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DLN: 93493318038363

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

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

			,			<u> </u>	-		Inspection
			endar year, or tax year beginnin C Name of organization	g 01-01-2012 , 2012, and enc	ling 12-31	-2012	D Emple	ver ide	entification number
		applicable change	AMERICAN ACADEMY OF CHILD & A	DOLESCENT PSYCHIATRY				•	
Nar		-	Doing Business As				13-1	95899	0
┌ Inıt		_	News how and about 4 as D.O. how for		I D /t	_	_		
Ten			3615 WISCONSIN AVENUE NW	naıl ıs not delivered to street address)	Room/suite	2	E Teleph	one num	nber
		return	City or town, state or country, and	7IP + 4			(202	966-7	7300
		on pending	WASHINGTON, DC 200163007				6 Cross	racainte	\$ 11,019,161
, ,,,,,,		penumg	F Name and address of prii	ncinal officer		U/a) Tak	-		· · · ·
			HEIDI B FORDI			H(a) Is th affili	ns a group ates?	returr	TYes ▼ No
			3615 WISCONSIN AVENU WASHINGTON, DC 20016			U/b) .			
									ıded?
I Tax	(-exer	mpt status	▽ 501(c)(3) ┌ 501(c)() ◄ (Insert no)	527	_			
J W	ebsit•	e: ► WW	W AACAP ORG			H(c) Gro	up exemp	tion nu	mber ►
K Forn	n of or	rganization	Corporation Trust Association	on C Other ▶	L	L Year of fo	ormation 19	959 M	State of legal domicile DE
	rt I		mary	otici P		E rear or i	omidion 1	333 •	state of legal dofficie.
			escribe the organization's mission.	on or most significant activities					
			LEADS ITS MEMBERSHIP THR			UPPORT AI	ND CONT	INUIN	G EDUCATION
ည		-							
檀									
₽ Ş	2	Check th	nis box দ if the organization di	scontinued its operations or di	sposed of	more than :	25% of its	net as	ssets
Activities & Governance									1
2 6			of voting members of the govern					3	16
ij			of independent voting members					4	15
돗			mber of individuals employed in					6	47
ĕ			mber of volunteers (estimate if r related business revenue from P					7a	134,680
			lated business taxable income f					7b	154,000
				·			or Year	1 1	Current Year
	8	Contril	butions and grants (Part VIII, li	ne 1h)			4,613,	035	4,362,882
를	9	Progra	m service revenue (Part VIII, I	ne 2g)			3,350,		4,012,154
Ravenue	10	Invest	ment income (Part VIII, columi	n (A), lines 3, 4, and 7d) .			367,	014	327,625
立	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 1	.1e)		255,	076	292,749
	12		evenue—add lines 8 through 11				8,585,	791	8,995,410
	13		and sımılar amounts paid (Part				640,		544,281
	14		ts paid to or for members (Part 1					0	0
	15		es, other compensation, employ						
Expenses		5-10)					3,958,		3,990,099
₹	16a		sional fundraising fees (Part IX,					0	0
ম্	b		ndraising expenses (Part IX, column (D				4 0 5 5	765	4 005 050
	17 18		expenses (Part IX, column (A), expenses Add lines 13–17 (mu				4,056, 8,656,		4,025,853 8,560,233
	18 19		expenses Add lines 13-17 (mu ue less expenses Subtract line				-70,		435,177
<u>> 07</u>		IVE A CIL	as less expenses subtract fille	TO HOM MICTAL I I I			g of Curre		
Not Assets or Fund Balances							Year		End of Year
4.55.4 Bas	20		assets (Part X, line 16)				10,867,		12,166,695
ger Grad	21		iabilities (Part X, line 26)				3,141,		3,470,094
	22		sets or fund balances Subtract	line 21 from line 20			7,725,	556	8,696,601
	t II		ature Block						E
my kr	iowle		perjury, I declare that I have ex pelief, it is true, correct, and cor nowledge						
		****	**			I	012-11-12		
Sign			iture of officer				013-11-13 Pate		
Here		HEID!	I B FORDI EXECUTIVE DIRECTOR						
		Туре	or print name and title						
			rint/Type preparer's name VILLIAM E TURCO CPA	Preparer's signature	Da	l Cii	eck l ıf f-employed	PTIN P0036	9217
Paid				1		ı sei	i ciripioyeu		

