Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

For the calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

Name of organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Telephone number
(847) 434-7925

Gross receipts
$106,531,924

Name and address of principal officer
ERROL ALDEN MD
141 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 60007-1098

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

Are all affiliates included?
Yes [X] No [ ]

Group Exemption Number

Type of organization
Corporation [X] Trust [ ] Association [ ] Other [ ]

Year of formation
1930

State of legal domicile
IL

Summary

1. Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE AAP IS TO ACHIEVE OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH FOR ALL INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS TO ACCOMPLISH THIS MISSION, THE AAP SHALL SUPPORT THE PROFESSIONAL NEEDS OF ITS MEMBERS

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

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of employees (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total gross unrelated business revenue from Form 990-T, line 12, column (C)

7b. Net unrelated business taxable income from Form 990-T, line 34

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11a)

16b. Total fundraising expenses, Part IX, column (D), line 25

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18. Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))

19. Revenue less expenses Subtract line 18 from line 12

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances Subtract line 21 from line 20

Block

Signature of officer

Date

Signature Block

Preparer's signature
LU ANN TRAPP

Preparer's date

Check if self-employed

Preparer's PTIN (See Gen Instr)

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4
BLACKMAN KALLICK LLP
10 S RIVERSIDE PLAZA 9TH FLOOR
CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (See instructions)

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

Cat No 11282Y

Form 990 (2008)
Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization’s mission:
   THE MISSION OF THE AAP IS TO ATTAIN OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH AND WELL-BEING FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS TO ACCOMPLISH THIS MISSION, THE AAP SHALL SUPPORT THE PROFESSIONAL NEEDS OF ITS MEMBERS

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

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

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

   4a (Code ) (Expenses $ 13,316,097 including grants of $ 0 ) (Revenue $ 20,736,627 )
   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 CARE TO INFANTS, CHILDREN AND ADOLESCENTS. PEDIATRICS CIRCULATION - 58,587 SUBSCRIPTIONS AAP NEWS CIRCULATION - 54,756 SUBSCRIPTIONS PREP CIRCULATION - 49,671 SUBSCRIPTIONS GRAND ROUNDS CIRCULATION - 16,145 SUBSCRIPTIONS NEOREVIEWS CIRCULATION - 3,364 SUBSCRIPTIONS

   4b (Code ) (Expenses $ 8,867,211 including grants of $ 0 ) (Revenue $ 13,673,069 )
   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

   4c (Code ) (Expenses $ 12,099,277 including grants of $ 4,349,491 ) (Revenue $ 0 )
   Committees & Sections - The AAP develops policy statements, clinical/technical reports, manuals and other resource materials on child health for medical professionals

   4d Other program services (Describe in Schedule O )
   (Expenses $ 29,752,199 including grants of $ ) (Revenue $ 4,121,102 )

   4e Total program service expenses $ 64,034,784 Must equal Part IX, Line 25, column (B).
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If “Yes,” complete Schedule C, Part II</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If “Yes,” complete Schedule C, Part III</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If “Yes,” complete Schedule D, Part II</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10. Did the organization hold assets in trust, permanent, or quasi-endowment(s)? If “Yes,” complete Schedule D, Part V</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If “Yes,” complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12. Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If “Yes,” complete Schedule D, Parts XI, XII, and XIII</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the U.S.?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If “Yes,” complete Schedule F, Part I</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If “Yes,” complete Schedule F, Part II</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If “Yes,” complete Schedule F, Part III</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report more than $15,000 on Part IX, column (A), line 11e? If “Yes,” complete Schedule G, Part I</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20. Did the organization operate one or more hospitals? If “Yes,” complete Schedule H</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>21. Did the organization report more than $5,000 on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>22. Did the organization report more than $5,000 on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>23. Did the organization answer “Yes” to Part VII, Section A, questions 3, 4, or 5? If “Yes,” complete Schedule J</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer questions 24b-24d and complete Schedule K. If “No,” go to question 25</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>25a. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If “Yes,” complete Schedule L, Part II</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>26. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If “Yes,” complete Schedule L, Part III</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If “Yes,” complete Schedule L, Part III</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
**Part IV  Checklist of Required Schedules (Continued)**

28  During the tax year, did any person who is a current or former officer, director, trustee, or key employee have a direct or indirect business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If “Yes,” complete Schedule L, Part IV

   28a  No

   28b  No

   28c  No

29  Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M

30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M

31  Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I

32  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II

33  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I

34  Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Parts II, III, IV, and V, line 1

35  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2

36  501(c)(3) organizations  Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2

37  Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable</td>
<td>547</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>0</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>Yes</td>
</tr>
<tr>
<td>2a</td>
<td>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return</td>
<td>429</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported in 2a, did the organization file all required federal employment tax returns?</td>
<td>Yes</td>
</tr>
<tr>
<td>3a</td>
<td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
<td>Yes</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>Yes</td>
</tr>
<tr>
<td>4a</td>
<td>Did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>No</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
</tr>
<tr>
<td>5c</td>
<td>Did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Did the organization solicit any contributions that were not tax deductable?</td>
<td>No</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for a quid pro quo contribution of $75 or more?</td>
<td>No</td>
</tr>
<tr>
<td>7a</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
</tr>
<tr>
<td>7c</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>No</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>No</td>
</tr>
<tr>
<td>7g</td>
<td>For all contributions of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Section 501(c)(7) organizations. Enter</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each “Yes“ response to lines 2-7 below, and for a “No“ response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body .

b Enter the number of voting members that are independent .

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? .

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? .

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .

5 Did the organization become aware during the year of a material diversion of the organization’s assets? .

6 Does the organization have members or stockholders? .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a the governing body? .

b each committee with authority to act on behalf of the governing body? .

9a Does the organization have local chapters, branches, or affiliates? .

b If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .

10 Was a copy of the Form 990 provided to the organization’s governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .

11 Is there any officer, director or 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 .

Section B. Policies

12a Does the organization have a written conflict of interest policy? If “No”, go to line 13 .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done .

13 Does the organization have a written whistleblower policy? .

14 Does the organization have a written document retention and destruction policy? .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

a The organization’s CEO, Executive Director, or top management official? .

b Other officers or key employees of the organization? .

Describe the process in Schedule O .

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? .

b If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? .

Section C. Disclosure

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) only) available for public inspection. Indicate how you make these available. Check all that apply.

- Publish on your website .
- Publish on another’s website .
- Publish upon request .

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

LE MONTE BOOKER
141 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 600071098
(847) 434-7925
Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

* List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

* List all of the organization's former officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>
### Part VII Continued

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Total: 4,501,074 0 443,265

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization: 54

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

   | Yes | No |
---|-----|----|
3  |     | No |

4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

   | Yes | No |
---|-----|----|
4  | Yes |    |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

   | Yes | No |
---|-----|----|
5  | No   |    |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>
| BRIDGELINE SOFTWARE  
PO BOX 122339 DEPT 2339  
DALLAS, TX  75312 | PROFESSIONAL SERVICES | 740,252 |
| SCHIFF HARDIN LLP  
223 S WACKER DRIVE 66TH FLOOR  
CHICAGO, IL  60606 | LEGAL SERVICES | 442,837 |
| UNIVERSITY OF VERMONT  
89 BEARMONT AVENUE E-203 GIVEN BLV  
BURLINGTON, VT  05405 | PROFESSIONAL SERVICES | 379,107 |
| STANFORD UNIVERSITY LIBRARIES  
1454 PAGE MILL ROAD  
PALO ALTO, CA  94304 | PROFESSIONAL SERVICES | 376,038 |
| CAPTUS COMMUNICATIONS LLC  
6704 OLD MCLEAN VILLAGE DRIVE  
MCLEAN, VA  22101 | PROFESSIONAL SERVICES | 217,772 |

