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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3615 WISCONSIN AVENUE NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200163007

D Employer identification number
13-1958990

E Telephone number
(202)966-7300

G Gross receipts $ 11,606,192

F Name and address of principal officer
HEIDI B FORDI
3615 WISCONSIN AVENUE NW
WASHINGTON,DC 200163007

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW AACAP ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1959 | **M** State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AACAP LEADS ITS MEMBERSHIP THROUGH COLLECTIVE ACTION, PEER SUPPORT AND CONTINUING EDUCATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	43
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	106,470
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-250

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,499,852	4,613,035
	9 Program service revenue (Part VIII, line 2g)	4,409,780	3,350,666
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,679	367,014
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	272,578	255,076
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,352,889	8,585,791
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	287,292	640,813
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,642,784	3,958,934
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶85,508		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,346,608	4,056,765
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,276,684	8,656,512
	19 Revenue less expenses Subtract line 18 from line 12	76,205	-70,721

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	11,940,434	10,867,097
	21 Total liabilities (Part X, line 26)	3,547,488	3,141,541
	22 Net assets or fund balances Subtract line 21 from line 20	8,392,946	7,725,556

Part II Signature Block

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

Sign Here

****** 2012-11-13
Signature of officer — Date

HEIDI B FORDI EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: WILLIAM E TURCO CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00369217

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGLADREY LLP, 9737 WASHINGTONIAN BLVD 400, GAITHERSBURG, MD 208787340 | EIN ▶ 42-0714325 | Phone no ▶ (301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROMOTE MENTALLY HEALTHY CHILDREN, ADOLESCENTS, AND FAMILIES THROUGH RESEARCH, TRAINING, ADVOCACY, PREVENTION, COMPREHENSIVE DIAGNOSIS AND TREATMENT, PEER SUPPORT AND COLLABORATION

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

4a (Code) (Expenses $ 1,321,101 including grants of $) (Revenue $ 1,353,651)

ANNUAL MEETING & INSTITUTES PRESENT THE LATEST RESEARCH AND ADVANCES IN CLINICAL PRACTICE OF CHILD AND ADOLESCENT PHYCHIATRY TO MEMBERS AND NONMEMBERS

4b (Code) (Expenses $ 1,257,722 including grants of $ 640,813) (Revenue $)

GRANT EXPENSES THROUGH FEDERAL AND NON-FEDERAL GRANTS THE ACADEMY SUPPORTS RESEARCH AND TRAINING EFFORTS, AS WELL AS FELLOWSHIPS

4c (Code) (Expenses $ 822,398 including grants of $) (Revenue $)

SPECIAL FUNDS WORK TO INCREASE THE KNOWLEDGE BASE OF SPECIFIC AREAS WITHIN CHILD & ADOLESCENT PSYCHIATRY FOR THE BENEFIT OF THE SPECIALTY AND THE PUBLIC

(Code) (Expenses $ 801,482 including grants of $) (Revenue $)

COMPONENTS

(Code) (Expenses $ 543,541 including grants of $) (Revenue $ 1,711,335)

JOURNAL

(Code) (Expenses $ 272,842 including grants of $) (Revenue $)

GOVERNMENT AFFAIRS

(Code) (Expenses $ 207,569 including grants of $) (Revenue $)

MEMBERSHIP

(Code) (Expenses $ 192,388 including grants of $) (Revenue $)

RESEARCH INITIATIVES

(Code) (Expenses $ 177,194 including grants of $) (Revenue $)

AACAP NEWS

(Code) (Expenses $ 153,500 including grants of $) (Revenue $)

CLINICAL PRACTICE

(Code) (Expenses $ 89,786 including grants of $) (Revenue $)

PUBLICATIONS

(Code) (Expenses $ 71,056 including grants of $) (Revenue $)

COMMUNICATIONS

(Code) (Expenses $ 27,424 including grants of $) (Revenue $)

PRESIDENTIAL INITIATIVES

4d Other program services (Describe in Schedule O)

(Expenses $ 2,536,782 including grants of $) (Revenue $ 1,711,335)

4e **Total program service expenses** ▶ $ 5,938,003

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	74		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , AZ , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , MA , MD , ME , MI , MS , MN , MO , NC , ND , NJ , NH , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI , WV