Firm's name MCGLADREY LLP

Firm's address > 9737 WASHINGTONIAN BLVD 400

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

GAITHERSBURG, MD 208787340

Preparer

Use Only

Firm's EIN 🕨 42-0714325

Phone no (301) 296-3600

✓ Yes 厂No

	990 (2012)					Page
Par		of Program Serv		lishments uestion in this Part III		·
1	Briefly describe the o	•				<u> </u>
ADV		N, COMPREHENSIVE	DIAGNOSIS	AND TREATMENT AND	MILIES THROUGH RESEARC) TO MEET THE PROFESSION	
2	Did the organization u the prior Form 990 or If "Yes," describe thes	990-EZ?		ervices during the year v	which were not listed on	┌ Yes ┌ No
3	•	ease conducting, or i	make significar	nt changes in how it cond	ducts, any program	┌ Yes ┌ No
4	Describe the organiza	tion's program servic 1(c)(3) and 501(c)(4	e accomplishn	s are required to report t	e largest program services, as the amount of grants and alloca	
4a	(Code ANNUAL MEETING & INST AND NONMEMBERS) (Expenses \$ ITUTES PRESENT THE LA	1,910,040 TEST RESEARCH	including grants of \$ AND ADVANCES IN CLINICAL F) (Revenue \$ PRACTICE OF CHILD AND ADOLESCEN	1,728,867) T PSYCHIATRY TO MEMBERS
4b	(Code GRANT EXPENSES THROU) (Expenses \$ UGH FEDERAL AND NON-F	1,170,884 FEDERAL GRANTS	including grants of \$ THE ACADEMY SUPPORTS RE	544,281) (Revenue \$ SEARCH AND TRAINING EFFORTS AS) WELL AS FELLOWSHIPS
4c	(Code COMPONENTS WORK TO AND THE PUBLIC) (Expenses \$ INCREASE THE KNOWLE	1,089,880 DGE BASE OF SPEC	including grants of \$ CIFIC AREAS WITHIN CHILD 8) (Revenue \$ ADOLESCENT PSYCHIATRY FOR THE) BENEFIT OF THE SPECIALTY
	(Code SPECIAL FUNDS) (Expenses \$	698,916	including grants of \$) (Revenue \$)
	(Code JOURNAL) (Expenses \$	668,835	including grants of \$) (Revenue \$	1,457,869)
	(Code GOVERNMENT AFFAIRS) (Expenses \$	575,783	including grants of \$) (Revenue \$)
	(Code MEMBERSHIP) (Expenses \$	315,767	including grants of \$) (Revenue \$)
	(Code RESEARCH INITIATIVES) (Expenses \$	263,080	including grants of \$) (Revenue \$	109,988)
	(Code AACAP NEWS) (Expenses \$	185,918	including grants of \$) (Revenue \$	34,850)
	(Code COMMUNICATIONS) (Expenses \$	151,462	including grants of \$) (Revenue \$)
	(Code PRESIDENTIAL INITIATIVE) (Expenses \$	74,735	including grants of \$) (Revenue \$)
	(Code PUBLICATIONS) (Expenses \$	22,678	including grants of \$) (Revenue \$	365,000)
	(Code CLINICAL PRACTICE) (Expenses \$	279,289	including grants of \$) (Revenue \$)
4d	Other program service (Expenses \$	ces (Describe in Scho 3,236,463 inc	,	of \$) (Revenue \$ 1,9	967,707)
	Total program service	e expenses 🌬	7.407.267	1		

Part IV Checklist of Required Schedule
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			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,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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
е	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 and XII	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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		No
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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? <i>If</i> "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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		Νo
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 direct or indirect 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		Νo
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		Νo
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compilance			_
	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 60		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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, securities account, or other financial 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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	· · · · · · · · · · · · · · · · · · ·	5b		
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 as charitable contributions?	6a		No
	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).	70	Vac	
	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 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76	165	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Νo
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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	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. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management **1a** Enter the number of voting members of the governing body at the end of the tax 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Yes 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Yes 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 Yes 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 16a Νo **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 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

- 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. Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LARRY D BURNER 3615 WISCONSIN AVENUE NW WASHINGTON, DC (202)966-7300