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization: 11
## Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under IRC §512, §513, or §514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td>5,288,934</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>9,677,492</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (Add lines 1a-1f)</strong> $</td>
<td></td>
<td>14,966,426</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Service Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a MEDICAL JOURNALS</td>
<td>511,190</td>
<td>20,736,627</td>
<td>15,969,518</td>
<td>4,767,109</td>
</tr>
<tr>
<td>2b MEMBERSHIPS</td>
<td>541,900</td>
<td>18,681,180</td>
<td>18,681,180</td>
<td></td>
</tr>
<tr>
<td>2c PUBLICATIONS, OTHER SU</td>
<td>511,130</td>
<td>13,673,069</td>
<td>13,673,069</td>
<td></td>
</tr>
<tr>
<td>2d NATIONAL MEETINGS</td>
<td>611,600</td>
<td>5,338,799</td>
<td>4,967,739</td>
<td>371,060</td>
</tr>
<tr>
<td>2e CONTINUING MEDICAL EDU</td>
<td>611,600</td>
<td>3,638,011</td>
<td>3,638,011</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g <strong>Total. Add lines 2a-2f</strong> $</td>
<td></td>
<td>$ 42,067,686</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 3 Investment income (including dividends, interest other similar amounts) |                  |                                      |                               | 1,040,570                                      |
| 4 Income from investment of tax-exempt bond proceeds |                  |                                      |                               | 1,040,570                                      |
| 5 Royalties                                              |                  | 2,734,190                            | 2,734,190                     |                                                 |
| 6a Gross Rents                                           |                  |                                      |                               |                                                 |
| 6b Less rental expenses                                 |                  |                                      |                               |                                                 |
| 6c Rental income or (loss)                              |                  |                                      |                               |                                                 |
| d **Net rental income or (loss)**                       |                  |                                      |                               |                                                 |
| 7a Gross amount from sales of assets other than inventory | 25,510,771       |                                      |                               |                                                 |
| 7b Less cost or other basis and sales expenses          | 28,242,844       |                                      |                               |                                                 |
| 7c Gain or (loss)                                        | -2,732,073       |                                      |                               |                                                 |
| d **Net gain or (loss)**                                |                  |                                      |                               | -2,732,073                                     |

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds $15,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds $15,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td></td>
<td>900,099</td>
<td>212,281</td>
<td>212,281</td>
</tr>
<tr>
<td>11a MISCELLANEOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e <strong>Total. Add lines 11a-11d</strong> $</td>
<td></td>
<td>$ 212,281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6, 7, 8c, 9c, 10c, and 11e</td>
<td></td>
<td>78,289,080</td>
<td>57,143,915</td>
<td>5,138,169</td>
</tr>
</tbody>
</table>
## Part IX  Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U S See Part IV, line 21</td>
<td>858,001</td>
<td>858,001</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U S See Part IV, line 22</td>
<td>6,658</td>
<td>6,658</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16</td>
<td>44,000</td>
<td>44,000</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>4,345,550</td>
<td>4,345,550</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>24,695,323</td>
<td>19,421,648</td>
<td>595,734</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>1,959,704</td>
<td>1,503,535</td>
<td>419,465</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>4,624,627</td>
<td>2,807,087</td>
<td>1,722,100</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>2,080,748</td>
<td>1,420,619</td>
<td>618,164</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Legal</td>
<td>461,642</td>
<td>115,979</td>
<td>344,974</td>
</tr>
<tr>
<td>14</td>
<td>Accounting</td>
<td>43,400</td>
<td>2,700</td>
<td>40,700</td>
</tr>
<tr>
<td>15</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Professional fundraising See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Investment management fees</td>
<td>144,267</td>
<td>144,267</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
<td>6,400,189</td>
<td>6,075,369</td>
<td>324,295</td>
</tr>
<tr>
<td>19</td>
<td>Advertising and promotion</td>
<td>4,572,131</td>
<td>4,477,290</td>
<td>15,059</td>
</tr>
<tr>
<td>20</td>
<td>Office expenses</td>
<td>12,590,125</td>
<td>11,538,510</td>
<td>997,957</td>
</tr>
<tr>
<td>21</td>
<td>Information technology</td>
<td>248,407</td>
<td>42,419</td>
<td>205,988</td>
</tr>
<tr>
<td>22</td>
<td>Royalties</td>
<td>270,503</td>
<td>270,503</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Occupancy</td>
<td>1,659,563</td>
<td>2,081,956</td>
<td>-502,077</td>
</tr>
<tr>
<td>24</td>
<td>Travel</td>
<td>6,630,563</td>
<td>5,436,383</td>
<td>1,117,597</td>
</tr>
<tr>
<td>25</td>
<td>Payments of travel or entertainment expenses for any Federal, state or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Conferences, conventions and meetings</td>
<td>4,110,062</td>
<td>4,037,386</td>
<td>72,676</td>
</tr>
<tr>
<td>27</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Depreciation, depletion, and amortization</td>
<td>1,818,406</td>
<td>1,818,406</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Insurance</td>
<td>236,079</td>
<td>42,030</td>
<td>194,049</td>
</tr>
<tr>
<td>31</td>
<td>Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>BANK CHARGES</td>
<td>929,490</td>
<td>712,865</td>
<td>212,882</td>
</tr>
<tr>
<td>33</td>
<td>SUPPORT OF OTHER ORGANI</td>
<td>265,321</td>
<td>3,000</td>
<td>262,321</td>
</tr>
<tr>
<td>34</td>
<td>INVENTORY, BAD DEBTS, A</td>
<td>226,817</td>
<td>226,817</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>All other expenses</td>
<td>3,067,087</td>
<td>2,910,029</td>
<td>155,095</td>
</tr>
<tr>
<td>36</td>
<td>Total functional expenses. Add lines 1 through 24f</td>
<td>82,288,663</td>
<td>64,034,784</td>
<td>17,187,409</td>
</tr>
</tbody>
</table>

### Joint Costs

Check ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
### Part X  Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>7,937,960</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>14,129,976</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>886,041</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>5,544,621</td>
</tr>
</tbody>
</table>
| 5 | Receivables from current and former officers, directors, trustees, key employees or other related parties  
   Complete Part II of Schedule L |  |  |
| 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  
   Complete Part II of Schedule L |  |  |
| 7 | Notes and loans receivable, net | 1,379,784 | 1,498,562 |
| 8 | Inventories for sale or use | 1,635,950 | 1,967,180 |
| 9 | Prepaid expenses and deferred charges |  |  |
| 10a | Land, buildings, and equipment  
   cost basis | 40,189,169 |  |
| 10b | Less accumulated depreciation  
   Complete Part VI of Schedule D | 16,010,450 | 24,143,851 |
| 10c |  | 24,178,719 |
| 11 | Investments—publicly traded securities | 26,154,757 | 23,975,270 |
| 12 | Investments—other securities  
   See Part IV, line 11  
   Complete Part VII of Schedule D |  |  |
| 13 | Investments—program-related  
   See Part IV, line 11  
   Complete Part VIII of Schedule D |  |  |
| 14 | Intangible assets | 18,358 | 3,160 |
| 15 | Other assets  
   See Part IV, line 11  
   Complete Part IX of Schedule D |  |  |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 81,631,298 | 73,614,819 |
| 17 | Accounts payable and accrued expenses | 11,842,006 | 8,947,786 |
| 18 | Grants payable | 6,381,199 | 5,889,347 |
| 19 | Deferred revenue | 23,796,801 | 25,698,567 |
| 20 | Tax-exempt bond liabilities |  |  |
| 21 | Escrow account liability  
   Complete Part IV of Schedule D |  |  |
| 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  
   Complete Part II of Schedule L |  |  |
| 23 | Secured mortgages and notes payable to unrelated third parties |  |  |
| 24 | Unsecured notes and loans payable |  |  |
| 25 | Other liabilities  
   Complete Part X of Schedule D | 381,191 | 346,450 |
| 26 | Total liabilities. Add lines 17 through 25 | 42,401,197 | 40,882,150 |

#### Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>

### Part XI  Financial Statements and Reporting

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1 | Accounting method used to prepare the Form 990  
   ▶ cash ▶ accrual ▶ other | 2a | 2b |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? |  | |
| 2b | Were the organization's financial statements audited by an independent accountant? |  | 2b |
| 2c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c |  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | 3b |
| 3b | If "Yes," did the organization undergo the required audit or audits? |  | |
**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN ACADEMY OF PEDIATRICS</td>
<td>36-2275597</td>
</tr>
</tbody>
</table>

### Part I Reason for Public Charity Status (to be completed by all organizations)

- **1:** A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
- **2:** A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
- **3:** A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
- **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)(vii) (Complete Part II)
- **9:** An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III)
- **10:** An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions)
- **11:** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - **a:** Type I
  - **b:** Type II
  - **c:** Type III - Functionally Integrated
  - **d:** Type III - Other

- **11e:** By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

- **11f:** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

- **11g:** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - **11g(i):** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
  - **11g(ii):** A family member of a person described in (i) above?
  - **11g(iii):** A 35% controlled entity of a person described in (i) or (ii) above?

- **11h:** Provide the following information about the organizations the organization supports.

- **(iii) Type of organization (described on lines 1–9 above or IRC section (See Instructions))**
- **(iv) Is the organization in col (i) listed in your governing document?**
- **(v) Did you notify the organization in col (i) of your support?**
- **(vi) Is the organization in col (i) organized in the U.S.?**
- **(vii) Amount of support?**

<table>
<thead>
<tr>
<th>(i) Name of Supported Organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (See Instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**For Paperwork Reduction Act Notice, see the instructions for Form 990**

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2008
### Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Total. Add line 1-3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Public Support subtract line 5 from line 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. <strong>Total Support (Add lines 7 through 10)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc (See instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13. <strong>First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

### Additional Information

- **33 1/3% Test - 2008.** 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.

- **33 1/3% Test - 2007.** If the organization did not check the 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.

- **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

- **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

- **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions.
### Part III  Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>13,220,669</td>
<td>13,212,969</td>
<td>13,262,680</td>
<td>16,909,657</td>
<td>14,966,426</td>
<td>71,572,601</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>51,458,124</td>
<td>57,430,394</td>
<td>62,159,918</td>
<td>62,724,098</td>
<td>60,755,739</td>
<td>294,528,273</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>64,678,993</td>
<td>70,643,363</td>
<td>75,422,598</td>
<td>79,633,755</td>
<td>75,722,165</td>
<td>366,100,874</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>1,128,286</td>
<td>1,162,929</td>
<td>1,727,363</td>
<td>2,474,887</td>
<td>2,397,008</td>
<td>8,890,473</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>64,678,993</td>
<td>70,643,363</td>
<td>75,422,598</td>
<td>79,633,755</td>
<td>75,722,165</td>
<td>366,100,874</td>
</tr>
<tr>
<td>6 Total Add lines 1-5</td>
<td>1,128,286</td>
<td>1,162,929</td>
<td>1,727,363</td>
<td>2,474,887</td>
<td>2,397,008</td>
<td>8,890,473</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>1,128,286</td>
<td>1,162,929</td>
<td>1,727,363</td>
<td>2,474,887</td>
<td>2,397,008</td>
<td>8,890,473</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000</td>
<td>1,128,286</td>
<td>1,162,929</td>
<td>1,727,363</td>
<td>2,474,887</td>
<td>2,397,008</td>
<td>8,890,473</td>
</tr>
<tr>
<td>7c Total of lines 7a and 7b</td>
<td>1,128,286</td>
<td>1,162,929</td>
<td>1,727,363</td>
<td>2,474,887</td>
<td>2,397,008</td>
<td>8,890,473</td>
</tr>
<tr>
<td>8 Public Support (Subtract line 7c from line 6)</td>
<td>64,678,993</td>
<td>70,643,363</td>
<td>75,422,598</td>
<td>79,633,755</td>
<td>75,722,165</td>
<td>366,100,874</td>
</tr>
</tbody>
</table>

#### Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>64,678,993</td>
<td>70,643,363</td>
<td>75,422,598</td>
<td>79,633,755</td>
<td>75,722,165</td>
<td>366,100,874</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>2,159,359</td>
<td>3,007,861</td>
<td>5,678,857</td>
<td>4,455,644</td>
<td>1,043,235</td>
<td>16,344,956</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975</td>
<td>2,159,359</td>
<td>3,007,861</td>
<td>5,678,857</td>
<td>4,455,644</td>
<td>1,043,235</td>
<td>16,344,956</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>2,159,359</td>
<td>3,007,861</td>
<td>5,678,857</td>
<td>4,455,644</td>
<td>1,043,235</td>
<td>16,344,956</td>
</tr>
<tr>
<td>12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>1,426,868</td>
<td>1,995,526</td>
<td>1,964,920</td>
<td>1,625,997</td>
<td>1,524,228</td>
<td>8,537,539</td>
</tr>
<tr>
<td>13 Total Support (Add lines 9, 10c, 11 and 12)</td>
<td>64,678,993</td>
<td>70,643,363</td>
<td>75,422,598</td>
<td>79,633,755</td>
<td>75,722,165</td>
<td>366,100,874</td>
</tr>
<tr>
<td>14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td>390,983,369</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 91 360 %

16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g | 93 000 %

#### Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 4 180 %

18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h | 2 970 %

19a 33 1/3% Tests - 2008. 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

19b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions
Part IV  Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test
SCHEDULE C
(For 2008)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

- 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 I-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization: AMERICAN ACADEMY OF PEDIATRICS
Employer identification number: 36-2275597

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV
2. Political expenditures
3. Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

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 in a section 4955 tax, did it file Form 4720 for this year?
   - Yes
   - No
4a. Was a correction made?
   - Yes
   - No
4b. If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt function activities
3. Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
   - Yes
   - No
5. State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's internal funds</th>
<th>(e) A mount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Cat No 500845

Schedule C (Form 990 or 990-EZ) 2008
## Part II-A
To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

**Limits on Lobbying Expenditures—**
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>Filing Organization's Totals</th>
<th>Affiliated Group Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>0</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>416,217</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>416,217</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>81,872,446</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>82,288,663</td>
</tr>
</tbody>
</table>
| 1f | Lobbying nontaxable amount Enter the amount from the following table in both columns—  
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 |
| 1g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000                 |
| 1h | Subtract line 1g from line 1a Enter -0- if line g is more than line a | 0                       |
| 1i | Subtract line 1f from line 1c Enter -0- if line f is more than line c | 0                       |

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?  
[ ] Yes  [ ] 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 instructions for lines 1a through 1f of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying non-taxable amount</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td>6,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>333,256</td>
<td>405,160</td>
<td>449,858</td>
<td>416,217</td>
<td>1,604,491</td>
</tr>
<tr>
<td>d Grassroots non-taxable amount</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line d, column(e))</td>
<td>1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II-B
To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. 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:

a. Volunteers?

b. Paid staff or management (include compensation in expenses reported on lines c through i)?

c. Media advertisements?

d. Mailings to members, legislators, or the public?

e. Publications, or published or broadcast statements?

f. Grants to other organizations for lobbying purposes?

g. Direct contact with legislators, their staffs, government officials, or a legislative body?

h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?

i. Other activities If "Yes," describe in Part IV

j. Total lines 1c through 1i

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b. If "Yes" enter the amount of any tax incurred under section 4912

c. If "Yes" enter the amount of any tax incurred by organization managers under section 4912

d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

### Part III-A
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
</tr>
</tbody>
</table>

A. Dues, assessments and similar amounts from members

B. Section 162(e) non-deductible lobbying and political expenditures *(do not include amounts of political expenses for which the section 527(f) tax was paid).*

C. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

D. 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?

E. Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

### Part IV
**Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1:

Also, complete this part for any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990EZ) 2008
### Supplemental Information

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supplemental Financial Statements

**Form 990**  
Department of the Treasury  
Internal Revenue Service  

**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" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>Donor advised funds</th>
<th>Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>(a)</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate Contributions to (during year)</td>
<td>(b)</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate Grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  
   - Yes | No

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or pleasure)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of certified historic structure
   - Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?  
   - Yes | No

6. Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year.