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

☐ Own website ☐ Another's website ☑ Upon request

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

LARRY BURNER
3615 WISCONSIN AVENUE NW
WASHINGTON,DC 200163007
(202)966-7300

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIN J DRELL MD PRESIDENT	20 00	X		X				0	0	0
(2) PARAMJIT T JOSHI MD PRESIDENT ELECT	10 00	X		X				0	0	0
(3) LOUIS J KRAUS MD ASSEMBLY CHAIR	10 00	X		X				0	0	0
(4) WILLIAM BERNET MD TREASURER	10 00	X		X				0	0	0
(5) STEVEN P CUFFE MD TREASURER	10 00	X		X				0	0	0
(6) DAVID R DEMASO MD SECRETARY	20 00	X		X				0	0	0
(7) JAMES C MACINTYRE II MD SECRETARY	10 00	X		X				0	0	0
(8) ROBERT L HENDRENDO PAST PRESIDENT	5 00	X		X				0	0	0
(9) STEVEN ADELSHEIM MD COUNCIL MEMBER	5 00	X						0	0	0
(10) WAYNE B BATZER MD COUNCIL MEMBER	5 00	X						0	0	0
(11) TAMI D BENTON MD COUNCIL MEMBER	5 00	X						0	0	0
(12) DEBORAH DEAS MD COUNCIL MEMBER	5 00	X						0	0	0
(13) J MICHAEL HOUSTON MD COUNCIL MEMBER	5 00	X						0	0	0
(14) D RICHARD MARTINI MD COUNCIL MEMBER	5 00	X						0	0	0
(15) YIU KEE WARREN NG MD COUNCIL MEMBER	5 00	X						0	0	0
(16) MELVIN D OATIS MD COUNCIL MEMBER	5 00	X						0	0	0
(17) NEAL RYAN MD COUNCIL MEMBER	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARET L STUBER MD COUNCIL MEMBER	5 00	X						0	0	0
(19) MARK S BORER MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
(20) KATHLEEN M KELLEY MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
(21) GABRIELLE L SHAPIRO MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
(22) RUTH GERSON MD RESIDENT MEMBER	5 00	X						0	0	0
(23) KARIMI MAILUTHA MD RESIDENT MEMBER	5 00	X						0	0	0
(24) SOURAV SENGUPTA MD RESIDENT MEMBER	5 00	X						0	0	0
(25) VIRGINIA Q ANTHONY EXECUTIVE DIRECTOR	37 50			X				218,285	0	29,319
(26) LAURENCE L GREENHILL PRESIDENT	20 00			X				65,346	0	0
(27) LARRY BURNER CONTROLLER	37 50			X				91,847	0	23,837
(28) KRISTIN KROEGER PTAKOWSKI SR DEPUTY EXECUTIVE DIRECTOR	37 50					X		167,239	0	32,347
(29) HEIDI BUTTNER FORDI DEPUTY EXECUTIVE DIRECTOR	37 50					X		142,735	0	24,407
(30) COLLEEN DOUGHERTY DIRECTOR, IT & WEB SERVICES	37 50					X		104,851	0	17,167
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								790,303	0	127,077

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELSEVIER LTD 5625 FISHERS LN ROCKVILLE, MD 20852	MEMBER SUBSCRIPTIONS	400,087

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	2,336,752			
	c	Fundraising events	1c	42,600			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,306,998			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	926,685			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		4,613,035			
Program Service Revenue			Business Code				
	2a	MEETINGS/INSTITUTES	541800	1,539,961	1,353,651	7,100	179,210
	b	PUBLICATIONS	541800	1,430,019	1,330,649	99,370	
	c	ANNUAL REVIEW	900099	210,852	210,852		
	d	JANUARY INSTITUTE	900099	140,679	140,679		
	e	LIFELONG LEARNING INST	900099	29,155	29,155		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		3,350,666			
	3	Investment income (including dividends, interest and other similar amounts)		181,880			181,880
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		217,932			217,932
			(i) Real	(ii) Personal			
	6a	Gross rents	30,900				
	b	Less rental expenses	0				
	c	Rental income or (loss)	30,900				
	d	Net rental income or (loss)		30,900			30,900
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	3,155,306	29,120			
	b	Less cost or other basis and sales expenses	2,971,322	27,970			
	c	Gain or (loss)	183,984	1,150			
	d	Net gain or (loss)		185,134			185,134
Other Revenue	8a	Gross income from fundraising events (not including $ 42,600 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 21,109				
	c	Net income or (loss) from fundraising events		-21,109			-21,109
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	27,353			27,353
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		27,353			
	12	**Total revenue.** See Instructions		8,585,791	3,064,986	106,470	801,300

