DISASTER PREPAREDNESS, INNOVATION AND OTHER MEDICAL AREAS SUBSPECIALTY PEDIATRICS - IN ORDER TO ENABLE THE IMPROVEMENT OF HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS, THE DEPARTMENT PROVIDES(1) RESOURCE MATERIALS, STAFF SUPPORT, + TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES AND SECTIONS RELATED TO PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, (2) OVERSIGHT TO TASK FORCES AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO THE HEALTH CARE PROVIDED BY PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, AND (3) SUPPORT TO THE AAP COMMITTEES, COUNCILS, AND SECTIONS THAT FOCUS ON PRACTICE, SOCIOECONOMIC, QUALITY IMPROVEMENT, MEDICO-LEGAL, AND HEALTH TECHNOLOGY ISSUES

4d Other program services (Describe in Schedule O ) (Expenses \$ 54,436,014 including grants of \$ 1,889,565 ) (Revenue \$ 43,097,053 )

4e Total program service expenses 92,622,385

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> 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		No
<b>d</b> 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		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b> 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		No
<b>19</b> 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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, escrow accounts, 501(c)(3) organizations, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (JOHN J MILLER CPA 345 PARK BLVD ITASCA, IL 60143 (630) 626-6525).







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	19,988,822		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,539,883		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		85,758		
	<b>h Total.</b> Add lines 1a-1f . . . . .		34,528,705		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEMBERSHIPS		541900	25,980,816	25,980,816		
	<b>b</b> MEDICAL JOURNALS		511120	24,759,150	20,636,019	4,123,131	
	<b>c</b> PUBLICATIONS, OTHER		511130	12,012,065	12,012,065		
	<b>d</b> NATIONAL MEETINGS		611600	8,348,548	7,794,224	554,324	
	<b>e</b> CONTINUING MEDICAL EDUCATION		611600	8,097,070	8,097,070		
	<b>f</b> All other program service revenue			670,619	670,619		
	<b>g Total.</b> Add lines 2a-2f . . . . .			79,868,268			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,686,494			1,686,494
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .			3,417,118	3,417,118		
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		101,054					
	<b>b</b> Less rental expenses		0				
	<b>c</b> Rental income or (loss)		101,054				
	<b>d</b> Net rental income or (loss) . . . . .			101,054			101,054
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		16,508,267					
	<b>b</b> Less cost or other basis and sales expenses		14,689,406				
	<b>c</b> Gain or (loss)		1,818,861				
	<b>d</b> Net gain or (loss) . . . . .			1,818,861			1,818,861
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			121,420,500	78,607,931	4,677,455	3,606,409	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,619,812	1,619,812		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	395,153	395,153		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,734,330	5,300,044	3,147,302	286,984
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	37,469,267	27,454,840	8,943,741	1,070,686
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,887,487	2,856,487	943,295	87,705
<b>9</b> Other employee benefits	7,199,909	4,961,622	2,100,468	137,819
<b>10</b> Payroll taxes	3,028,599	2,233,974	703,791	90,834
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	150,159	37,650	112,509	
<b>b</b> Legal	69,700	3,600	66,100	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,177,556	9,123,164	1,945,116	109,276
<b>12</b> Advertising and promotion	3,413,145	3,353,274	370	59,501
<b>13</b> Office expenses	9,181,507	8,038,597	1,120,511	22,399
<b>14</b> Information technology	1,358,429	168,558	1,189,871	
<b>15</b> Royalties	601,421	601,421		
<b>16</b> Occupancy	2,435,128	3,315,542	-984,222	103,808
<b>17</b> Travel	8,912,607	7,676,582	1,135,116	100,909
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,320,132	6,232,797	87,335	
<b>20</b> Interest	835,001		835,001	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,743,435		2,743,435	
<b>23</b> Insurance	371,222	19,131	352,091	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACTS	6,672,986	6,672,986	0	0
<b>b</b> BANK CHARGES	1,397,678	1,373,454	22,757	1,467
<b>c</b> SUPPORT OF OTHER ORG	195,104	2,550	192,554	0
<b>d</b> INVENTORY, BAD DEBTS	55,631	55,631	0	0
<b>e</b> All other expenses	1,250,850	1,125,516	91,267	34,067
<b>25</b> Total functional expenses. Add lines 1 through 24e	119,476,248	92,622,385	24,748,408	2,105,455
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,428,719	<b>1</b>	8,056,970
	<b>2</b> Savings and temporary cash investments . . . . .	8,794,680	<b>2</b>	5,925,415
	<b>3</b> Pledges and grants receivable, net . . . . .	7,042,970	<b>3</b>	6,248,026
	<b>4</b> Accounts receivable, net . . . . .	4,825,231	<b>4</b>	4,797,847
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	87,344	<b>7</b>	61,666
	<b>8</b> Inventories for sale or use . . . . .	1,453,964	<b>8</b>	1,441,036
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,332,920	<b>9</b>	2,891,864
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	90,427,914		
	<b>b</b> Less accumulated depreciation	26,698,388		
	<b>11</b> Investments—publicly traded securities . . . . .	63,692,415	<b>11</b>	67,751,599
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	136,817,547	<b>16</b>	160,903,949	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	24,010,474	<b>17</b>	15,232,148
	<b>18</b> Grants payable . . . . .	6,511,191	<b>18</b>	5,855,844
	<b>19</b> Deferred revenue . . . . .	32,284,446	<b>19</b>	32,611,558
	<b>20</b> Tax-exempt bond liabilities . . . . .	4,316,000	<b>20</b>	35,800,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	11,800,000	<b>23</b>	11,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	182,652	<b>25</b>	443,254	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	79,104,763	<b>26</b>	100,942,804	
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	49,869,200	<b>27</b>	52,056,565
	<b>28</b> Temporarily restricted net assets . . . . .	4,864,624	<b>28</b>	4,847,618
	<b>29</b> Permanently restricted net assets	2,978,960	<b>29</b>	3,056,962
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	57,712,784	<b>33</b>	59,961,145
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	136,817,547	<b>34</b>	160,903,949

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	121,420,500
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	119,476,248
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,944,252
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	57,712,784
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	304,109
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	59,961,145