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

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

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

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

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

   (i) Revenues included in Form 990, Part VIII, line 1
   
   (ii) Assets included in Form 990, Part X

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

   a. Revenues included in Form 990, Part VIII, line 1
   
   b. Assets included in Form 990, Part X
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization’s 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  d  Loan or exchange programs
   b  Scholarly research  e  Other
   c  Preservation for future generations

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

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

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

1a  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No
   b  If “Yes,” explain why in Part XIV and complete the following table

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21? □ Yes □ No
   b  If “Yes,” explain the arrangement in Part XIV

Part V  Endowment Funds. Complete if the organization answered “Yes” to Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th></th>
<th>(a) Current Year</th>
<th>(b) Prior Year</th>
<th>(c) Two Years Back</th>
<th>(d) Three Years Back</th>
<th>(e) Four Years Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Beginning of year balance</td>
<td>2,654,964</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b  Contributions</td>
<td></td>
<td>135,445</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c  Investment earnings or losses</td>
<td>-48,811</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d  Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e  Other expenditures for facilities and programs</td>
<td>93,251</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f  Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g  End of year balance</td>
<td>2,648,347</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2  Provide the estimated percentage of the year end balance held as
   a  Board designated or quasi-endowment ▶ 31 000 %
   b  Permanent endowment ▶ 69 000 %
   c  Term endowment ▶ 0 %

3a  Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations ▶ No
   (ii) related organizations ▶ No
   b  If “Yes” to 3a(ii), are the related organizations listed as required on Schedule R? □ Yes □ No

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

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>2,604,765</td>
<td></td>
<td></td>
<td>2,604,765</td>
</tr>
<tr>
<td>b  Buildings</td>
<td>19,716,435</td>
<td>7,370,137</td>
<td>12,346,298</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>56,726</td>
<td>48,966</td>
<td>7,760</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>15,458,425</td>
<td>6,992,790</td>
<td>8,465,635</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td>2,352,818</td>
<td>1,598,557</td>
<td>754,261</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.).) ▶ 24,178,719
## Part VII  Investments—Other Securities
See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives and other financial products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (B) line 12)**

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

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13)**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15)**

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

<table>
<thead>
<tr>
<th>(a) Description of Liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Income Taxes</td>
<td></td>
</tr>
<tr>
<td>ANNUITY LIABILITY</td>
<td>231,397</td>
</tr>
<tr>
<td>CAPITAL LEASE OBLIGATIONS</td>
<td>115,053</td>
</tr>
</tbody>
</table>

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25)**

346,450

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.
### Part XI  Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>1</td>
<td>78,289,080</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>2</td>
<td>82,288,663</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>3</td>
<td>-3,999,583</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>4</td>
<td>-2,697,352</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>8</td>
<td>-497</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4 - 8</td>
<td>9</td>
<td>-2,697,849</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements. Combine lines 3 and 9</td>
<td>10</td>
<td>-6,697,432</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
<td>75,591,728</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>2a</td>
<td>-2,697,352</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>-2,697,352</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>78,289,080</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)</td>
<td>5</td>
<td>78,289,080</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
<td>82,288,663</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Losses reported on Form 990, Part IX, line 25</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>82,288,663</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)</td>
<td>5</td>
<td>82,288,663</td>
</tr>
</tbody>
</table>

### Part XIV  Supplemental Information

- **Part V, Line 4**: Description of Intended Use of Endowment Funds
  - The AAP has approximately 12 individual endowment funds established for a variety of purposes, including making awards and programmatic funding (foster care, disaster recovery)

- **Part X**: Description of Uncertain Tax Positions Under FIN 48
  - 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 results from advertising revenue and other nonmember revenue. For the years ended June 30, 2009 and 2008, the Academy's unrelated business expenses exceeded unrelated business income. As a result, no provision for income taxes is necessary
## Part I General Information on Activities Outside the United States

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

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance.

   - Yes [✓]
   - No [ ]

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees or agents in region</th>
<th>(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Asia</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td>N/A</td>
<td>9,000</td>
</tr>
<tr>
<td>NORTH AMERICA OTHER THAN US</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td>N/A</td>
<td>29,000</td>
</tr>
<tr>
<td>EAST ASIA</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td>N/A</td>
<td>4,000</td>
</tr>
<tr>
<td>EUROPE</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS LOCATED IN THE REGION</td>
<td>N/A</td>
<td>2,000</td>
</tr>
</tbody>
</table>

**Totals** 

44,000
### Part II  Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000.

Use Schedule F-1 if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>SOUTH ASIA</td>
<td>RESEARCH</td>
<td>9,000</td>
<td>WIRE TRANSFER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NORTH AMERICA</td>
<td>PROGRAM DEVELOPMENT</td>
<td>20,000</td>
<td>CHECK</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3. Enter total number of other organizations or entities.
**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV  Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure for Monitoring Grants Outside the U.S.</td>
<td></td>
<td>Schedule F, Part I, Line 2  WRITTEN REPORTS ARE REQUIRED MAY BE ASKED TO PRESENT FINDINGS FINAL PAYMENTS ARE NOT PAID UNTIL GRANT IS COMPLETED AND FINAL REPORT IS RECEIVED</td>
</tr>
</tbody>
</table>
**Schedule I (Form 990)**

**Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

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

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed.

<table>
<thead>
<tr>
<th>1(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered “Yes” on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTORSHIP AND TECHNICAL ASSISTANCE</td>
<td>8</td>
<td>6,658</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure for Monitoring Grants in the U S</td>
<td>Part I, Line 2</td>
<td>Schedule I, Part I, Line 2  FUNDs ARE MONITORED BY REQUIRING REPORTS AND UPDATES SPECIFIC TO THE USE OF FUNDS</td>
</tr>
</tbody>
</table>
**Compensation Information**

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

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics</td>
<td>36-2275597</td>
</tr>
</tbody>
</table>

### Part I Questions Regarding Compensation

1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (e.g., maid, chauffeur, chef)
- [✓] First class or charter travel
- [✓] Travel for companions
- [✓] Tax indemnification and gross-up payments
- [✓] Discretionary spending account

**1b.** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

- [✓] Yes

2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- [✓] Yes

3. Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- [✓] Compensation committee
- [✓] Written employment contract
- [✓] Compensation survey or study
- [✓] Approval by the board or compensation committee
- [✓] Independent compensation consultant
- [✓] Form 990 of other organizations

4. During the year, did any person listed in Form 990, Part VII, Section A, line 1a receive a severance payment or change of control payment?

- [ ] Yes
- [✗] No

4b. If "Yes," to line 4a, list the persons and provide the applicable amounts for each item in Part III

- [✓] Yes

4c. Participate in, or receive payment from, an equity-based compensation arrangement?