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) MARTIN J DRELL MD	20 00	х		х				0	0	0	
PRESIDENT											
(2) LOUIS J KRAUS MD	10 00	х		х				0	0	0	
ASSEMBLY CHAIR (3) PARAMJIT T JOSHI MD	10 00				\vdash	<u> </u>					
PRESIDENT ELECT	10.00	х		х				0	0	0	
(4) STEVEN P CUFFE MD	10 00										
TREASURER		Х		Х				0	0	0	
(5) DAVID R DEMASO MD	10 00	х		x				0	0	0	
SECRETARY											
(6) LAURENCE L GREENHILL MD	5 00	х						0	0	0	
PAST PRESIDENT (7) YIU KEE WARREN NG MD	5 00				-						
		х						О	0	0	
ASSEMBLY VICE-CHAIR (8) STEVEN ADELSHEIM MD	5 00										
COUNCIL MEMBER	3 00	х						o	0	0	
(9) WAYNE B BATZER MD	5 00										
COUNCIL MEMBER		Х						0	0	0	
(10) STEVEN J COZZA MD	5 00										
COUNCIL MEMBER		Х						0	0	0	
(11) DEBORAH DEAS MD	5 00				\vdash		\vdash				
		х						0	0	0	
COUNCIL MEMBER (12) D RICHARD MARTINI MD	5 00										
		х						0	0	0	
COUNCIL MEMBER (13) JOAN LUBY MD	5 00										
		х						О	0	0	
COUNCIL MEMBER (14) MELVIN D OATIS MD	5 00				\vdash		\vdash			_	
] 300	х						0	0	0	
COUNCIL MEMBER (15) NEAL RYAN MD	5 00				_						
	3 00	х						0	0	0	
COUNCIL MEMBER (16) JENNA S SAUL MD	F 00				\vdash		\vdash				
	5 00	х						0	0	0	
COUNCIL MEMBER											
	5 00	1		ı	ı	I	ı l	i l			
(17) MARGARET L STUBER MD] 300	x				l		0	0	0	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	per more than one box, unless compensation (list person is both an officer and a director/trustee) area (W-2/1099- (W-2/1099-							Reportable compensation from related organizations	(I Estin amount comper from organi	nated of other nsation the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	and re organiz	elated	
(18) MARK S BORER MD	5 00											
ASSEMBLY REPRESENTATIVE		X						0	1	0	0	
(19) KATHLEEN M KELLEY MD	5 00	х						0		0	0	
ASSEMBLY REPRESENTATIVE		-										
(20) HARSH K TRIVEDI MD ASSEMBLY REPRESENTATIVE	5 00	×						0		o	0	
(21) RUTH GERSON MD	5 00									+		
RESIDENT MEMBER		X						0	1		0	
(22) SOURAV SENGUPTA MD	5 00	х	x o						0	0		
RESIDENT MEMBER	T MEMBER											
(23) MARIKA WRZOSEK MD	x						О		o	0		
RESIDENT MEMBER (24) HEIDI B FORDI 37 50										 		
TOTAL STORES X 175,059 CUTIVE DIRECTOR FROM 09/01/12							1	D	28,158			
(25) VIRGINIA Q ANTHONY	37 50			,,	245 520						38,789	
EXECUTIVE DIRECTOR UNTIL 08/31/12				Х				245,529		0	30,709	
(26) LARRY D BURNER	37 50			x				97,828		0	23,547	
CONTROLLER (27) KRISTIN KROEGER PTAKOWSKI	37 50									-		
,	37 30					х		181,899		o	32,266	
SR DEPUTY EXECUTIVE DIRECTOR (28) ANNE C DOUGHERTY	37 50									+		
DIRECTOR, IT & WEB SERVICE						X		104,911	1	0	17,691	
1b Sub-Total						 						
c Total from continuation sheets to Part	VII, Section A			-								
d Total (add lines 1b and 1c)		•				•		805,226	0		140,451	
Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than				
										Yes	No	
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			ke, •			yee, o	r hig	ghest compensate	d employee	;	No	
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes		
5 Did any person listed on line 1a receive services rendered to the organization?										1	No	

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
ELSEVIER LTD 5625 FISHERS LN ROCKVILLE MD 20852	MEMBER SUBSCRIPTIONS	260,814
Total number of independent contractors (including but not limited to these listed of	avaluha ragawad mara than	