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2275597

**Name:** AMERICAN ACADEMY OF PEDIATRICS

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

CHILD HEALTH & WELLNESS - THE DEPARTMENT PROVIDES STAFF SUPPORT AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES, SECTIONS, COUNCILS, TASK FORCES, AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO CHILD HEALTH AND WELLNESS SEVERAL OF THE CURRENT AND PRIOR AAP STRATEGIC PRIORITIES FALL WITHIN THE DEPARTMENT OF CHILD HEALTH AND WELLNESS EARLY BRAIN AND CHILD DEVELOPMENT, FOSTER CARE, MEDICAL HOME, EPIGENETICS, BRIGHT FUTURES, HEAD START, OBESITY, AND MENTAL HEALTH

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**Form 990, Part III, Line 4b:**

MARKETING & PUBLICATIONS - THE AAP DEVELOPS, MARKETS, DESIGNS AND PUBLISHES OVER 500 BOOKS, MANUALS, BROCHURES, AND OTHER MEDICAL PUBLICATIONS FOR USE BY PARENTS, HEALTHCARE PROFESSIONALS AND OTHER INTERESTED PARTIES ON THE TOPICS OF CHILD AND ADOLESCENT HEALTH

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**Form 990, Part III, Line 4c:**

MEDICAL JOURNALS - THE AAP PUBLISHES THE PREMIER SCIENTIFIC MEDICAL JOURNAL IN PEDIATRIC MEDICINE, AS WELL AS SEVERAL OTHER PERIODICALS DESIGNED TO HELP PEDIATRICIANS AND ALLIED HEALTH PROFESSIONALS CONTINUE THEIR EDUCATION TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS PEDIATRICS CIRCULATION 72,146 AAP NEWS CIRCULATION 69,933 PREP CIRCULATION 39,103 GRAND ROUNDS CIRCULATION 15,847 NEOREVIEWS CIRCULATION 3,920 HOSPITAL PEDIATRICS CIRCULATION 2,665

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FERNANDO STEIN MD ..... PRESIDENT	22 00 .....	X		X				151,044	0	0
COLLEEN KRAFT MD ..... PRESIDENT-ELECT	37 00 .....	X		X				99,032	0	0
BERNARD P DREYER MD ..... PAST PRESIDENT	37 00 .....	X		X				116,184	0	0
DAVID BROMBERG MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
STUART COHEN MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
WENDY S DAVIS MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
JANE FOY MD ..... BOARD MEMBER	17 00 .....	X						4,902	0	0
ANTHONY JOHNSON MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
SARA GOZA MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
WARREN SEIGEL MD ..... BOARD MEMBER	17 00 .....	X						55,617	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAM SHAW MD ..... BOARD MEMBER	17 00 .....	X						0	0	0
RICHARD TUCK MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
KYLE YASUDA MD ..... BOARD MEMBER	17 00 .....	X						55,392	0	0
KAREN REMLEY ONUFER MD ..... CEO/EXECUTIVE VICE PRESIDENT	40 00 .....			X				622,416	0	42,891
MARK DEL MONTE JD ..... CEO/EXECUTIVE VICE PRESIDENT (INTERIM)	40 00 .....			X				393,613	0	31,497
JOHN MILLER ..... CHIEF FINANCIAL OFFICER, SVP FINANCE	40 00 .....			X				305,489	0	36,096
VERA TAIT MD ..... CHIEF MEDICAL OFFICER	40 00 .....				X			448,743	0	55,027
DAVID JAFFE MD ..... SVP, EDUCATION	40 00 .....				X			384,669	0	32,979
JUDITH DOLINS ..... CHIEF IMPLEMENTATION OFFICER, SVP	40 00 .....				X			313,131	0	45,222
ROBERTA BOSAK ..... CHIEF ADMINISTRATIVE OFFICER, SVP	40 00 .....				X			304,129	0	43,086

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA WALDRON MD ..... SVP, CHILD HEALTH AND WELLNESS	40 00 .....				X			298,277	0	34,746
MARY LOU WHITE ..... CHIEF PRODUCT & SERVICE OFFICER, SVP	40 00 .....				X			267,371	0	30,702
ANNE EDWARDS MD ..... SVP, PRIMARY CARE & SUBSPECIALTY PEDIATRICS	40 00 .....				X			266,045	0	25,727
ROBERT KATCHEN ..... SVP, INFORMATION TECHNOLOGY	40 00 .....				X			249,546	0	41,934
CHRISTINE BORK ..... CHIEF DEVELOPMENT OFFICER, SVP	40 00 .....				X			206,874	0	28,207
LYNN OLSON ..... VICE PRESIDENT, RESEARCH	40 00 .....				X			201,527	0	34,762
MARK GRIMES ..... VICE PRESIDENT, PUBLISHING	40 00 .....				X			198,639	0	28,647
TAMAR HARO ..... SENIOR DIRECTOR, FEDERAL AND STATE	40 00 .....				X			174,400	0	32,734
SUNNAH KIM ..... DIRECTOR, PEDIATRIC PRACTICE	40 00 .....				X			173,427	0	26,172
JONATHAN KLEIN MD MPH ..... SVP GLOBAL CHILD HEALTH	40 00 .....				X			173,245	0	12,061

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES COUTO ..... DIR HOSPITAL & SURGICAL SERVICES	40 00 .....				X			172,527	0	17,413
EDGAR VESGA ..... DIR INTL CHILD HEALTH	40 00 .....				X			170,684	0	27,136
RAYMOND KOTERAS ..... DIR TECHNICAL & MEDICAL SERVICES	40 00 .....				X			169,540	0	24,423
ROGER SUCHYTA MD ..... SENIOR MEDICAL ADVISOR	40 00 .....				X			166,947	0	29,771
DARCY STEINBERG ..... DIR DEV PEDS & PREVENTATIVE	40 00 .....				X			165,977	0	45,059
LINDA WALSH ..... DIR HEALTH CARE FINANCE	40 00 .....				X			160,273	0	26,424
JAMES BAUMBERGER ..... SR DIR FEDERAL ADVOCACY	40 00 .....					X		159,594	0	21,634
JEAN DAVIS ..... DIR COMMUNICATY BASED INITIATIVES	40 00 .....					X		159,159	0	22,475
ALISON BAKER ..... DIR SAFETY & HEALTH PROMITION	40 00 .....					X		158,364	0	23,304
DAVID KORAJCZYK ..... DIR, CORP & FOUNDATION RELATIONS	40 00 .....					X		158,045	0	16,862