- [ ] Yes
- [✗] No

5. 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- [ ] The organization
- [ ] Any related organization

5a. If "Yes," to line 5a or 5b, describe in Part III

- [ ] No

5b. If "Yes," to line 5b, describe in Part III

- [ ] No

6. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- [ ] The organization
- [ ] Any related organization

6a. If "Yes," to line 6a or 6b, describe in Part III

- [✓] Yes

6b. If "Yes," to line 6b, describe in Part III

- [ ] No

7. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- [ ] Yes
- [✗] No

8. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

- [ ] Yes
- [✗] No
## Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note:** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

<table>
<thead>
<tr>
<th>Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>David T Tayloe Jr MD</td>
<td>(i) 138,487</td>
<td>(ii) 12,398</td>
<td></td>
<td>150,885</td>
<td></td>
</tr>
<tr>
<td>Renee R Jenkins MD</td>
<td>(i) 164,312</td>
<td>(ii) 10,023</td>
<td></td>
<td>174,335</td>
<td></td>
</tr>
<tr>
<td>Errol R Alden MD</td>
<td>(i) 411,734</td>
<td>(ii) 47,483</td>
<td>(iii) 24,865</td>
<td>32,018</td>
<td>9,470</td>
</tr>
<tr>
<td>John Forbes</td>
<td>(i) 263,480</td>
<td>(ii) 11,682</td>
<td>(iii) 3,375</td>
<td>32,018</td>
<td>5,969</td>
</tr>
<tr>
<td>Le Monte Booker</td>
<td>(i) 155,323</td>
<td>(ii) 7,333</td>
<td>(iii) 1,074</td>
<td>10,929</td>
<td>4,429</td>
</tr>
<tr>
<td>Robert Perelman MD</td>
<td>(i) 306,252</td>
<td>(ii) 21,063</td>
<td>(iii) 9,659</td>
<td>32,018</td>
<td>8,973</td>
</tr>
<tr>
<td>Roger Suchyta MD</td>
<td>(i) 305,754</td>
<td>(ii) 21,063</td>
<td>(iii) 9,828</td>
<td>31,800</td>
<td>9,470</td>
</tr>
<tr>
<td>Vera F Tait MD</td>
<td>(i) 280,666</td>
<td>(ii) 12,135</td>
<td>(iii) 3,694</td>
<td>32,018</td>
<td>881</td>
</tr>
<tr>
<td>Elizabeth Noyes</td>
<td>(i) 231,111</td>
<td>(ii) 13,581</td>
<td>(iii) 4,305</td>
<td>31,477</td>
<td>3,162</td>
</tr>
<tr>
<td>Maureen DeRosa</td>
<td>(i) 173,624</td>
<td>(ii) 10,631</td>
<td>(iii) 2,399</td>
<td>26,378</td>
<td>5,723</td>
</tr>
<tr>
<td>Kenneth M Slaw</td>
<td>(i) 166,859</td>
<td>(ii) 12,186</td>
<td>(iii) 1,889</td>
<td>25,053</td>
<td>8,938</td>
</tr>
<tr>
<td>Roberta J Bosak</td>
<td>(i) 164,825</td>
<td>(ii) 7,686</td>
<td>(iii) 1,014</td>
<td>23,639</td>
<td>4,219</td>
</tr>
<tr>
<td>Kevin Onorato</td>
<td>(i) 151,382</td>
<td>(ii) 7,116</td>
<td>(iii) 877</td>
<td>19,896</td>
<td>4,428</td>
</tr>
<tr>
<td>Edward Zimmerman</td>
<td>(i) 171,852</td>
<td>(ii) 7,840</td>
<td>(iii) 1,371</td>
<td>24,553</td>
<td>693</td>
</tr>
<tr>
<td>Judith Dolins</td>
<td>(i) 167,966</td>
<td>(ii) 7,878</td>
<td>(iii) 1,904</td>
<td>24,548</td>
<td>5,937</td>
</tr>
<tr>
<td>LYNN OLSON PHD</td>
<td>(i) 137,087</td>
<td>(ii) 9,831</td>
<td>(iii) 1,729</td>
<td>17,301</td>
<td>1,722</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part I, Line 1a</td>
<td>First Class Travel was provided for executive staff by use of comp tickets where the AAP pays the taxes only on the tickets. Companion travel is provided for the Board of Directors in the Board Policy and the Executive staff per the staff travel policy. The value of these payments are included in the individual's income and appropriately taxed. Tax Indemnification is provided to all employees for Service Award gifts and other small gift card awards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part I, Line 4a</td>
<td>ERROL R. ALDEN, MD IS A PARTICIPANT IN A SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN. THE PLAN WAS ESTABLISHED IN 2008. TO DATE, NO AMOUNTS HAVE BEEN ACCRUED UNDER THE PLAN.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part I, Line 6</td>
<td>The CEO is entitled to a bonus based in part on the financial results of the organization. This was paid during the calendar year 2008.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part II, line 4d</td>
<td>Other Program Services</td>
<td>Life Support - The AAP offers a specialized course that focuses on the resuscitation of new borns so that pediatricians and other allied/emergency healthcare professionals can more effectively serve new borns. 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. Chapter &amp; State Affairs - The AAP provides a broad array of programs, services, and technical assistance to support AAP chapters and move policy initiatives at the state level. Membership - The AAP has a worldwide membership of 60,000 pediatricians and other healthcare providers. Education Administration - Support area for the educational activities of the AAP. Pediatric Practice - The AAP provides facts on pediatric practice and physician payment systems, developing orginal research, and offering the services of the Balwin Library. CME - The AAP offers continuing medical education for pediatricians. Health Care Professionals to Develop, Maintain and Increase their Knowledge and Skills in Pediatric Medicine. Number of Attendees at CME - 4,173 National Meetings - The AAP hosts educational conferences that offer the foremost updates on pediatric treatment and research. Research of Attendees - National Conference and Exhibition 9,140 Expenses $297,52199 including grants of $412,1102. Revenue $2,785,990</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section A, line 6</td>
<td></td>
<td>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 60,000 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section A, line 7a</td>
<td></td>
<td>PLEASE REFER TO 990 PART VI QUESTION 6 FOR EXPLANATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section A, line 10</td>
<td></td>
<td>The 990 was distributed electronically to the Finance Committee, and then to the entire Board for their review before the 990 was filed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section B, line 12c</td>
<td></td>
<td>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 and sign annually at the time of their review if any conflicts of interest they may have. These are reviewed and filed in Human Resources.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section B, line 15</td>
<td></td>
<td>CEO - The American Academy of Pediatrics reviews the compensation of the CEO/Executive Director annually. 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 the President, Immediate Past President and President-Elect of the American Academy of Pediatrics review all the market data and based on this information determines the base salary and bonus potential for the Executive Director for the upcoming year. Additionally, the Academy secures 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 every three years, most recently in May 2009. Market data is collected from 30 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 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 all recommended salary changes and grant approval when warranted.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form990, Part VI, Section C, line 19</td>
<td></td>