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 V	7111										
		Check If Schedu	ule O contains a respoi	nse to any question i	In this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
10	1a	Federated camp	paigns 1a								
ints Ints	ь	Membership du	es 1b	2,373,521							
6ra	c	Fundraising eve									
ξĒ	d	Related organiz									
ija Bila				1,200,739							
ns,	e	Government grants									
ıtio er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	788,622							
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines								
Cont and	h	1a-1f \$ Total. Add lines	: 1a-1f		4,362,882						
<u>ਹ ਜ਼</u>		Total. Add filles		· · · •	.,552,652						
e I		MEETINGC/INCTIT	ITEC	Business Code							
Program Serwice Revenue	2a	MEETINGS/INSTITU	JIES	541800	1,919,297	1,728,867	9,530	180,900			
2 <u>2</u> 2	b	PUBLICATIONS		541800	1,549,479	1,424,329	125,150				
Š	4	JANUARY INSTITUT		900099	277,046	277,046					
Ž.	d	ANNUAL REVIEW	IC INST	900099	231,903	231,903					
Ē	e •	All other progra		900099	34,429	34,429					
) D	f		am service revenue								
	g		s 2a – 2f		4,012,154						
	3		ome (including dividen ar amounts)		211,580			211,580			
	4		tment of tax-exempt bond	<u> </u>							
	5	Royalties		🕨	228,490			228,490			
			(ı) Real	(II) Personal							
	6a	Gross rents	30,000								
	Ь	Less rental expenses	0								
	c	Rental income or (loss)	30,000								
	d		me or (loss)		30,000			30,000			
			(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory	2,139,796								
	ь	Less cost or	2 022 751								
		other basis and sales expenses	2,023,751								
	С	Gain or (loss)	116,045		446.045			445.045			
	d o-		s)		116,045			116,045			
Other Revenue	8a	Gross income fi events (not incl \$	luding s reported on line 1c)								
ن <u>ت</u>		,	a								
ŧ	b		penses b								
0	C		(loss) from fundraising	events 🛌							
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a								
	b	Less direct ex	penses b								
	С		(loss) from gamıng actı	vities							
	10a	Gross sales of returns and allo									
	ь	Less cost of a	oods sold b								
			(loss) from sales of inv	entory 🛌							
		Miscellaneous		Business Code							
	11a	OTHER INCOM	1E	900099	34,259			34,259			
	ь										
	С										
	d	All other revenu	ue								
	e	Total. Add lines	s 11a-11d	🕨	34,259						
	12	Total revenue.	See Instructions .	🕨	8,995,410	3,696,574	134,680	801,274			
	1				0,995,410	3,090,5/4	134,680	001,274			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Management and Program service Fundraising Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 234,117 234,117 Grants and other assistance to individuals in the United States See Part IV, line 22 310,164 310,164 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 594,082 405,259 171,427 17,396 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 2,813,921 1,897,415 833,121 83,385 Pension plan accruals and contributions (include section 401(k) 153,919 94,829 53,465 5,625 and 403(b) employer contributions) 30,193 9 Other employee benefits . 239,611 205,472 3,946 188,566 115,520 65,157 10 Payroll taxes 7,889 Fees for services (non-employees) 11 Management 21,153 Legal 21,648 495 Accounting . 75,400 75,400 Professional fundraising services See Part IV, line 17 Investment management fees 34,328 34,328 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 228,457 160,243 67,531 683 Schedule O) 98,937 98,937 12 Advertising and promotion . 13 Office expenses 866,838 693,770 157,400 15,668 14 Information technology . 123,601 37,564 85,834 203 15 Royalties . 160,392 16 Occupancy 160,392 17 1,262,157 1,240,952 17,054 4,151 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 323,631 236,129 84,303 3,199 20 4,661 4,661 Payments to affiliates 21 Depreciation, depletion, and amortization . 293,620 22 293,620 23 16,817 24,789 41.606 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a HONORARIA 355,795 355,795 F&A EXPENSES 67,903 67,443 460 DUES & SUBSCRIPTIONS 33,222 8,465 23,762 995 d STAFFTRAINING 25,171 573 24,598 8,486 1,206,650 -1,284,029 e All other expenses 85,865 Total functional expenses. Add lines 1 through 24e 25 8,560,233 7,407,267 923.961 229,005 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► Tif following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	tΧ	Check if Schedule O contains a response to any question in this F	art X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			500	1	500
	2	Savings and temporary cash investments			987,028	2	1,792,439
	3	Pledges and grants receivable, net			487,958	3	360,272
	4	Accounts receivable, net			85,143	4	100,624
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L	ectors II of	, trustees, key		5	
ste	6	Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L		6			
4ssets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	137,320		157,671		
	10a	Land, buildings, and equipment cost or other basis Complete	10a	4,804,864	·	-	107,077
	ь		10b	2,807,878	2,181,296	10c	1,996,986
	11	Investments—publicly traded securities		3,135,705	11	3,581,185	
	12	Investments—other securities See Part IV, line 11	3,827,980	12	4,148,183		
	13	Investments—program-related See Part IV, line 11			, ,	13	, ,
	14	Intangible assets		_		14	
	15	Other assets See Part IV, line 11			24,167	15	28,835
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,867,097	16	12,166,695
	17	Accounts payable and accrued expenses			736,650	17	1,330,560
	18	Grants payable				18	.,
	19	Deferred revenue			1,985,789	19	1,843,999
	20	Tax-exempt bond liabilities	•		1,555,155	20	1,010,000
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trus				
GE I		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			159,837	23	48,021
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part					
		D			259,265		247,514
	26	Total liabilities. Add lines 17 through 25			3,141,541	26	3,470,094
ices		Organizations that follow SFAS 117 (ASC 958), check here ▶ Ines 27 through 29, and lines 33 and 34.	and c	omplet e			
<u>lar</u>	27	Unrestricted net assets		•	4,820,995	27	5,844,089
<u> </u>	28	Temporarily restricted net assets			1,334,891	28	1,282,842
힏	29	Permanently restricted net assets		•	1,569,670	29	1,569,670
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e ► ┌	⁻ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ıds			32	
Net	33	Total net assets or fund balances		•	7,725,556	33	8,696,601