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	519,863	519,863		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	120,950	120,950		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	432,109	277,627	144,323	10,159
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,863,196	2,024,313	761,414	77,469
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,546		191,546	
9	Other employee benefits	290,573	145,030	145,543	
10	Payroll taxes	181,510		181,510	
11	Fees for services (non-employees)				
a	Management				
b	Legal	20,686	2,450	18,236	
c	Accounting	60,300		60,300	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	33,893		33,893	
g	Other	396,935	240,399	149,642	6,894
12	Advertising and promotion	88,239	88,239		
13	Office expenses	1,057,155	817,201	238,193	1,761
14	Information technology	89,201	8,860	80,341	
15	Royalties				
16	Occupancy	174,500		174,500	
17	Travel	1,026,465	1,007,810	15,959	2,696
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	172,463	114,959	55,956	1,548
20	Interest	11,598		11,598	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308,394		308,394	
23	Insurance	32,375	13,267	19,108	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	TAXES	4,110			4,110
b	HONORARIA	413,913	413,913		
c	TRAINING AND CERTIFICAT	79,287	72,771	5,821	695
d	OTHER EXPENSES	57,862	48,266	9,526	70
e					
f	All other expenses	29,389	22,085	27,198	-19,894
25	**Total functional expenses.** Add lines 1 through 24f	8,656,512	5,938,003	2,633,001	85,508
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		500	1	500
	2	Savings and temporary cash investments		2,372,001	2	987,028
	3	Pledges and grants receivable, net		522,432	3	487,958
	4	Accounts receivable, net		174,530	4	85,143
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		82,767	9	137,320
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,695,554			
	b	Less accumulated depreciation	10b 2,514,258	2,378,343	10c	2,181,296
	11	Investments—publicly traded securities		3,188,224	11	3,135,705
	12	Investments—other securities See Part IV, line 11		3,211,438	12	3,827,980
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,199	15	24,167
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,940,434	16	10,867,097
Liabilities	17	Accounts payable and accrued expenses		1,291,717	17	736,650
	18	Grants payable			18	
	19	Deferred revenue		1,975,129	19	1,985,789
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		266,635	23	159,837
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		14,007	25	259,265
	26	**Total liabilities.** Add lines 17 through 25		3,547,488	26	3,141,541
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,599,140	27	4,820,995
	28	Temporarily restricted net assets		2,224,136	28	1,334,891
	29	Permanently restricted net assets		1,569,670	29	1,569,670
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,392,946	33	7,725,556
	34	Total liabilities and net assets/fund balances		11,940,434	34	10,867,097

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,585,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,656,512
3	Revenue less expenses Subtract line 2 from line 1	3	-70,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	8,392,946
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-596,669
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,725,556

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** 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

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** 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

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,765,106	4,170,847	3,666,457	3,499,852	4,617,585	19,719,847
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,219,716	3,072,142	3,188,542	4,311,795	3,244,196	17,036,391
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	6,984,822	7,242,989	6,854,999	7,811,647	7,861,781	36,756,238
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						36,756,238

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	6,984,822	7,242,989	6,854,999	7,811,647	7,861,781	36,756,238
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	676,985	548,566	450,377	428,062	430,712	2,534,702
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	676,985	548,566	450,377	428,062	430,712	2,534,702
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	109,243	16,787	21,097	16,598	27,353	191,078
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,771,050	7,808,342	7,326,473	8,256,307	8,319,846	39,482,018

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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	93 100 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	92 350 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	6 420 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	7 190 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1958990
Name: AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code COMPONENTS	) (Expenses $	801,482	including grants of $	) (Revenue $		)
(Code JOURNAL	) (Expenses $	543,541	including grants of $	) (Revenue $	1,711,335	)
(Code GOVERNMENT AFFAIRS	) (Expenses $	272,842	including grants of $	) (Revenue $		)
(Code MEMBERSHIP	) (Expenses $	207,569	including grants of $	) (Revenue $		)
(Code RESEARCH INITIATIVES	) (Expenses $	192,388	including grants of $	) (Revenue $		)
(Code AACAP NEWS	) (Expenses $	177,194	including grants of $	) (Revenue $		)
(Code CLINICAL PRACTICE	) (Expenses $	153,500	including grants of $	) (Revenue $		)
(Code PUBLICATIONS	) (Expenses $	89,786	including grants of $	) (Revenue $		)
(Code COMMUNICATIONS	) (Expenses $	71,056	including grants of $	) (Revenue $		)
(Code PRESIDENTIAL INITIATIVES	) (Expenses $	27,424	including grants of $	) (Revenue $		)