<td>Governing documents and financial statements are available through applicable governmental agencies, the conflict of interest policy is available upon written request to the organization.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>ACADEIA HOSPITAL CORP 43 WHITING HILL RD BREWER, ME 04412</td>
<td>01-0459837</td>
<td>501(C)(3)</td>
<td>5,207</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALABAMA CHAPTER19 S JACKSON MONTGOMERY, AL 36104</td>
<td>63-0798492</td>
<td>501(C)(3)</td>
<td>18,444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARIZONA CHAPTER2600 N CENTRAL PHOENIX, AZ 85004</td>
<td>94-2493912</td>
<td>501(C)(6)</td>
<td>17,444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA HOUSTON, TX 77030</td>
<td>74-1613878</td>
<td>501(C)(3)</td>
<td>6,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAYLOR COLLEGE OF MEDICINE6621 FANNIN HOUSTON, TX 77030</td>
<td>74-1613878</td>
<td>501(C)(3)</td>
<td>5,760</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Earth Farms3605 JACKSON HIGHWAY Chehalis, WA 98532</td>
<td>37-1537171</td>
<td>501(C)(3)</td>
<td>5,705</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLUE RIDGE COM HEALTH SERVICESPO BOX 5151 HENDERSONVILLE, NC 28793</td>
<td>56-0794933</td>
<td>501(C)(3)</td>
<td>5,900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOSTON UNIVERSITY801 MASSACHUSETTS AVE BOSTON, MA 02118</td>
<td>01-2103547</td>
<td>501(C)(3)</td>
<td>5,311</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTER FOR CHILD &amp; FAMILY ADVOCACY655 LIVINGSTON COLUMBUS, OH 43205</td>
<td>02-0627166</td>
<td>501(C)(3)</td>
<td>5,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTER FOR HEALTH EDUCATION MEDICINE AND DENTISTRY1771 MADISON LAKEWOOD, NJ 08701</td>
<td>20-1324142</td>
<td>501(C)(3)</td>
<td>12,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>CHARLES COLE MEMORIAL HOSPITAL</td>
<td>24-0802108</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>1001 E SECOND ST COUDERSPORT, PA 16915</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S AID SOCIETY</td>
<td>13-5562191</td>
<td>501(C)(3)</td>
<td>5,940</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>150 E 45TH ST NEW YORK, NY 10017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S DEFENSE FUND</td>
<td>52-0895622</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH PLANNING FUNDS</td>
</tr>
<tr>
<td>944-A W OLOLANA LOOP PHARR, TX 02115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S HOSPITAL 300 LONGWOOD AVE</td>
<td>04-0277441</td>
<td>501(C)(3)</td>
<td>6,250</td>
<td></td>
<td>NRP Research Grant</td>
</tr>
<tr>
<td>BOSTON, MA 02115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S HOSPITAL 111 MICHIGAN AVE NW</td>
<td>53-0196580</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>WASHINGTON, DC 20010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S HOSPITAL MEDICAL CENTER</td>
<td>34-0714357</td>
<td>501(C)(3)</td>
<td>5,025</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>AKRON1 PERKINS SQUARE AKRON, OH 44308</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S MEDICAL CENTER-DALLAS2777 STEMMONS</td>
<td>75-2062015</td>
<td>501(C)(3)</td>
<td>7,350</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>FWY DALASS, TX 75207</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S MEMORIAL HOSPITAL 2300</td>
<td>36-2170833</td>
<td>501(C)(3)</td>
<td>7,460</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>CHILDREN’S PLAZA CHICAGO, IL 60614</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINO AREA PARTNERSHIPS INCPO</td>
<td>13-4300903</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>BOX 1012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINO VALLEY, AZ 86323</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOC RESICENCY PROGRAM 455 S MAIN ORANGE, CA</td>
<td>95-2321786</td>
<td>501(C)(3)</td>
<td>5,613</td>
<td></td>
<td>CATCH Residency Training Grant</td>
</tr>
<tr>
<td>92868</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
<td>----------------------------------</td>
<td>----------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>CLEVELAND CLINIC</td>
<td>34-0714585</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOSTER1740</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEVELAND RD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOSTER,OH 44691</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBUS UNIVERSITY</td>
<td>13-5598093</td>
<td>501(C)(3)</td>
<td>6,361</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLEGE OF PHYSICIANS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>622 W 168TH ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10032</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEVELOPMENTAL PEDIATRICS LLC</td>
<td>14-1822975</td>
<td></td>
<td>11,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHNSON ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LATHAM, NY 12110</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAST TENNESE STATE</td>
<td>62-6021046</td>
<td>170(C)(1)</td>
<td>9,051</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITYPO BOX 70732</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHNSON CITY, TN 37614</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMILY HEALTH CARE CENTER OF GREATER</td>
<td>95-1641454</td>
<td>501(C)(3)</td>
<td>5,156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES6501</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH GARFIELD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELL GARDENS, CA 90201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLORIDA MEDICAL ASSOCIATION FOUNDATION</td>
<td>72-1619522</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 10269</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TALLAHASSEE, FL 32302</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOND DU LAC COUNTY HEALTH DEPARTMENT</td>
<td>39-6005696</td>
<td>170(C)(1)</td>
<td>11,698</td>
<td></td>
<td></td>
</tr>
<tr>
<td>160 S MACY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOND DU LAC, WI 54935</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK COUNTY HEALTH DEPARTMENT</td>
<td>52-6002033</td>
<td>501(C)(3)</td>
<td>5,031</td>
<td></td>
<td></td>
</tr>
<tr>
<td>350 MONTEVUE LANE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21704</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIENDS OF THE CENTER FOR HUMAN NUTRITION</td>
<td>84-1345103</td>
<td>501(C)(3)</td>
<td>5,713</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7473 W 5TH ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAKEWOOD, CO 80226</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAHAM CHILDREN'S HEALTH SERVICES</td>
<td>56-2063898</td>
<td>501(C)(3)</td>
<td>5,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>202 MED CAMPUS DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BURNsville, NC 28714</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(a)</strong> Name and address of organization or government</td>
<td><strong>(b)</strong> EIN</td>
<td><strong>(c)</strong> IRC Code section if applicable</td>
<td><strong>(d)</strong> Amount of cash grant</td>
<td><strong>(e)</strong> Amount of non-cash assistance</td>