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE ESQUIVEL ..... DIR, CHILDREN WITH SPECIAL NEEDS	40 00 .....					X		153,471	0	27,647

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**  
AMERICAN ACADEMY OF PEDIATRICS

**Employer identification number**

36-2275597

**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 12, 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 (Form 990 or 990-EZ) )
- 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  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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	29,483,109	28,565,686	32,086,346	34,666,973	34,528,705	159,330,819
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	29,483,109	28,565,686	32,086,346	34,666,973	34,528,705	159,330,819
<b>5</b> 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)						4,084,390
<b>6 Public support.</b> Subtract line 5 from line 4						155,246,429

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	29,483,109	28,565,686	32,086,346	34,666,973	34,528,705	159,330,819
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,399,467	6,086,646	6,015,725	6,235,329	6,922,473	37,659,640
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,774,170	1,524,716	1,516,627	1,794,337	1,808,758	8,418,608
<b>11 Total support.</b> Add lines 7 through 10						205,409,067

**12** Gross receipts from related activities, etc (see instructions) **12** 392,391,716

**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**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.580 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	74.040 %

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 8	DURING FY 13-14 THE AAP CHANGED INVESTMENT BROKERS AAP'S ENTIRE PORTFOLIO WAS SOLD, RESULTING IN REALIZED GAINS OF \$7,301,593 THIS IS INCLUDED IN LINE 8 COLUMNS A AND F

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME INCLUDES SHIPPING REVENUE, RENTAL INCOME, AND OTHER MISCELLANEOUS REVENUES

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	885,600													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	885,600													
<b>d</b>	Other exempt purpose expenditures	118,590,649													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	119,476,249													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	515,922	606,142	697,171	885,600	2,704,835
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
AMERICAN ACADEMY OF PEDIATRICS

**Employer identification number**  
36-2275597

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on 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 XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,427,011	5,092,459	4,553,897	4,452,965	4,021,478
<b>b</b> Contributions . . . . .	78,002	93,037	434,068	129,386	204,593
<b>c</b> Net investment earnings, gains, and losses	339,291	479,408	187,612	96,540	388,701
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	207,639	235,407	81,757	124,713	150,763
<b>f</b> Administrative expenses . . . . .	4,550	2,486	1,361	281	11,044
<b>g</b> End of year balance . . . . .	5,632,115	5,427,011	5,092,459	4,553,897	4,452,965

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 22 430 %
  - b** Permanent endowment ▶ 54 280 %
  - c** Temporarily restricted endowment ▶ 23 290 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		11,102,765		11,102,765
<b>b</b> Buildings . . . . .		52,318,843	12,355,836	39,963,007
<b>c</b> Leasehold improvements		25,463	14,275	11,188
<b>d</b> Equipment . . . . .		23,390,058	14,281,842	9,108,216
<b>e</b> Other . . . . .		3,590,785	46,435	3,544,350
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				63,729,526

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	▶	

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY LIABILITY	81,231
CAPITAL LEASE OBLIGATIONS	362,023
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 443,254

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	121,724,609
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	304,109
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	304,109
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	121,420,500
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	121,420,500

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	119,476,248
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	119,476,248
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	119,476,248

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2275597

**Name:** AMERICAN ACADEMY OF PEDIATRICS

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE AAP HAS 21 INDIVIDUAL ENDOWMENTS ESTABLISHED FOR A WIDE VARIETY OF PURPOSES, INCLUDING MAKING GRANT AWARDS AND PROGRAM FUNDING (I E FOSTER CARE, DISASTER RECOVERY, EXTENSION F OR COMMUNITY HEALTHCARE OUTCOMES)

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE ACADEMY IS A NOT-FOR-PROFIT ILLINOIS CORPORATION ORGANIZED FOR SCIENTIFIC AND EDUCATIONAL PURPOSES AND HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) THE ACADEMY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, AS DEFINED IN SECTION 509(A) OF THE IRC AS SUCH, THE ACADEMY IS ONLY SUBJECT TO TAXATION ON ITS UNRELATED BUSINESS INCOME LESS RELATED EXPENSES UNDER SECTION 512 OF THE IRC THE ACADEMY'S UNRELATED BUSINESS INCOME RESULTS FROM ADVERTISING REVENUE AND OTHER NON-MEMBER REVENUE FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, THE ACADEMY'S UNRELATED BUSINESS EXPENSES EXCEEDED UNRELATED BUSINESS INCOME AS A RESULT, NO PROVISION FOR INCOME TAXES IS NECESSARY MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ACADEMY AND HAS CONCLUDED THAT AS OF JUNE 30, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

Name of the organization  
AMERICAN ACADEMY OF PEDIATRICS

**Employer identification number**  
36-2275597

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			395,153
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			395,153







**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 2	WRITTEN REPORTS ARE REQUIRED GRANTEE MAY BE ASKED TO PRESENT FINDINGS FINAL PAYMENTS ARE NOT PAID UNTIL GRANT IS COMPLETED AND FINAL REPORT IS RECEIVED

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2275597

**Name:** AMERICAN ACADEMY OF PEDIATRICS

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND CARIBBEAN	0	0	GRANTS TO RECIPIENTS	N/A	4,000
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS	N/A	86,560

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	1,750
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	N/A	12,250

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	N/A	42,000
SUB SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	239,519

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS TO RECIPIENTS	N/A	7,074
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS	N/A	2,000