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8.0	95,410
2	Total expenses (must equal Part IX, column (A), line 25)	2			560,233
3	Revenue less expenses Subtract line 2 from line 1	3			135,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			7 <u>25,556</u> 535,868
6	Donated services and use of facilities	6			33,666
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		8.6	596,601
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990			- 103	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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 recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3 b	Yes	

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DLN: 93493318038363

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.

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

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

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

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Employer identification number

13-1958990

•			instructions))	Yes	No	Yes	No	Yes	No			
0			IIISTIUCTIONS			1 V	1 NI	1 3/	1 81			
(i) Name o supported organizatio		orted organization		organization organization in col (i) listed in your governing document?		(v) Did y the orga in col (i) supp	nization) of your ort?	(vi) Is the organization in col (i) organized in the US?		mo		nount of etary port
h		Provide the fo	llowing information abou	ut the support	ted organız	atıon(s)						
		• • • • •	ontrolled entity of a pers	` ,) above?				11g(iii)		
		• •	nember of a person desc		-	. •				11g(ii)		
			no directly or indirectly, the governing body of	•		_	in persons o	iescribea in (ii)	11g(i)	Yes	No
f g		check this bo Since August following pers	otion received a written (17, 2006, has the orga	nızatıon acce	epted any g	ıft or contrıbu	ition from ar	ny of the		pporting	Yes	Г —
e	Γ	the box that d a Type By checking to other than four	ublicly supported organ escribes the type of sup e I b Type II c his box, I certify that th ndation managers and o	pporting orga Type I e organizatio	nization and II - Function n is not cor	d complete lii onally integra ntrolled direc	nes 11e thro ted d f tly or indire	ough 11h Type III - N ctly by one or	lon-fund more di	ctionally squalified	ntegra d pers	ated ons
l 1	, T	An organizati	on organized and operat	ed exclusivel	ly for the be	enefit of, to pe	erform the fu	ınctıons of, or	to carry	•		
LO	Г		on organization after sar						ı			
		• •	m gross investment inc e organization after Jur				•		. Lax) ff	om busi n	esses	
			activities related to its									
9	<u> </u>		on that normally receive									SS
8		•	trust described in secti		. , . , .		•					
,	ı	•	ection 170(b)(1)(A)(vi		•	is support no	ili a goverili	mental unit of	ווטווו נווי	e generai	public	•
6 7		•	e, or local government on that normally receive	-					from the	o gonoral	nublic	
_	_	•)(1)(A)(iv). (Complete	•			-+: 170/b)	\(4\\\A\\\\\				
	Г	_	on operated for the bene	_	e or univer	sity owned or	operated b	y a governmer	ntal unit	t describe	d in	
5			ne, city, and state									
4 5	Γ	,, illealear les	earch organization oper	acca III conja		a mospital ac	.sc.ibca iii e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ - /\ · · /\			