<td><strong>(f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>GRATIOT MEDICAL CENTER 300 WARWICK DR ALMA, MI 48801</td>
<td>38-1437919</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>GREATER WAYNE CHILDREN’S HEALTH 2706 MED OFFICE PLACE GOLDSBORO, NC 27534</td>
<td>20-2735990</td>
<td>501(C)(3)</td>
<td>5,750</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>GUNDERSON LUTHERAN MEDICAL FOUNDATION 1836 SOUTH AVENUE LA CROSSE, WI 54601</td>
<td>39-1249705</td>
<td>501(C)(3)</td>
<td>5,934</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>Hamtramck Public Schools 3201 ROOSEVELT RD Hamtramck, MI 48212</td>
<td>38-6004194</td>
<td>170(C)(1)</td>
<td>5,448</td>
<td></td>
<td>CATCH Implementation Awards</td>
</tr>
<tr>
<td>HEARTWORKS CHILDREN’S MEMORIAL HOMEPO BOX 365 BAYBRO, NC 28515</td>
<td>04-2492730</td>
<td>501(C)(3)</td>
<td>5,999</td>
<td></td>
<td>CATCH Implementation Awards</td>
</tr>
<tr>
<td>Holyoke Health Center Inc 230 MAPLE STREET HOLYOKE, MA 01040</td>
<td>04-2492730</td>
<td>501(C)(3)</td>
<td>5,959</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>Intermountain Pediatric Society 3029 HOLLERHILL SALT LAKE CITY, UT 84118</td>
<td>87-0268334</td>
<td>501(C)(6)</td>
<td>14,444</td>
<td></td>
<td>Health People 2010</td>
</tr>
<tr>
<td>JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION 4900 ROUTE 33 NEPTUNE, NJ 07753</td>
<td>22-2342452</td>
<td>501(C)(3)</td>
<td>5,845</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>MANAGED ACCESS TO CHILD HEALTH 910 N JEFFERSON ST JACKSONVILLE, FL 32209</td>
<td>59-3192240</td>
<td>501(C)(3)</td>
<td>8,854</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>MARTIN FOUNDATION 110 Pawnee Dr ANNISTON, AL 36206</td>
<td>72-1343507</td>
<td>501(C)(3)</td>
<td>12,000</td>
<td></td>
<td>CATCH Implementation Awards</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Maryland Chapter 744 DULANEY VALLEY RD BALTIMORE, MD 21204</td>
<td>52-1630552</td>
<td>501(C)(6)</td>
<td>31,834</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS CHAPTER 860 WINTER ST WALTHAM, MA 02451</td>
<td>04-2786447</td>
<td>501(C)(3)</td>
<td>6,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226</td>
<td>39-0806261</td>
<td>501(C)(3)</td>
<td>6,474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL HOME PLUS INC 8719 FOREST HILL AVE BON AIR, VA 23235</td>
<td>81-0635270</td>
<td>501(C)(3)</td>
<td>7,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOBILITY FOUNDATION 11110 Reservoir Road ADA, OH 45810</td>
<td>51-0545760</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montefiore Medical Center 1621 EASTCHESTER ROAD BRONX, NY 10461</td>
<td>13-1740114</td>
<td>501(C)(3)</td>
<td>7,274</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEMOURS CHILDREN'S CLINIC 269 BOX 19899 WILMINGTON, DE 19899</td>
<td>58-0011241</td>
<td>501(C)(3)</td>
<td>5,708</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW JERSEY CHAPTER 1 AAA DRIVE SUITE 102 TRENTON, NJ 08691</td>
<td>22-3699313</td>
<td>501(C)(3)</td>
<td>5,980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW ORLEANS CHILDREN'S HEALTH 1430 Tulane New Orleans, LA 70112</td>
<td>72-0723889</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTHWESTERN UNIVERSITY 303 E CHICAGO AVENUE CHICAGO, IL 60611</td>
<td>36-2167817</td>
<td>501(C)(3)</td>
<td>8,750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC Code section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Onslow County Prtnr for Children 308 WESTERN JACKSONVILLE, NC 28546</td>
<td>56-2058409</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>PATH455 NW LEARY WAY SEATTLE, WA 98107</td>
<td>91-1157127</td>
<td>501(C)(3)</td>
<td>11,000</td>
<td></td>
<td>NRP Global Implementation</td>
</tr>
<tr>
<td>PENNSYLVANIA CHAPTER 1400 N PROVIDENCE STE 3007 MEDIA, PA 19063</td>
<td>23-7135840</td>
<td>501(C)(3)</td>
<td>6,459</td>
<td></td>
<td>Foster Care</td>
</tr>
<tr>
<td>POPE’S KID’S PLACE 230 WASHINGTON WAY CENTRALIA, WA 98531</td>
<td>91-1685519</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>PRIMARY CARE COALITION 857 GEORGIA AVE SILVER SPRING, MD 20910</td>
<td>52-1847976</td>
<td>501(C)(3)</td>
<td>5,513</td>
<td></td>
<td>CATCH Planning Funds</td>
</tr>
<tr>
<td>Rehoboth Christian Health Care 1901 Red Rock GALLUP, NM 87301</td>
<td>85-0313268</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>Sabathani Community Center 310 E 38TH ST MINNEAPOLIS, MN 55409</td>
<td>41-0984859</td>
<td>501(C)(3)</td>
<td>5,775</td>
<td></td>
<td>CATCH Implementation Award</td>
</tr>
<tr>
<td>Sacred Heart Hospital 421 CHEW ST ALLANTOWN, PA 18102</td>
<td>23-1352208</td>
<td>501(C)(3)</td>
<td>11,566</td>
<td></td>
<td>CATCH Implementation Awards</td>
</tr>
<tr>
<td>Salina Reg Health Ctr 400 S Santa Fe SALINA, KS 67401</td>
<td>48-1169103</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td>CATCH Planning funds</td>
</tr>
<tr>
<td>South Carolina Chapter PO Box 11188 COLUMBIA, SC 29211</td>
<td>57-0937831</td>
<td>501(C)(3)</td>
<td>7,000</td>
<td></td>
<td>CATCH Implementation Awards</td>
</tr>
<tr>
<td><strong>a)</strong> Name and address of organization or government</td>
<td><strong>b)</strong> EIN</td>
<td><strong>c)</strong> IRC Code section if applicable</td>
<td><strong>d)</strong> Amount of cash grant</td>
<td><strong>e)</strong> Amount of non-cash assistance</td>
<td><strong>f)</strong> Method of valuation (book, FMV, appraisal, other)</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>South Valley Child &amp; Family CENTER 515 Madison Hamilton, MT 59840</td>
<td>68-0526736</td>
<td>501(C)(3)</td>
<td>11,026</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Barnabas Hospital 183rd St Third BRONX, NY 10457</td>
<td>13-1740122</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Joseph's Health SERVICE OF ROHDE ISLAND 200 HIGH SERVICE AVE PROVIDENCE, RI 02904</td>
<td>05-0259026</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST LOUIS UNIVERSITY 221 N GRAND ST LOUIS, MO 63103</td>
<td>43-0654872</td>
<td>501(C)(3)</td>
<td>15,611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talawanda School Dist131 W CHESTNUT ST OXFORD, OH 45056</td>
<td>31-6005340</td>
<td>170(C)(1)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Pediatric Society 401 W 15TH ST SUITE 682 AUSTIN, TX 78701</td>
<td>75-1499413</td>
<td>501(C)(3)</td>
<td>14,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tioga Health Foundation 1900 WOODLANDS DR COOS BAY, OR 97420</td>
<td>93-1197453</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trustees of Indiana UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266</td>
<td>35-6001673</td>
<td>501(C)(3)</td>
<td>10,460</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uniformed Services West 2275 OCEANVIEW RD OCEANSIDE, CA 92056</td>
<td>04-7387117</td>
<td>501(C)(3)</td>
<td>7,208</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF KY RESEARCH FOUNDATION PO BOX 931113 CLEVELAND, OH 44193</td>
<td>61-6033693</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990, Part VII - Section Aaa