<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(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)
		EAST ASIA/PACIFIC	JPS IMMUNIZATION	25,000	EFT		N/A	N/A
		EAST ASIA/PACIFIC	PFIZER	25,000	EFT		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		EAST ASIA/PACIFIC	IMMUNIZATION ACTIVITY	20,000	EFT		N/A	N/A
		EAST ASIA/PACIFIC	IMMUNIZATION ACTIVITY	10,000	EFT		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		EUROPE	NCO CHILD ADVOCACY	7,074	EFT		N/A	N/A
		NORTH AMERICA	NRP RESEARCH	7,500	CHECK		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		SOUTH ASIA	IMMUNIZATION ACTIVITY	40,000	EFT		N/A	N/A
		SUB SAHARA AFRICA	IMMUNIZATION ACTIVITY	40,000	EFT		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		SUB SAHARA AFRICA	QI ACTIVITIES	5,519	EFT		N/A	N/A
		SUB SAHARA AFRICA	IMMUNIZATION ACTIVITY	10,000	EFT		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		SUB SAHARA AFRICA	IMMUNIZATION ACTIVITY	20,000	EFT		N/A	N/A
		SUB SAHARA AFRICA	BABIES SURVIVE/THRIVE	125,000	EFT		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		SUB SAHARA AFRICA	IMMUNIZATION ACTIVITY	7,500	EFT		N/A	N/A
		SUB SAHARA AFRICA	IMMUNIZATION ACTIVITY	27,500	EFT		N/A	N/A

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

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

Name of the organization  
AMERICAN ACADEMY OF PEDIATRICS

**Employer identification number**  
36-2275597

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 67

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 11



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANT RECIPIENTS MUST COMPLETE A WRITTEN APPLICATION WHICH IS REVIEWED BY THE ORGANIZATION AGAINST PREDETERMINED CRITERIA FOR GRANT ELIGIBILITY GRANT RECIPIENTS ARE REQUIRED TO COMPLETE A WRITTEN REPORT OF GRANT UTILIZATION GRANT RECIPIENTS MAY BE ASKED TO FORMALLY PRESENT THEIR FINDINGS TO THE ORGANIZATION THE ORGANIZATION WILL WITHHOLD PAYMENT TO GRANTEEES ABSENT COMPLETION OF THESE REQUIREMENTS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2275597  
**Name:** AMERICAN ACADEMY OF PEDIATRICS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA CHAPTER - AAP 2600 NORTH CENTRAL AVENUE SUITE 1860 PHOENIX, AZ 850043034	86-0917603	501(C)3	74,430				HPV VACCINATION, ADOL VACCINATION
TEXAS PEDIATRIC SOCIETY 401 WEST 15TH STREET SUITE 682 AUSTIN, TX 787011665	75-1499413	501(C)3	72,341				HPV VACCINATION, HEALTHY PEOPLE 2020

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW JERSEY CHAPTER - AAP 3836 QUAKERBRIDGE ROAD SUITE 106 HAMILTON, NJ 086191006	22-3699313	501(C)3	63,250				HPV VACCINATION, ADOL VACCINATION
INDIANA CHAPTER - AAP PO BOX 44376 INDIANAPOLIS, IN 46224	35-1364420	501(C)3	61,383				HPV VACCINATION, HEALTHY PEOPLE 2020

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UTAH CHAPTER - AAP 747 SOUTH TEMPLE SUITE 1800 SALT LAKE CITY, UT 84102	87-0268344	501(C)6	55,067				HPV VACCINATION, CATCH
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 300 DURHAM, NC 27705	56-0532129	501(C)3	50,000				CAROLINAS COLLABORATIVE, CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE ROOM 608 CHARLESTON, SC 294258060	57-6000722	170(C)1 GOVERNMENT E	50,000				CAROLINAS COLLABORATIVE, CATCH
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK CASH RECEIPT DEPARTMENT PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)3	45,000				NRP RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH PO BOX 402420 ATLANTA, GA 303842420	56-6001393	501(C)3	42,000				CAROLINAS COLLAB , CATCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501(C)3	40,000				CAROLINAS COLLABORATIVE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARLOTTE-MECKLENBERG HOSPITAL AUTHORITY PO BOX 601979 CHARLOTTE, NC 282601979	56-0529945	501(C)3	40,000				CAROLINAS COLLAB
EAST CAROLINA UNIVERSITY 2900 GREENVILLE CENTRE MAIL STOP 211 GREENVILLE, NC 27858	56-6000403	170(C)1 GOVERNMENT E	40,000				CAROLINAS COLLAB

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET 6TH FLOOR AP COLUMBIA, SC 29208	57-6001153	501(C)3	40,000				CAROLINAS COLLAB
GREENVILLE HEALTH SYSTEM 701 GROVE ROAD GREENVILLE, SC 29609	57-6007863	501(C)3	40,000				CAROLINAS COLLAB



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD ROOM 2NW33 PHILADELPHIA, PA 19104	23-1352166	501(C)3	39,796				CATCH, NEONATAL/PERI MED
FLORIDA PEDIATRIC FOUNDATION INC C/O FLORIDA CHAPTER 75 N WOODWARD AVE 87786 TALLAHASSEE, FL 32313	59-3618457	501(C)3	38,280				HPV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO CHAPTER - AAP 94-A NORTHWOODS BOULEVARD COLUMBUS, OH 432354721	31-1700823	501(C)3	38,000				INCLUSIVE HEALTH, EDUCATION
VIRGINIA CHAPTER - AAP 2821 EMERYWOOD PARKWAY SUITE 200 RICHMOND, VA 232943726	23-7371200	501(C)6	30,000				JUDICIOUS USE OF ANTIBIOTIC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ILLINOIS CHAPTER - AAP 1400 WEST HUBBARD CHICAGO, IL 606428195	51-0183494	501(C)3	28,958				HPV VACCINATION
CALIFORNIA CHAPTER IV - AAP 17322 MURPHY AVENUE IRVINE, CA 92614	95-3731523	501(C)3	28,250				EDUCATION, ADOL VACCINATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JAMES-SANTEE FAMILY HEALTH CENTER PO BOX 608 MCCLELLANVILLE, SC 29458	57-0722653	501(C)3	27,200				CDC LEGACY
OKLAHOMA STATE UNIVERSITY FOUNDATION 700 NORTH GREENWOOD AVENUE TULSA, OK 74106	73-6097060	501(C)3	27,200				CDC LEGACY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 700 ROSEDALE AVENUE CAMPUS BOX 1034 1034 ST LOUIS, MO 631121408	43-0653611	501(C)3	26,500				RESEARCH, EDUCATION
MARYLAND CHAPTER - AAP 1121 CATHEDRAL STREET 2ND FLOOR BALTIMORE, MD 212015516	52-1630552	501(C)6	26,417				ADVOCACY TRAINING, EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGIA CHAPTER - AAP 1330 WEST PEACHTREE STREET NW SUITE 500 ATLANTA, GA 303092950	58-1164164	501(C)6	25,000				SAFETY AND INJURY PREV, EDUCATION
NEW YORK CHAPTER I - AAP 132 ALLENS CREEK ROAD ROCHESTER, NY 146183310	22-3091024	501(C)3	22,700				EDUCATION, HPV VACCINATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST LOUIS UNIVERSITY 3700 WEST PINE MALL FUTZ HALL 3RD FLOOR ST LOUIS, MO 63108	43-0654872	501(C)3	20,000				CHILD HEALTH AND WELLNESS
CURATORS OF THE UNIVERSITY OF MISSOURI UNIVERSITY OF MISSOURI AR PO BOX 807012 KANSAS CITY, MO 641807012	43-6003859	501(C)3	20,000				CHILD HEALTH AND WELLNESS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA CHAPTER - AAP 1150 NE 103RD STREET MIAMI SHORES, FL 331383939	59-1103936	501(C)6	19,223				SAFETY AND INJURY PREV, IMMIGRATION
NEW HAMPSHIRE PEDIATRIC SOCIETY 7 NORTH STATE STREET CONCORD, NH 03301	02-0459582	501(C)6	18,333				HEALTHY PEOPLE 2020, ADVOCACY