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN J DRELL MD PRESIDENT	20 00	X		X				0	0	0
PARAMJIT T JOSHI MD PRESIDENT ELECT	10 00	X		X				0	0	0
LOUIS J KRAUS MD ASSEMBLY CHAIR	10 00	X		X				0	0	0
WILLIAM BERNET MD TREASURER	10 00	X		X				0	0	0
STEVEN P CUFFE MD TREASURER	10 00	X		X				0	0	0
DAVID R DEMASO MD SECRETARY	20 00	X		X				0	0	0
JAMES C MACINTYRE II MD SECRETARY	10 00	X		X				0	0	0
ROBERT L HENDRENDO PAST PRESIDENT	5 00	X		X				0	0	0
STEVEN ADELSHEIM MD COUNCIL MEMBER	5 00	X						0	0	0
WAYNE B BATZER MD COUNCIL MEMBER	5 00	X						0	0	0
TAMI D BENTON MD COUNCIL MEMBER	5 00	X						0	0	0
DEBORAH DEAS MD COUNCIL MEMBER	5 00	X						0	0	0
J MICHAEL HOUSTON MD COUNCIL MEMBER	5 00	X						0	0	0
D RICHARD MARTINI MD COUNCIL MEMBER	5 00	X						0	0	0
YIU KEE WARREN NG MD COUNCIL MEMBER	5 00	X						0	0	0
MELVIN D OATIS MD COUNCIL MEMBER	5 00	X						0	0	0
NEAL RYAN MD COUNCIL MEMBER	5 00	X						0	0	0
MARGARET L STUBER MD COUNCIL MEMBER	5 00	X						0	0	0
MARK S BORER MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
KATHLEEN M KELLEY MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
GABRIELLE L SHAPIRO MD ASSEMBLY REPRESENTATIVE	5 00	X						0	0	0
RUTH GERSON MD RESIDENT MEMBER	5 00	X						0	0	0
KARIMI MAILUTHA MD RESIDENT MEMBER	5 00	X						0	0	0
SOURAV SENGUPTA MD RESIDENT MEMBER	5 00	X						0	0	0
VIRGINIA Q ANTHONY EXECUTIVE DIRECTOR	37 50			X				218,285	0	29,319

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURENCE L GREENHILL PRESIDENT	20 00			X				65,346	0	0
LARRY BURNER CONTROLLER	37 50			X				91,847	0	23,837
KRISTIN KROEGER PTAKOWSKI SR DEPUTY EXECUTIVE DIRECTOR	37 50					X		167,239	0	32,347
HEIDI BUTTNER FORDI DEPUTY EXECUTIVE DIRECTOR	37 50					X		142,735	0	24,407
COLLEEN DOUGHERTY DIRECTOR, IT & WEB SERVICES	37 50					X		104,851	0	17,167

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY	13-1958990

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		2,000
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		50,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		10,000
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			62,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	EDUCATION OF THE LEGISLATURE ABOUT MATTERS RELATED TO CHILD AND ADOLESCENT PSYCHOPATHOLOGY AND ITS TREATMENTS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,965,554	3,761,694	3,301,726	4,647,218	
b Contributions	1,406,467	849,551	565,770	994,166	
c Investment earnings or losses	-153,169	289,333	779,696	-921,388	
d Grants or scholarships					
e Other expenditures for facilities and programs	1,522,549	935,024	885,498	1,418,270	
f Administrative expenses					
g End of year balance	3,696,303	3,965,554	3,761,694	3,301,726	

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

- a Board designated or quasi-endowment ▶ 21 420 %
- b Permanent endowment ▶ 36 110 %
- c Term endowment ▶ 42 470 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		375,417		375,417
b Buildings		3,557,171	1,945,209	1,611,962
c Leasehold improvements				
d Equipment				
e Other		762,966	569,049	193,917
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,181,296

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 70,214 032 SHS BERNSTEIN INT'L PORTFOLIO	871,356	F
(B) 213,141 726 SHS BERNSTEIN INTERMEDIATE DURATION PORTFOLIO	2,956,624	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,827,980	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS	2,600
REGIONAL COUNCIL DUES PAYABLE	256,665
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	259,265

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,585,791
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,656,512
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-70,721
4	Net unrealized gains (losses) on investments	4	-596,669
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-596,669
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-667,390

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

1	Total revenue, gains, and other support per audited financial statements			1	7,980,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-596,669		
b	Donated services and use of facilities	2b	4,550		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-592,119
3	Subtract line **2e** from line **1**			3	8,573,007
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,893		
b	Other (Describe in Part XIV)	4b	-21,109		
c	Add lines **4a** and **4b**			4c	12,784
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,585,791

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

1	Total expenses and losses per audited financial statements			1	8,648,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	4,550		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	21,109		
e	Add lines **2a** through **2d**			2e	25,659
3	Subtract line **2e** from line **1**			3	8,622,619
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,893		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	33,893
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,656,512