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Average hours per week</th>
<th>Individual Trustee or Director</th>
<th>Institutional Trustee</th>
<th>Officer</th>
<th>Key Employee</th>
<th>Highest Compensated Employee</th>
<th>(D) Reportable compensation from the organization (W-2/1099MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>David T Taylor Jr MD, PRESIDENT</td>
<td>64 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>150,885</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Judith Palfrey MD, PRESIDENT-ELECT</td>
<td>34 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>654</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Renee R Jenkins MD, IMMEDIATE PAST PRESIDENT</td>
<td>30 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>174,335</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jay Berkelhamer MD, PAST PRESIDENT</td>
<td>30 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67,840</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Edward N Bailey, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,752</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Henry Schaeffer MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,192</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sandra Gibson Hassink M, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48,380</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Francis E Rushton Jr, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,732</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Marilyn Bull MD, BOARD MEMBER PT</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,326</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Michael Severson MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,550</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kenneth E Matthews MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,806</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mary Brown MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,407</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Myles B Abbott MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47,192</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>John Curran MD, BOARD MEMBER</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48,294</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ellen Buercck MD, BOARD MEMBER PT</td>
<td>14 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37,765</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Errol R Alden MD, EXECUTIVE DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>484,082</td>
<td>0</td>
<td>41,488</td>
</tr>
<tr>
<td>John Forbes, CHIEF OPERATING OFFICER</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>278,537</td>
<td>0</td>
<td>37,987</td>
</tr>
<tr>
<td>Le Monte Booker, CHIEF FINANCIAL OFFICER</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>163,730</td>
<td>0</td>
<td>15,358</td>
</tr>
<tr>
<td>Robert Perelman MD, ASSOC EXEC DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>336,974</td>
<td>0</td>
<td>40,991</td>
</tr>
<tr>
<td>Roger Suchyta MD, ASSOC EXEC DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>336,645</td>
<td>0</td>
<td>41,270</td>
</tr>
<tr>
<td>Vera F Tait MD, ASSOC EXEC DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>296,495</td>
<td>0</td>
<td>32,899</td>
</tr>
<tr>
<td>Elizabeth Noyes, ASSOC EXEC DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>248,997</td>
<td>0</td>
<td>34,639</td>
</tr>
<tr>
<td>Maureen DeRosa, Dept Dir Marketing &amp; Pub</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>186,654</td>
<td>0</td>
<td>32,101</td>
</tr>
<tr>
<td>Kenneth M Slaw, Dept Dir Mem/Strat Plan</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>180,934</td>
<td>0</td>
<td>33,991</td>
</tr>
<tr>
<td>Roberta J Bosak, Dept Dir HR &amp; ADMIN</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>173,525</td>
<td>0</td>
<td>27,859</td>
</tr>
<tr>
<td>Kevin O norato, chief information off</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>159,375</td>
<td>0</td>
<td>24,324</td>
</tr>
<tr>
<td>Edward Zimmerman, Dept Dir Practice</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>181,063</td>
<td>0</td>
<td>25,246</td>
</tr>
<tr>
<td>Judith Dolins, Dept Dir Comm, Chapt &amp; s</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>177,748</td>
<td>0</td>
<td>30,485</td>
</tr>
<tr>
<td>LYNN OLSON PHD, Dept Director-Research</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>148,647</td>
<td>0</td>
<td>19,023</td>
</tr>
<tr>
<td>JOHN O'BRIEN, DEPARTMENT DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>145,783</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(A) Name and Title</td>
<td>(B) Average hours per week</td>
<td>(C) Position (check all that apply)</td>
<td>(D) Reportable compensation from the organization (W-2/1099MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>(F) Estimated amount of other compensation from the organization and related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTOPHER JENKINS, DEPARTMENT DIRECTOR</td>
<td>40 00</td>
<td>Individual Trustee, Institutional Trustee, Officer, Key employee, Former employee</td>
<td>X</td>
<td>131,135</td>
<td>0</td>
<td>5,605</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Code</td>
<td>Total Revenue</td>
<td>(B) Related or Exempt Function Revenue</td>
<td>(C) Unrelated Business Revenue</td>
<td>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
<td>---------------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a MEDICAL JOURNALS</td>
<td>511,190</td>
<td>20,736,627</td>
<td>15,969,518</td>
<td>4,767,109</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b MEMBERSHIPS</td>
<td>541,900</td>
<td>18,681,180</td>
<td>18,681,180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c PUBLICATIONS, OTHER SU</td>
<td>511,130</td>
<td>13,673,069</td>
<td>13,673,069</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d NATIONAL MEETINGS</td>
<td>611,600</td>
<td>5,338,799</td>
<td>4,967,739</td>
<td>371,060</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e CONTINUING MEDICAL EDU</td>
<td>611,600</td>
<td>3,638,011</td>
<td>3,638,011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC Code section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----</td>
<td>--------------------------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY AT BUFFALO PEDIATRIC ASSOCIATION269 BRYANT BUFFALO, NY 14222</td>
<td>16-1238821</td>
<td>501(C)(3)</td>
<td>5,916</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Planning funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Hospitals of ClevelandPO BOX 74420 CLEVELAND, OH 44194</td>
<td>34-1567805</td>
<td>501(C)(3)</td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Planning funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF TOLEDO2801 W BANCROFT ST TOLEDO, OH 43606</td>
<td>34-6401483</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Implementation Award</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USF Research FOUNDATION3802 SPECTRUM BLVD SUITE 100 TAMPA, FL 33612</td>
<td>59-2959590</td>
<td>501(C)(3)</td>
<td>8,377</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Implementation Award</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont ChapterPO Box 1457 Montpelier, VT 05601</td>
<td>03-0316774</td>
<td>501(c)(6)</td>
<td>14,444</td>
<td></td>
<td></td>
<td></td>
<td>Healthy People 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>William F Ryan COMMUNITY HEALTH CENTER110 W 97TH ST NEW YORK, NY 10025</td>
<td>13-2884976</td>
<td>501(C)(3)</td>
<td>5,294</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Planning Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY PHYSICIANS2701 E ELVIRA ROAD TUCSON, AZ 85756</td>
<td>94-2958258</td>
<td>501(C)(3)</td>
<td>6,000</td>
<td></td>
<td></td>
<td></td>
<td>CATCH Implementation Award</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name of organization</td>
<td>(b) IRS code section and EIN (if applicable)</td>
<td>(c) Region</td>
<td>(d) Purpose of grant</td>
<td>(e) Amount of cash grant</td>
<td>(f) Manner of cash disbursement</td>
<td>(g) Amount of non-cash assistance</td>
<td>(h) Description of non-cash assistance</td>
<td>(i) Method of valuation (book, FMV, appraisal, other)</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td></td>
<td>SOUTH ASIA</td>
<td>RESEARCH</td>
<td>9,000</td>
<td>WIRE TRANSFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH AMERICA</td>
<td></td>
<td>NORTH AMERICA</td>
<td>PROGRAM DEVELOPMENT</td>
<td>20,000</td>
<td>CHECK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>David T Tayloe Jr MD</td>
<td>(i) 138,487</td>
<td>(ii) 12,398</td>
<td></td>
<td>150,885</td>
<td></td>
</tr>
<tr>
<td>Renee R Jenkins MD</td>
<td>(i) 164,312</td>
<td>(ii) 10,023</td>
<td></td>
<td>174,335</td>
<td></td>
</tr>
<tr>
<td>Errol R Alden MD</td>
<td>(i) 411,734</td>
<td>(ii) 47,483</td>
<td>(iii) 24,865</td>
<td>525,570</td>
<td></td>
</tr>
<tr>
<td>John Forbes</td>
<td>(i) 263,480</td>
<td>(ii) 11,682</td>
<td>(iii) 3,375</td>
<td>316,524</td>
<td></td>
</tr>
<tr>
<td>Le Monte Booker</td>
<td>(i) 155,323</td>
<td>(ii) 7,333</td>
<td>(iii) 1,074</td>
<td>179,088</td>
<td></td>
</tr>
<tr>
<td>Robert Perelman MD</td>
<td>(i) 306,252</td>
<td>(ii) 21,063</td>
<td>(iii) 9,659</td>
<td>377,965</td>
<td></td>
</tr>
<tr>
<td>Roger Suchyta MD</td>
<td>(i) 305,754</td>
<td>(ii) 21,063</td>
<td>(iii) 9,828</td>
<td>377,915</td>
<td></td>
</tr>
<tr>
<td>Vera F Tait MD</td>
<td>(i) 280,666</td>
<td>(ii) 12,135</td>
<td>(iii) 3,694</td>
<td>329,394</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Noyes</td>
<td>(i) 231,111</td>
<td>(ii) 13,581</td>
<td>(iii) 4,305</td>
<td>283,636</td>
<td></td>
</tr>
<tr>
<td>Maureen DeRosa</td>
<td>(i) 173,624</td>
<td>(ii) 10,631</td>
<td>(iii) 2,399</td>
<td>218,755</td>
<td></td>
</tr>
<tr>
<td>Kenneth M Slaw</td>
<td>(i) 166,859</td>
<td>(ii) 12,186</td>
<td>(iii) 1,889</td>
<td>214,925</td>
<td></td>
</tr>
<tr>
<td>Roberta J Bosak</td>
<td>(i) 164,825</td>
<td>(ii) 7,686</td>
<td>(iii) 1,014</td>
<td>201,383</td>
<td></td>
</tr>
<tr>
<td>Kevin Onorato</td>
<td>(i) 151,382</td>
<td>(ii) 7,116</td>
<td>(iii) 877</td>
<td>183,699</td>
<td></td>
</tr>
<tr>
<td>Edward Zimmerman</td>
<td>(i) 171,852</td>
<td>(ii) 7,840</td>
<td>(iii) 1,371</td>
<td>206,309</td>
<td></td>
</tr>
<tr>
<td>Judith Dolins</td>
<td>(i) 167,966</td>
<td>(ii) 7,878</td>
<td>(iii) 1,904</td>
<td>208,233</td>
<td></td>
</tr>
<tr>
<td>LYNN OLSON PHD</td>
<td>(i) 137,087</td>
<td>(ii) 9,831</td>
<td>(iii) 1,729</td>
<td>167,670</td>
<td></td>
</tr>
</tbody>
</table>