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENTUCKY CHAPTER - AAP 3140 SUNNY LANE LOUISVILLE, KY 402052825	61-1125554	501(C)6	18,333				EDUCATION, HEALTHY PEOPLE 2020
PUERTO RICO CHAPTER - AAP CESAR GONZALEZ 151 PLAZA ANTILLANA APT 7603 SAN JEAN, PR 00918	66-0556540	501(C)3	17,960				FAMILY ENGAGMENT, DISASTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HIGHLAND COUNTY COMMUNITY ACTION ORGANIZATION INC NORTH HIGH BUSINESS CENTER SUITE 500 1487 NORTH HIGH STREET HILLSBORO, OH 45133	31-0720523	501(C)3	17,500				RURAL IMPACT
WHITE EARTH PUBLIC HEALTH PO BOX 327 WHITE EARTH, MN 56591	41-1737979	GOVERNMENT/TRIBAL RE	17,500				RURAL IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MID-IOWA COMMUNITY ACTION INC 1001 S 18TH AVE MARSHALLTOWN, IA 501583662	42-0923311	501(C)3	17,500				RURAL IMPACT
BEREA COLLEGE CPO 2185 BEREA, KY 40404	61-0444650	501(C)3	17,500				RURAL IMPACT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSISSIPPI COUNTY ARKANSAS ECONOMIC OPPORTUNITY COMMISSION PO BOX 1289 BLYTHEVILLE, AR 723161289	71-0386409	501(C)3	17,500				RURAL IMPACT
LOUISIANA CHAPTER - AAP PO BOX 64629 BATON ROUGE, LA 70810	16-1629344	501(C)3	17,217				HEALTHY PEOPLE 2020, HPV VACCINATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESEARCH INSTITUTE AT NATIONWIDE DEPT 781653 PO BOX 78000 DETROIT, MI 782781653	31-6056230	501(C)3	16,000				RESIDENT RESEARCH, CATCH
CALIFORNIA CHAPTER III - AAP PO BOX 22212 SAN DIEGO, CA 921922212	33-0782521	501(C)3	16,000				CATCH, SAFETY/INJURY PREVENTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PENNSYLVANIA CHAPTER - AAP 1400 NORTH PROVIDENCE ROAD SUITE 3007 BUILDING 2 MEDIA, PA 190632043	23-7135840	501(C)3	15,542				HPV VACCINATION
BEST START WASHINGTON PO BOX 318 MERCER ISLAND, WA 98040	91-2133539	501(C)3	15,450				HPV VACCINATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA CHAPTER II - AAP PO BOX 94127 PASADENA, CA 911094127	23-7311839	501(C)3	14,386				HPV VACCINATION
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS PO BOX 841753 DALLAS, TX 752841753	75-6002868	170(C)1 GOVERNMENT E	14,365				NRP YOUNG INVEST, CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAINE CHAPTER - AAP 30 ASSOCIATION DRIVE PO BOX 190 MANCHESTER, ME 043510190	22-3061140	501(C)3	14,267				HEALTHY PEOPLE 2020, CATCH
OREGON PEDIATRIC SOCIETY 9155 SW BARNES ROAD SUITE 933 PORTLAND, OR 97225	93-0672605	501(C)3	14,196				HPV VACCINATION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSP MEDICAL CENTER 3333 BURNETT AVE CINCINNATI, OH 45229	31-0833936	501(C)3	13,250				NEO/PERI MEDICARE, CATCH
IOWA CHAPTER - AAP 515 EAST LOCUST STREET SUITE 400 DES MOINES, IA 50309	42-1167299	501(C)3	13,000				INCLUSIVE HEALTH, PROTECT/PROV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KANSAS CHAPTER - AAP 9905 WOODSTOCK STREET LENEXA, KS 662208000	48-0892759	501(C)3	12,750				HPV VACCINATION
MINNESOTA CHAPTER - AAP 1043 GRAND AVENUE 544 ST PAUL, MN 551053002	41-1670813	501(C)3	12,098				CATCH, HEALTHY PEOPLE 2020