Sche	edule A (Form 990 or 990-EZ) 2012						Page 2
Pa	rt II Support Schedule for (Complete only if you c Part III. If the organiza	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	tion failed to c	qualify under
-5	ection A. Public Support	uon ians to qu	ality under the	tests listed bei	ow, piease com	piete Part III.,)
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
	ection B. Total Support						_
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts 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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f this box and stop here	<u> </u>	<u> </u>		•	· · · · <u>· ·</u>	nization, check
	ection C. Computation of Pub Public support percentage for 2012			11 column (5)		1	
14				II, COIUMIN (T))		14	
15	Public support percentage for 2011					15	
	33 1/3% support test—2012. If the cand stop here. The organization qual 33 1/3% support test—2011. If the coox and stop here. The organization	ifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			► □
17a	10%-facts-and-circumstances test- is 10% or more, and if the organizat in Part IV how the organization mee	- 2012. If the org ion meets the "f	anızatıon dıd not acts-and-cırcum	check a box on lii stances" test, ch	eck this box and s	top here. Explai	n orted
b	organization 10%-facts-and-circumstances test— 15 is 10% or more, and if the organ Explain in Part IV how the organizat	zation meets th	e "facts-and-cırc	umstances" test,	, check this box ai	nd stop here.	
18	supported organization Private foundation. If the organizati instructions	on dıd not check	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	►□ ►□

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

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

	ction A. Public Support				, ·	•				
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,170,847	3,666,457	3,499,852	4,613,035	4,	.362,882	20,313,073		
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	3,072,142	3,188,542	4,311,795	3,244,196	3,	877,654	17,694,329		
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	7,242,989	6,854,999	7,811,647	7,857,231	8,	240,536	38,007,402		
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0		
b	A mounts 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		
_	Add lines 7a and 7b							0		
8	Public support (Subtract line 7 c from line 6)							38,007,402		
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total		
9	A mounts from line 6	7,242,989	6,854,999	7,811,647	7,857,231	8,	240,536	38,007,402		
.0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	548,566	450,377	428,062	430,712		470,070	2,327,787		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c	Add lines 10a and 10b	548,566	450,377	428,062	430,712		470,070	2,327,787		
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)	16,787	21,097	16,598	27,353	34,259		34,259		116,094
13	Total support. (Add lines 9, 10c,	7,808,342	7,326,473	8,256,307	8,315,296	8,	744,865	40,451,283		
14	11, and 12) First five years. If the Form 990 is for check this box and stop here	or the organization	on's first, second	third, fourth, or f	ifth tax year as a	501(c)(3) organ	ızatıon, ▶┌		
	ction C. Computation of Publ					1				
15 16	Public support percentage for 2012			13, column (f))		15		93 960 %		
16 Sa	Public support percentage from 201 ction D. Computation of Inve	·	·			16		93 100 %		
<u> </u>	Investment income percentage for 2				n (f))	17		5 750 %		
18	Investment income percentage from					18		6 420 %		
	33 1/3% support tests—2012. If the				line 15 is more tl		8%, and			
	more than 33 1/30% check this hove							▶ ▽		

^{33 1/3%} support tests—2011. 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

Schedule A (Fo	rm 990 or 990-E2) 2012 Page					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
Facts And Circumstances Test						
	Explanation					

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493318038363

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-

3

Was a correction made? If "Yes," describe in Part IV

exempt function 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.