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	AACAP PROMOTES AND SUPPORTS RESEARCH CAREERS, PUBLICIZES RESEARCH AND TRAINING OPPORTUNITIES, AND SPONSORS INITIATIVES TO FOSTER THE DEVELOPMENT AND CONTINUING EXCELLENCE OF CHILD ADOLESCENT PSYCHIATRISTS THROUGH FELLOWSHIP PROGRAMS, DISTINGUISHED MEMBER LECTURES, AND RESEARCH STIPENDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AACAP IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, AACAP HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER CURRENT INTERNAL REVENUE SERVICE REGULATIONS, ADVERTISING REVENUE EARNED IN AACAP'S PUBLICATIONS, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO UNRELATED BUSINESS INCOME TAX THERE WAS NO NET TAX LIABILITY FOR UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2011 AACAP FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, AACAP MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED AACAP'S TAX POSITIONS AND CONCLUDED THAT AACAP HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, AACAP IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2008
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B - 21,109
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B 21,109

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DINNER (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	42,600			42,600
	2 Less Charitable contributions	42,600			42,600
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	3,060			3,060
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,049			18,049
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(21,109)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-21,109

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE HONORARIA AND STIPENDS ARE PROVIDED FOLLOWING THE COMPLETION OF THE AWARD ACTIVITIES FOR EXAMPLE DISTINGUISHED MEMBER AWARD HONORARIA CHECKS ARE ISSUED AFTER THE AWARD RECIPIENT HAS COMPLIED WITH ALL THE TERMS OF THE AWARD FOR HONORARIA AND STIPENDS, THERE ARE NO RESTRICTIONS FOR THE USE OF FUNDS GRANT APPLICATIONS INCLUDE A BUDGET BREAKDOWN FOR EXPENSES THE BUDGET IS REVIEWED AS PART OF THE SELECTION REVIEW CRITERIA ONCE A RECIPIENT IS SELECTED, THE AWARD RECIPIENT, MENTOR AND INSTITUTION SIGN AN AGREEMENT FORM AGREEING TO UTILIZE THE FUNDS IN CONGRUENCE WITH THE APPROVED BUDGET ANY CHANGES TO THE BUDGET MUST BE SUBMITTED FOR WRITTEN APPROVAL A HALF OF THE GRANT FUNDS ARE PROVIDED ONCE THE AGREEMENT IS EXECUTED THE REMAINDER OF THE GRANT FUNDS IS PROVIDED ONCE THE PROJECT HAS BEEN COMPLETED AND LINE ITEM FINANCIAL EXPENSE REPORT SUBMITTED

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1958990
Name: AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANDERBILT UNIVERSITY3319 WEST END AVENUE SUITE 700 NASHVILLE,TN 37203	62-0476822	501(C)(3)	18,191				JR INVESTIGATOR AWARD
MASSACHUSETTS GENERAL HOSPITALP O BOX 3829 BOSTON,MA 022413829	04-2697983	501(C)(3)	33,782				JR INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065081873	06- 0646973	501(C)(3)	33,552				ESL & JR INVESTIGATOR AWARDS
INDIANA UNIVERSITY - OFFICE OF RESEARCH ADMIN PO BOX 66057 INDIANAPOLIS,IN 46266	35- 6001673	501(C)(3)	28,228				JR INVESTIGATOR AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH4200 FIFTH AVENUE PITTSBURGH,PA 15260	25-0965591	501(C)(3)	7,500				LILLY PILOT AWARD
REGENTS OF THE UNIVERSITY OF COLORADO1800 GRANT ST STE 600 DENVER,CO 80203	84-6000555	501(C)(3)	7,500				LILLY PILOT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL MEDICAL CENTER - MAYERSON CENTER 3333 BURNETT AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	15,000				LILLY PILOT AWARD
UNIVERSITY OF PITTSBURGH MEDICAL CENTER 200 LOTHROP STREET PITTSBURGH,PA 15213	25-1423657	501(C)(3)	7,500				LILLY PILOT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS333 SOUTH STREET SHREWSBURY,MA 01545	04-3167352	501(C)(3)	7,500				LILLY PILOT AWARD
DUKE UNIVERSITYPO BOX 104132 DURHAM,NC 27708	56-0532129	501(C)(3)	7,500				LILLY PILOT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL UNIV OF SOUTH CAROLINA 171 ASHLEY AVE CHARLESTON,SC 29425	57-6000722	501(C)(3)	7,500				LILLY PILOT AWARD
RESEARCH FDN OF SUNY35 STATE STREET ALBANY,NY 12207	14-1368361	501(C)(3)	7,500				LILLY PILOT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESEARCH FDN FOR MENTAL HYGIENE INC150 BROADWAY STE 301 MENANDS,NY 12204	14-1410842	501(C)(3)	7,500				LILLY PILOT AWARD
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO, CA 94144	91-1156365	501(C)(3)	15,000				LILLY PILOT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO, CA 94144	91-1156365	501(C)(3)	15,000				LILLY PILOT AWARD