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829 BOSTON, MA 022413829	04-3230035	501(C)3	11,425				FAMRI
GREATER WAYNE CHILD HEALTH FOUNDATION 2706 MEDICAL OFFICE PLAZA GOLDSBORO, NC 27534	20-2735990	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONNECTICUT CHAPTER - AAP 104 HUNGFORD STREET HARTFORD, CT 06106	22-2908719	501(C)6	10,000				CATCH
PEDIATRIC FOUNDATION OF MASSACHUSETTS 860 WINTER STREET BOSTON, MA 02451	30-0586101	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD RALEIGH, NC 27604	31-1657902	501(C)3	10,000				PROTECT/PROMOTE MEDICAID
UNIVERSITY HOSPITAL CLEVELAND MEDICAL CENTER PO BOX 78000 DETROIT, MI 48278	34-0714775	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 12136 DEPT 1236 DALLAS, TX 753121236	35-2528741	501(C)3	10,000				CATCH
UNIVERSITY OF MICHIGAN 3005 S STATE ST 5TH FL WOLVERINE TOWER ANN ARBOR, MI 481091287	38-6006309	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	501(C)3	10,000				CATCH
IOWA CITY COMMUNITY SCHOOL DISTRICT 1725 DODGE STREET IOWA CITY, IA 52245	42-6023567	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FEED MY SHEEP TEMPLE PO BOX 141 TEMPE, AZ 76503	46-3436384	501(C)3	10,000				CATCH
SMOKETOWN FAMILY WELLNESS CENTER 760 S HANCOCK STREET SUITE B100 LOUISVILLE, KY 40203	47-4155748	501(C)3	10,000				CATCH



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 6236 WASHINGTON, DC 20015	52-1457413	501(C)3	10,000				CATCH
WEST VIRGINIA CHAPTER - AAP ONE MEDICAL DRIVE PO BOX 9214 MORGANTOWN, WV 265049214	56-2506831	501(C)3	10,000				PROTECTING/PROMO MEDICARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST TENNESSEE STATE UNIVERSITY PO BOX 70732 JOHNSON CITY, TN 37614	62-6021046	170(C)1 GOVERNMENT E	10,000				CATCH
OKLAHOMA CHAPTER - AAP 6840 SOUTH TRENTON AVENUE TULSA, OK 74136	73-1335978	501(C)6	10,000				SAFETY AND INJURY PREVENTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501(C)3	10,000				CATCH
BILLINGS CLINIC FOUNDATION P O BOX 31031 BILLINGS, MT 591071031	81-0407289	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE CHICAGO 215 W OHIO STREET 4TH FLOOR CHICAGO, IL 60654	81-5434098	501(C)3	10,000				CATCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCEL ROOM 145 SALT LAKE CITY, UT 84112	87-6000525	501(C)3	10,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALUD PARA LA GENTE 195 AVIATION WAY SUITE 200 WATSONVILLE, CA 95076	94-2705747	501(C)3	10,000				CATCH
MISSOURI CHAPTER - AAP PO BOX 1219 JEFFERSON CITY, MO 65102	20-0911014	501(C)3	9,544				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RHODE ISLAND CHAPTER - AAP PO BOX 20365 CRANSTON, RI 029200944	05-0494347	501(C)3	7,527				CATCH, HEALTHY PEOPLE 2020
AMERICAN COLLEGE OF OBSTETRICIANS & 409 12TH STREET SW WASHINGTON, DC 20024	90-0489809	501(C)6	7,525				BREASTFEEDING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE CHAPTER - AAP 900 PRIDES CROSSING NEWARK, DE 197136100	51-0323207	501(C)3	6,872				HEALTHY PEOPLE 2020
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BOULEVARD MS 68 LOS ANGELES, CA 90027	95-1690977	501(C)3	6,000				CATCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 662112672	44-0536051	501(C)6	5,944				BREASTFEEDING
SEATTLE CHILDREN'S FOUNDATION PO BOX 5371 SEATTLE, WA 981455005	91-1156519	501(C)3	5,500				CATCH, EDUCATIONAL



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number  
36-2275597

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	Yes			
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	COMPANION TRAVEL IS PROVIDED FOR THE BOARD OF DIRECTORS IN THE BOARD POLICY AND THE EXECUTIVE STAFF PER THE STAFF POLICY. THE VALUE OF THESE PAYMENTS ARE INCLUDED IN THE INDIVIDUAL'S INCOME AND APPROPRIATELY TAXED. TAX IDEMNIFICATION IS PROVIDED TO ALL EMPLOYEES FOR SERVICE AWARDS, AND OTHER SMALL GIFT CARDS.
PART 1 LINE 4B	THE CEO/EXECUTIVE VICE PRESIDENT IS ELIGIBLE FOR A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE PLAN WAS ESTABLISHED IN 2008. TO DATE, NO AMOUNTS HAVE BEEN ACCRUED UNDER THE PLAN. IN ADDITION THE AAP OFFERS A 457(B) PLAN TO EXECUTIVE STAFF. THIS PLAN WAS ALSO ESTABLISHED IN 2008. THE ORGANIZATION CURRENTLY HAS 5 STAFF ENROLLED IN THIS PLAN.
PART 1 LINE 6	ALL EMPLOYEES, INCLUDING SENIOR MANAGEMENT, ARE ELIGIBLE FOR A BONUS BASED ON PART OF THE FINANCIAL RESULT OF THE ORGANIZATION. A BONUS WAS ACCRUED DURING THE FISCAL YEAR, TO BE PAID OUT AFTER THE END OF THE FISCAL YEAR.

