2018.05050 AMERICAN ACADEMY OF PEDIA 100312

Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ins	structions)		33	3 -8	20,3	19.
34	Amounts paid for disallowed fringes			34	4		
` 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructio	ns) S I	'MT 5	38	5		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	of		-			
	lines 33 and 34			31	-8	<u>20,3</u>	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3	8 3	7	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		_	T. I. I			
	enter thè smaller of zero or line 36			9 30	-8	20,3	<u> 19.</u>
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		•	> 39) <u> </u>		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on lin	ne 38 from.		,			
	Tax rate schedule or Schedule D (Form 1041)			► 40)		
41	Proxy tax. See instructions		•	► 4 ⁻			
42	Alternative minimum tax (trusts only)			42	2		
43	Tax on Noncompliant Facility Income. See instructions			43	3		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	<u> </u>		0.
Part \	Tax and Payments			·			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	ia					
b	Other credits (see instructions)	ib					
C	General business credit Attach Form 3800	ic			-		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	id	· -	_	1		
е	Total credits Add lines 45a through 45d			45	е		
46	Subtract line 45e from line 44			46	<u> </u>		<u>0.</u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 [Other (ittach schedule) 47	<u>' </u>		
48	Total tax. Add lines 46 and 47 (see instructions)			48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	1		0.
50 a	Payments: A 2017 overpayment credited to 2018	la L		_			
b	2018 estimated tax payments 50	b		_			
C	Tax deposited with Form 8868)c		_			
d	Foreign organizations Tax paid or withheld at source (see instructions) 50	rd		_	ł		
	Backup withholding (see instructions)	e	··	_			
f	Credit for small employer health insurance premiums (attach Form 8941)			_	1		
g	Other credits, adjustments, and payments: Form 2439			Ì]		
	Form 4136 Other Total ▶	g		_			
	Total payments. Add lines 50a through 50g			51	- 		
	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🛄			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		P	► <u>53</u>			
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		► <u>54</u>			
Part V	Enter the amount of line 54 you want. Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information	Ref	unded 🕨	<u>► 55</u>	ــــــــــــــــــــــــــــــــــــــ		
		<u> </u>					
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or ot	-				Yes	<u>No</u>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may					1 1	ı
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the forei	gn country				1 1	32
	here >						X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	eror to, a fore	ign trust?			}	X
	If "Yes," see instructions for other forms the organization may have to file.]]	
58_	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	to and to the h			al ballat at a sec		
Sign	correct, and complete Declaration of preparer (other then taxpayer) is based on all information of which preparer has a		est of my know	vieage an	d belief, it is tr	пе,	
Here	And All All of the CRO (RYROTH	m T T T T T	,	-	IRS discuss th		ıth
	Signature of officer Date Title	TIAE /	<u> </u>		arer shown be	· —	ا مبر [
		-)haal	instruction		Yes	No
	Print/Type preparer's name Preparer's signature Date		Check	Į.	TIN		
Paid	LU ANN TRAPP LU ANN TRAPP 02/2		elf- employe		D01504	C A T C	
Prepa	DIAMET C MODAL DITC	6/20	Frank CIN 1		P0150		
Use O	10 S. RIVERSIDE PLAZA, 9TH FLOOR		Firm's EIN		<u>38-13!</u>	11321	<u>L</u>
	Firm's address CHICAGO, IL 60606	ļ	Dhone on	/21	2) 20'	7_10/	4.0
323711 01-6			Phone no.	<u>/ 2 T</u>		990-T	
	o io				⊢orm 3	プラゼート (*	ZU18)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation > UNI	CAP			
1 Inventory at beginning of year	11	6,429.	1	Inventory at end of year		<u> </u>	6	6,338.
2 Purchases	2		7 Cost of goods sold. Subtract line 6				_	
3 Cost of labor	3		1	from line 5. Enter here		i i		
4 a Additional section 263A costs]	line 2		,	7	91.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to		$\overline{}$
5 Total. Add lines 1 through 4b	5	6,429.	<u> </u>	the organization?				X
Schedule C - Rent Income	From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)							_	
(3)								
(4)								
	2. Rent receive	ed or accrued		. <u>. </u>		2/2) 2-4		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	j ofrentforpe	rsonal	onal property (if the percented property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) and	d 2(b) (attach sched	ncome in ule)
(1)								
(2)	<u> </u>							
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns		ter				(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	income (see I	nstru	ctions)			···	
			,	. Gross income from		Deductions directly conn to debt-finance		ela
1. Description of debt-fir	anced property		_	or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other o	
				mencoa proporty		(attach schedule)	(attach s	chedule)
(4)							 	
(1)	· · · · · · · · · · · · · · · · · · ·							
(2)					<u> </u>		+	
(3)							+	
(4)							 _	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,	
Totals				▶		0.		0.
Total dividends-received deductions in	cluded in column	8		, ,	ı	>		0.
						<u></u>	Form	990-T (2018)

Form 990-T (2018)

(2) (3) (4)

-818,728

5243194.

4424466.

Totals (carry to Part II, line (5))

STATEMENT 6

3

%

%

%

Form 990-T (2018) AMERICAN ACADEMY OF PEDIATRICS 36-22755 Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	_						
(2)					·		
(3)							
(4)							
Totals from Part I	•	4424466.	5243194.	F 13		. ,	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	4424466.	5243194.	·	,		0.
Schedule K - Comper	nsation	of Officers, C	Directors, and	Trustees (see ins	structions)		
1.	Name			2. Title	3. Perce time devot busine	ted to to un	ensation attributable related business

Form 990-T (2018)

0.

(1)

(2)

(3)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ADVERTISING IN PROFESSIONAL PERIODICALS

TO FORM 990-T, PAGE 1

9 4 4

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3		
		*		
DESCRIPTION		AMOUNT		
TAX PREPARATION FEES		1,500.		
TOTAL TO FORM 990-T, PAGE 1, LI	:NE 28	1,500.		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS	S SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2013 FOR TAX YEAR 2014	RS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	1,647,742			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10%	CONTRIBUTIONS	1,647,742		
TOTAL CONTRIBUTIONS AVA		1,647,742		
EXCESS 10% CONTRIBUTION EXCESS 100% CONTRIBUTION TOTAL EXCESS CONTRIBUTION	ONS	1,647,742 0 1,647,742	_	
ALLOWABLE CONTRIBUTIONS	DEDUCTION -	<u>.</u>	_	0
TOTAL CONTRIBUTION DEDU	JCTION			0

NET	OPERATING LOSS I	DEDUCTION	STATEMENT 5
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
2,922.	757.	2,165.	2,165.
1,976.	0.	1,976.	1,976.
11.	0.	11.	11.
964,459.	0.	964,459.	964,459.
1,769,110.	0.	1,769,110.	1,769,110.
VER AVAILABLE THIS	YEAR	2,737,721.	2,737,721.
	2,922. 1,976. 11. 964,459. 1,769,110.	PREVIOUSLY APPLIED 2,922. 757. 1,976. 0. 11. 0. 964,459. 0.	PREVIOUSLY LOSS REMAINING

FORM 990-T SCHEDULE J - INCOME FROM PERIODICALS REPORTED STATEMENT 6 ON A CONSOLIDATED BASIS								
NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS				
PEDIATRICS MEETING PERIODICAL AAP NEWS EBOOKS HOSPITAL PEDIATRICS HEALTHY CHILDREN.ORG AAP.ORG PIR	2,606,970. 740,214. 900,694. 14,295. 22,954. 7,500. 33,584. 98,255.							
TO FM 990-T, SCH J, PART I	4,424,466.	5,243,194.						