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
BERMAN AWARD	1	4,500			
CANCRO AWARD	1	1,000			
CMHS SPECIAL PROG SCHOLARSHIP	20	15,000			
CMHS SPURLOCK STIPEND	1	2,500			
ESL AWARD	3	22,500			
ESL JOURNAL AWARD	1	5,000			
G TARJAN AWARD	1	1,000			
HAMBURG AWARD	1	1,000			
MED STUDENT FELLOWSHIP	6	21,000			
NIDA SPURLOCK STIPEND	3	9,000			
REIGER JOURNAL AWARD	1	4,500			
REIGER SERVICE AWARD	2	4,500			
SIMON WILE AWARD	1	500			
SPURLOCK AWARD	1	2,500			
PSYCHODYNAMICS PSYCHOTHERAPY AWARD	1	2,500			
KLINGENSTEIN 3RD GENERATION FDN AWARD	1	5,000			
ROBINSON CUNNINGHAM AWARD	1	200			
CFAK SR RESEARCHERS AWARD	8	8,000			
CFAK JR SCHOLARS	12	6,000			
ADVOCACY FOR FAMILIES GRANTS	19	4,750			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VIRGINIA Q ANTHONY	(i)	218,285	0	0	22,429	6,890	247,604	0
	(ii)	0	0	0	0	0	0	0
(2) KRISTIN KROEGER PTAKOWSKI	(i)	167,239	0	0	17,419	16,305	200,963	0
	(ii)	0	0	0	0	0	0	0
(3) HEIDI BUTTNER FORDI	(i)	142,735	0	0	15,311	10,434	168,480	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number
13-1958990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY IS A PROFESSIONAL MEDICAL ORGANIZATION COMPRISED OF CHILD AND ADOLESCENT PSYCHIATRISTS TRAINED TO PROMOTE HEALTHY DEVELOPMENT AND TO EVALUATE, DIAGNOSE, AND TREAT CHILDREN AND ADOLESCENTS AND THEIR FAMILIES WHO ARE AFFECTED BY DISORDERS OF FEELING, THINKING, LEARNING, AND BEHAVIOR CHILD AND ADOLESCENT PSYCHIATRISTS ARE PHYSICIANS WHO ARE UNIQUELY QUALIFIED TO INTEGRATE KNOWLEDGE ABOUT HUMAN BEHAVIOR AND DEVELOPMENT FROM BIOLOGICAL, PSYCHOLOGICAL, FAMILIAL, SOCIAL, AND CULTURAL PERSPECTIVES WITH SCIENTIFIC, HUMANISTIC, AND COLLABORATIVE APPROACHES TO DIAGNOSIS, TREATMENT AND THE PROMOTION OF MENTAL HEALTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT, PRESIDENT-ELECT (WHO SHALL SERVE AS VICE PRESIDENT UNTIL TAKING OFFICE AS PRESIDENT), SECRETARY, AND TREASURER OF AACAP ARE ELECTED BY A MAJORITY OF MAIL OR ELECTRONIC VOTES CAST BY ELIGIBLE MEMBERS FOR A TWO-YEAR TERM COUNCIL MEMBERS-AT-LARGE FOUR GENERAL OR FELLOW MEMBERS ARE NOMINATED BY THE NOMINATING COMMITTEE FOR COUNCIL MEMBERS-AT-LARGE TWO MEMBERS ARE ELECTED FOR A TERM OF THREE YEARS BY A SIMPLE MAJORITY OF VOTES CAST BY THE ELIGIBLE MEMBERS OF AACAP VOTING BY MAIL OR ELECTRONIC BALLOT THOSE ELECTED SHALL TAKE OFFICE AFTER THE BUSINESS MEETING OF THE ANNUAL MEETING OF AACAP HELD AFTER THEIR ELECTION, REPLACE THE TWO COUNCIL MEMBERS PREVIOUSLY ELECTED PURSUANT TO THIS ARTICLE WHOSE TERMS OF OFFICE EXPIRE AT THAT TIME, AND SERVE UNTIL THEIR SUCCESSORS HAVE BEEN DULY ELECTED AND INSTALLED THE SIX MEMBERS OF COUNCIL ELECTED PURSUANT TO THIS SECTION ARE NOT ELIGIBLE FOR REELECTION TO COUNCIL AS A MEMBER-AT-LARGE AFTER THE EXPIRATION OF THEIR TERM OF OFFICE UNTIL A PERIOD OF AT LEAST THREE YEARS SHALL HAVE ELAPSED ASSEMBLY MEMBERS OF COUNCIL THE ASSEMBLY OF REGIONAL ORGANIZATIONS OF CHILD AND ADOLESCENT PSYCHIATRY ALSO ELECTS FIVE MEMBERS TO COUNCIL IN ACCORDANCE WITH THE BYLAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	1 AACAP'S FINANCE DEPARTMENT WILL VERIFY ALL FINANCIAL DATA 2 A COPY OF THE DRAFT TAX RETURN WILL BE DISTRIBUTED TO THE EXECUTIVE DIRECTOR AND EACH MEMBER OF AACAP'S FINANCIAL PLANNING COMMITTEE, (FPC) ALL SECTIONS OF THE TAX FORM WILL BE REVIEWED BY THE FPC PERCEIVED ERRORS, OMISSIONS, INCONSISTENCIES OR REQUESTS FOR CLARIFICATIONS FROM THE FPC WILL BE COMMUNICATED TO THE EXECUTIVE DIRECTOR 