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 36-2275597

**Name:** AMERICAN ACADEMY OF PEDIATRICS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FERNANDO STEIN MD PRESIDENT	(i)	151,044	0	0	0	0	151,044	0
	(ii)	0	0	0	0	0	0	0
1 KAREN REMLEY ONUFER MD CEO/EXECUTIVE VICE PRESIDENT	(i)	477,081	133,780	11,555	35,817	7,074	665,307	0
	(ii)	0	0	0	0	0	0	0
2 MARK DEL MONTE JD CEO/EXECUTIVE VICE PRESIDENT (INTERI	(i)	371,348	20,258	2,007	29,087	2,410	425,110	0
	(ii)	0	0	0	0	0	0	0
3 JOHN MILLER CHIEF FINANCIAL OFFICER, SVP FINANCE	(i)	288,020	16,400	1,069	30,448	5,648	341,585	0
	(ii)	0	0	0	0	0	0	0
4 VERA TAIT MD CHIEF MEDICAL OFFICER	(i)	414,288	22,534	11,921	53,817	1,210	503,770	0
	(ii)	0	0	0	0	0	0	0
5 DAVID JAFFE MD SVP, EDUCATION	(i)	356,719	18,952	8,998	31,815	1,164	417,648	0
	(ii)	0	0	0	0	0	0	0
6 JUDITH DOLINS CHIEF IMPLEMENTATION OFFICER, SVP	(i)	291,969	16,894	4,268	35,817	9,405	358,353	0
	(ii)	0	0	0	0	0	0	0
7 ROBERTA BOSAK CHIEF ADMINISTRATIVE OFFICER, SVP	(i)	284,938	16,400	2,791	33,251	9,835	347,215	0
	(ii)	0	0	0	0	0	0	0
8 DEBRA WALDRON MD SVP, CHILD HEALTH AND WELLNESS	(i)	288,330	7,083	2,864	26,495	8,251	333,023	0
	(ii)	0	0	0	0	0	0	0
9 MARY LOU WHITE CHIEF PRODUCT & SERVICE OFFICER, SVP	(i)	248,766	13,810	4,795	27,868	2,834	298,073	0
	(ii)	0	0	0	0	0	0	0
10 ANNE EDWARDS MD SVP, PRIMARY CARE & SUBSPECIALTY PED	(i)	259,494	5,667	884	24,703	1,024	291,772	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT KATCHEN SVP, INFORMATION TECHNOLOGY	(i)	234,537	13,810	1,199	34,706	7,228	291,480	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTINE BORK CHIEF DEVELOPMENT OFFICER, SVP	(i)	201,261	4,603	1,010	27,571	636	235,081	0
	(ii)	0	0	0	0	0	0	0
13 LYNN OLSON VICE PRESIDENT, RESEARCH	(i)	187,547	11,354	2,626	33,029	1,733	236,289	0
	(ii)	0	0	0	0	0	0	0
14 MARK GRIMES VICE PRESIDENT, PUBLISHING	(i)	185,352	11,552	1,735	21,432	7,215	227,286	0
	(ii)	0	0	0	0	0	0	0
15 TAMAR HARO SENIOR DIRECTOR, FEDERAL AND STATE	(i)	161,893	10,422	2,085	19,304	13,430	207,134	0
	(ii)	0	0	0	0	0	0	0
16 SUNNAH KIM DIRECTOR, PEDIATRIC PRACTICE	(i)	159,342	9,643	4,442	17,283	8,889	199,599	0
	(ii)	0	0	0	0	0	0	0
17 JONATHAN KLEIN MD MPH SVP GLOBAL CHILD HEALTH	(i)	114,464	0	58,781	10,670	1,391	185,306	0
	(ii)	0	0	0	0	0	0	0
18 JAMES COUTO DIR HOSPITAL & SURGICAL SERVICES	(i)	152,227	15,053	5,247	10,454	6,959	189,940	0
	(ii)	0	0	0	0	0	0	0
19 EDGAR VESGA DIR INTL CHILD HEALTH	(i)	145,547	14,219	10,918	23,669	3,467	197,820	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21RAYMOND KOTERAS DIR TECHNICAL & MEDICAL SERVICES	(i)	156,500	9,919	3,121	18,134	6,289	193,963	0
	(ii)	0	0	0	0	0	0	0
1ROGER SUCHYTA MD SENIOR MEDICAL ADVISOR	(i)	115,122	0	51,825	24,487	5,284	196,718	0
	(ii)	0	0	0	0	0	0	0
2DARCY STEINBERG DIR DEV PEDS & PREVENTATIVE	(i)	146,858	17,521	1,598	31,909	13,150	211,036	0
	(ii)	0	0	0	0	0	0	0
3LINDA WALSH DIR HEALTH CARE FINANCE	(i)	150,302	9,514	457	25,245	1,179	186,697	0
	(ii)	0	0	0	0	0	0	0
4JAMES BAUMBERGER SR DIR FEDERAL ADVOCACY	(i)	148,696	9,449	1,449	12,543	9,091	181,228	0
	(ii)	0	0	0	0	0	0	0
5JEAN DAVIS DIR COMMUNICATY BASED INITIATIVES	(i)	148,255	9,519	1,385	18,591	3,884	181,634	0
	(ii)	0	0	0	0	0	0	0
6ALISON BAKER DIR SAFETY & HEALTH PROMITION	(i)	147,123	9,577	1,664	17,104	6,200	181,668	0
	(ii)	0	0	0	0	0	0	0
7DAVID KORAJCZYK DIR, CORP & FOUNDATION RELATIONS	(i)	134,513	21,195	2,337	16,398	464	174,907	0
	(ii)	0	0	0	0	0	0	0
8MICHELLE ESQUIVEL DIR, CHILDREN WITH SPECIAL NEEDS	(i)	143,164	9,522	785	18,599	9,048	181,118	0
	(ii)	0	0	0	0	0	0	0

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number  
36-2275597

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	85-1091957	NONEAVAIL	06-24-2016	46,800,000	CONSTRUCT NEW OFFICE HEADQUARTERS		X	X			X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .				
<b>2</b> Amount of bonds legally defeased . . . . .				
<b>3</b> Total proceeds of issue . . . . .	46,800,000			
<b>4</b> Gross proceeds in reserve funds . . . . .				
<b>5</b> Capitalized interest from proceeds . . . . .				
<b>6</b> Proceeds in refunding escrows . . . . .				
<b>7</b> Issuance costs from proceeds . . . . .	116,000			
<b>8</b> Credit enhancement from proceeds . . . . .				
<b>9</b> Working capital expenditures from proceeds . . . . .				
<b>10</b> Capital expenditures from proceeds . . . . .	46,684,000			
<b>11</b> Other spent proceeds . . . . .				
<b>12</b> Other unspent proceeds . . . . .				
<b>13</b> Year of substantial completion . . . . .	2017			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	3 850 %							
<b>6</b> Total of lines 4 and 5 . . . . .	3 850 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).



**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

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Internal Revenue Service

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Employer identification number  
36-2275597

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting 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 of assistance	(d) Type of assistance	(e) Purpose 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
(1) SANDRA HASSINK MD	FORMER PRESIDENT	25,244	MEDICAL ADVISOR AND LEAD FACULTY		No
(2) SANDRA HASSINK MD	FORMER PRESIDENT	2,500	CONSULTANT		No
(3) SANDRA HASSINK MD	FORMER PRESIDENT	668	ROYALTIES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	DR SANDRA HASSINK IS THE FORMER PRESIDENT OF THE AAP SHE IS AN AUTHOR AND RECEIVES ROYALTIES ON HER TITLES IN ADDITION, SHE IS UNDER CONTRACT TO DEVELOP A REVISION OF A CONSUMER TITLE DR HASSINK HAS ALSO BEEN UNDER CONTRACT TO SERVE AS MEDICAL ADVISOR AND LEAD FACULTY FOR THE HEALTHY WEIGHT AND YOUR CHILD PROJECT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
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Employer identification number  
36-2275597

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	14	85,758	MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

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

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

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Department of the Treasury  
Internal Revenue Service

Name of the organization  
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Employer identification number  
36-2275597

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND ITS MEMBER PEDIATRICIANS DEDICATE THEIR EFFORTS AND RESOURCES TO THE HEALTH, SAFETY AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS THE AAP HAS APPROXIMATELY 66,000 MEMBERS IN THE UNITED STATES, CANADA, MEXICO, AND MANY OTHER COUNTRIES MEMBERS INCLUDE PEDIATRICIANS, PEDIATRIC MEDICAL SUBSPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS MORE THAN 45,000 MEMBERS ARE BOARD-CERTIFIED AND CALLED FELLOWS OF THE AMERICAN ACADEMY OF PEDIATRICS (FAAP) THE AAP IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF TEN MEMBERS WHO ARE ELECTED BY MEMBERS IN THEIR REGIONAL DISTRICTS AND WHO ALSO SERVE AS DISTRICT CHAIRPERSONS MEMBERS VOTE EACH YEAR FOR A NATIONAL PRESIDENT-ELECT THE EXECUTIVE COMMITTEE, WHICH CONDUCTS AAP BUSINESS ON A DAILY BASIS, CONSISTS OF THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, AND EXECUTIVE DIRECTOR AS EX-OFFICIO MEMBER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	PLEASE REFER TO 990 PART VI QUESTION 6 FOR EXPLANATION FORM 990, PART VI, SECTION B, LINE 10A THE AAP HAS 66 CHAPTERS THAT ARE ALL INDIVIDUALLY INCORPORATED ORGANIZATIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS DISTRIBUTED ELECTRONICALLY TO THE FINANCE COMMITTEE, AND THEN TO THE ENTIRE BOARD FOR THEIR REVIEW BEFORE THE 990 WAS FILED

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD IS REQUIRED TO DISCLOSE AT ALL BOARD MEETINGS ANY CONFLICTS OF INTEREST IF THERE ARE ANY DISCLOSED, THEY ARE DOCUMENTED IN THE MINUTES OF THE MEETING STAFF ARE REQUIRED TO DOCUMENT BY SIGNATURE ANNUALLY AT THE TIME OF THEIR REVIEW ANY CONFLICTS OF INTEREST THEY MAY HAVE THESE ARE REVIEWED AND FILED IN HUMAN RESOURCES



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>CEO THE AMERICAN ACADEMY OF PEDIATRICS REGULARLY REVIEWS THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR THE ACADEMY UTILIZES MULTIPLE INDEPENDENT COMPENSATION SURVEY SOURCES, PROVIDING COMPARABLE CHIEF STAFF EXECUTIVE COMPENSATION DATA AT SIMILAR ORGANIZATIONS THAT REQUIRE EQUIVALENT FUNCTIONALITY AND QUALIFICATIONS THE EXECUTIVE COMMITTEE, ENCOMPASSING BOTH THE PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT OF THE AMERICAN ACADEMY OF PEDIATRICS REVIEW THE MARKET DATA AND BASED ON THIS INFORMATION DETERMINE A BASE SALARY AND BONUS POTENTIAL FOR THE EXECUTIVE DIRECTOR FOR THE UPCOMING YEAR ADDITIONALLY, THE ACADEMY HAS SECURED A COMPENSATION REASONABLENESS LETTER FOR OUR CEO/EXECUTIVE DIRECTOR POSITION FROM A FIRM RECOGNIZED AS ONE OF THE GLOBAL LEADERS IN EXECUTIVE COMPENSATION CONSULTING OTHER KEY EMPLOYEES IN COLLABORATION WITH A HUMAN RESOURCE CONSULTING FIRM, THE AMERICAN ACADEMY OF PEDIATRICS HUMAN RESOURCES DEPARTMENT COMPLETES A COMPREHENSIVE POSITION BENCHMARK SURVEY AND ANALYSIS ON STAFF POSITIONS TO ENSURE COMPENSATION MARKET COMPETITIVENESS, MOST RECENTLY IN MAY 2012 MARKET DATA WAS COLLECTED FROM 20 DIFFERENT SURVEY SOURCES AND INCLUDES SALARY DATA FROM ORGANIZATIONS OF SIMILAR SIZE, OPERATING BUDGET, AND BOTH NON-PROFIT AND FOR PROFIT ORGANIZATIONS UTILIZING THIS DATA, ALL AAP POSITIONS ARE EVALUATED FOR BOTH EXTERNAL COMPETITIVENESS AND INTERNAL EQUITY BASED UPON KNOWLEDGE AND SKILL, PROBLEM SOLVING AND DECISION MAKING, SCOPE OF RESPONSIBILITY, ACCOUNTABILITY/IMPACT, AND RELATIONS AND COMMUNICATIONS FACTORS THE HUMAN RESOURCES ADVISORY COMMITTEE AND EXECUTIVE DIRECTOR REVIEW AND APPROVE ANY PROPOSED SALARY CHANGES</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES, FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE AAP WEBSITE, AAP.ORG, OR BY REQUEST, THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2	THE FINANCIAL STATEMENTS OF THE AAP ARE AUDITED ON A SEPARATED BASIS THE AUDIT COMMITTEE IS THE ADVISORY COMMITTEE TO THE BOARD ON FINANCE THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE AUDIT