3 THE EXECUTIVE DIRECTOR AND STAFF OF AACAP WILL ADDRESS ALL POINTS INDICATED BY THE FPC FOR RESOLUTION ANY ISSUES THAT CANNOT BE RESOLVED BY THE EXECUTIVE DIRECTOR AND STAFF WILL BE COMMUNICATED TO AACAP'S LEGAL AND TAX CONSULTANTS FOR FURTHER GUIDANCE 4 AFTER ALL ISSUES HAVE BEEN ADDRESSED THE RESOLUTIONS WILL BE COMMUNICATED TO AACAP'S TAX PROFESSIONALS FOR COMPLETION OF AACAP'S FEDERAL FORM 990 5 THE FINALIZED RETURNS WILL BE DISTRIBUTED TO THE EXECUTIVE DIRECTOR, THE FINANCIAL PLANNING COMMITTEE AND THE ENTIRE COUNCIL FOR FINAL REVIEW PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AACAP HAS THE FOLLOWING STANDARD OPERATING PROCEDURES FOR MONITORING AND ENFORCING CONFLICTS OF INTEREST DISCLOSURE OF AFFILIATIONS STATEMENT I PURPOSE TO REVIEW OUTSIDE AFFILIATIONS OF ALL OFFICERS, COMMITTEE MEMBERS AND OTHERS ACTING ON BEHALF OF THE AACAP DECISIONS BY THE OFFICERS, COMMITTEES AND OTHERS ON BEHALF OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY HAVE FAR REACHING SIGNIFICANCE AND CONSEQUENCES STATEMENTS, PUBLICATIONS AND RECOMMENDATIONS HAVE IMPLICATIONS FOR THE PRACTICE OF CHILD AND ADOLESCENT PSYCHIATRY AND THE HEALTH OF CHILDREN AND THEIR FAMILIES ALL OVER THE WORLD IT IS ASSUMED THAT ALL OFFICERS, COMMITTEE MEMBERS AND OTHERS ACTING ON BEHALF OF THE AACAP ACT HONESTLY AND WITH INTEGRITY HOWEVER, WHEN OUTSIDE AFFILIATIONS RESULT IN REAL OR PERCEIVED CONFLICTS OF INTEREST, WHICH MAY IMPACT ON AN INDIVIDUAL'S OPINION, DISCLOSURE IS NECESSARY II PROCEDURES A DISTRIBUTION OF STATEMENT 1 THE STATEMENT WILL BE DISTRIBUTED TO THE COUNCIL, EXECUTIVE COMMITTEE, ASSEMBLY EXECUTIVE COMMITTEE AND ALL COMPONENTS EACH MEETING THE MEETING NAME AND DATE ARE NOTED ON EACH FORM 2 THE STATEMENT MUST BE COMPLETED BY EACH OFFICER/COMPONENT MEMBER AND TURNED INTO THE CHAIR AT THE BEGINNING OF THE MEETING 3 THE STATEMENTS ARE COLLECTED AND REVIEWED AND THE AGENDA WILL INCLUDE DISCUSSION OF POTENTIAL CONFLICTS OF INTEREST THE MINUTES WILL NOTE RECEIPT OF ALL STATEMENTS AND DISCUSSION, IF ANY IF THERE IS CONCERN ABOUT ANY CONFLICT, THE CHAIR WILL REVIEW CONCERNS WITH THE AACAP SECRETARY, WHO WILL HAVE THE ULTIMATE DECISION MAKING AUTHORITY 4 THE STATEMENTS WILL BE HELD IN THE COMPONENTS' FILES FOR TWELVE MONTHS AND THEN DESTROYED 5 WHEN COMPLETING THE STATEMENT OF DISCLOSURE OF AFFILIATIONS, MEMBERS WILL NOTE ORGANIZATIONS WHERE THEY SERVE IN A GOVERNING OR LEADERSHIP CAPACITY, RELATIONSHIPS WITH PHARMACEUTICAL COMPANIES, RELATIONSHIPS WITH THIRD PARTY CME COMPANIES, MANAGED CARE ORGANIZATIONS, INTERNET HEALTH INFORMATION PROVIDERS, ETC IT IS IMPORTANT TO DISCLOSE WHERE HE/SHE SERVES OTHER AGENCIES, ASSOCIATIONS OR CORPORATIONS, IN CAPACITIES THAT ARE SIMILAR TO OR COMPETE WITH THE AACAP 6 MEMBERS ARE ASKED TO DECLARE ANY DIRECT OR INDIRECT FINANCIAL INTERESTS OR PERSONAL, FAMILY OR OTHER RELATIONSHIPS WHICH CONFLICT WITH DUTIES OR RESPONSIBILITIES AND INFLUENCE ONE'S JUDGMENT ON BEHALF OF THE AACAP NOTING A POTENTIAL CONFLICT DOES NOT PRECLUDE SERVICE ON AACAP COMPONENTS, BUT FOLLOWING AACAP PROCEDURE, SUCH INFORMATION WILL BE SHARED WITH THE AACAP COMPONENT CHAIR, AND IF DEEMED NECESSARY, WITH THE AACAP SECRETARY, EXECUTIVE COMMITTEE AND COUNCIL 7 AT THE BOTTOM OF THE STATEMENT, MEMBERS WILL SIGN TO AGREE THAT "BASED ON THE ABOVE, I DO NOT SEE A CONFLICT IN THE EVENT OF A CONFLICT I WILL DISCLOSE IT AND IF APPROPRIATE I WILL EXCUSE MYSELF FROM DELIBERATIONS "

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TOP MANAGEMENT OFFICIAL THE EXECUTIVE DIRECTOR, (ED) IS THE TOP MANAGEMENT OFFICIAL THE ED IS EVALUATED BY THE EXECUTIVE COMMITTEE, (EC) OF AACAP'S COUNCIL EACH MEMBER OF THE EC INDIVIDUALLY EVALUATES THE ED UTILIZING A STANDARDIZED FORM RANKING THE ED'S PERFORMANCE IN KEY AREAS THE EVALUATION HAS KEY-JOB SPECIFIC CRITERIA PERTAINING TO SUPERVISORY AND LEADERSHIP SKILLS THE PRESIDENT OF AACAP THEN PREPARES A WRITTEN EVALUATION THAT IS COMMUNICATED TO THE ED ANNUAL SALARY ADJUSTMENTS OF THE ED ARE BASED UPON THE RESULTS OF THE EVALUATIONS, AND ON THE JUDGMENT OF THE EC SALARY SURVEYS FROM SIMILAR ORGANIZATIONS ARE USED TO HELP GUIDE THE EC IN THEIR DECISION PROCESS TOP FINANCIAL POSITION THE TREASURER OF AACAP IS A VOLUNTEER, UNPAID POSITION KEY EMPLOYEES KEY EMPLOYEES ARE EVALUATED UTILIZING A STANDARDIZED FORM RANKING THEIR PERFORMANCE IN KEY AREAS THREE CRITERIA RELATE TO AACAP'S VALUES THE REMAINING EVALUATION TOOLS ARE KEY-JOB SPECIFIC CRITERIA PERTAINING TO SUPERVISORY AND MANAGERIAL SKILLS THE FINAL PART OF THE EVALUATION IS RELATED TO SETTING GOALS FOR THE COMING PERIOD(S) ANNUAL SALARY ADJUSTMENTS OF KEY EMPLOYEES ARE BASED UPON THE RESULTS OF THEIR EVALUATIONS, AND ON THE JUDGMENT OF THE ED SALARY SURVEYS FROM SIMILAR ORGANIZATIONS ARE USED TO HELP GUIDE THE ED IN THE DECISION PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFILICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -596,669