┌ Yes ┌ No

Department of the Treasury nternal Revenue Service	► See separate instructions.	Open to Public Inspection
_	answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 4	6 (Political Campaign Activities), then
, , ,	organizations Complete Parts I-A and B Do not complete Part I-C	
	ther than section 501(c)(3)) organizations Complete Parts I-A and C below Do not	complete Part I-B
•	nizations Complete Part I-A only	
-	answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line	, , , ,
1 / 1	organizations that have filed Form 5768 (election under section 501(h)) Complete	•
, , ,	organizations that have NOT filed Form 5768 (election under section 501(h)) Com	·
-	answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, P	art V, line 35c (Proxy Tax), then
	, (5), or (6) organizations Complete Part III	T
Name of the organi	zation F CHILD & ADOLESCENT PSYCHIATRY	Employer identification number
ATTENDED TO	CHED WIDSTESSERI I STOREMIN	13-1958990
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a	section 527 organization.
1 Provide a desc	ription of the organization's direct and indirect political campaign activities in Pa	rt IV
2 Political exper	ditures	F \$
3 Volunteer hour	s	
Part I-B Comp	ete if the organization is exempt under section 501(c)(3).	
	int of any excise tax incurred by the organization under section 4955	b - +
Linter the amou	int of any excise tax incurred by the organization under section 4555	F >

Enter the amount of any excise tax incurred by organization managers under section 4955

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

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes
5	organization made payments F amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fr directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

	nedule C (Form 990 or 990-EZ) 2012						Page 2
Pa	art II-A Complete if the organization under section 501(h)).	ı is exemp	t under	section 501(c	:)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to expenses, and share of excess lob Check If the filing organization checked be	byıng expendit	tures)		_	oup member's nam	e, address, EIN
	Limits on Lobbying I (The term "expenditures" means a	Expenditur	es			(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influence public	opinion (grass	roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	latıve body (dı	rect lobby	/ing)			
С	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	.c and 1d)					
f	Lobbying nontaxable amount Enter the amount columns	from the follow	ving table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontax	able amount is:			
	Not over \$500,000	20% of the ar	mount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ent	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	er-0-					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ine 1h or line 1	Lı, dıd the	organization file I	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t	section 50	1(h) el		havè to coi		he five
	Lobbying Exp	enditures	During	4-Year Avera	ging Period	T	T
	Calendar year (or fiscal year beginning in)	(a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total 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	a)	(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A mount	
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				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		2,500	
е	Publications, or published or broadcast statements?	Yes			
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		12,500	
i	Other activities?		Νo		
j	Total Add lines 1c through 1i		•	67,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
ь	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), c	r 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	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	Tayable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	EDUCATION OF THE LEGISLATURE ABOUT MATTERS RELATED TO CHILD AND ADOLESCENT PSYCHOPATHOLOGY AND ITS TREATMENTS

1

DLN: 93493318038363

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY 13-1958990 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

- easement on the last day of the tax year
 - Held at the End of the Year Total number of conservation easements 2a
 - Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06, and not on a

- 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- the tax year 🟲
- Number of states where property subject to conservation easement is located 🛌
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2012

Part	Organizations Maintaining Co	ollections of Ar	<u>t, His</u>	torical T	reasures, c	or Oth	<u>ner Similar A</u>	ssets (c	:ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	ieck any of	the following t	hat are	e a sıgnıfıcant us	e of its	
а	Public exhibition		d	┌ Loan	or exchange ¡	orogran	ms		
b	Scholarly research		e	┌ Othe	er				
С	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and expl	aın hov	v they furth	er the organiz	atıon's	exempt purpose	ın	
5	During the year, did the organization solicit	or receive donation	sofar	t, historica	l treasures or	others	ımılar	_	_
	assets to be sold to raise funds rather than		•				W	☐ Yes	│ No
Pari	Part IV, line 9, or reported an ar					rerea	"Yes" to Form	990, ———	
	Is the organization an agent, trustee, custod included on Form 990, Part X?				utions or othe	rasset	s not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving table					
_	_					-		mount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					10			
f	Ending balance					11	ř		
2a	Did the organization include an amount on F	orm 990, Part X, lır	ne 21?					☐ Yes	Г No —
ь	If "Yes," explain the arrangement in Part XII								<u>'</u>
Par	t V Endowment Funds. Complete	if the organization (a)Current year		wered "Ye Prior year			d)Three years back		years back
1a	Beginning of year balance	2,546,509	(0)	2,186,835		5,735	1,836,600		1,459,697
	Contributions	401,275		971,441	· ·	7,399	198,500		473,613
	Net investment earnings, gains, and losses	,				.,			
	- , - ,	246,063		-93,752	2 17	8,202	377,475		
	Grants or scholarships								
	Other expenditures for facilities and programs	468,884		518,015	38	4,501	216,840	1	96,710
	Administrative expenses								
	End of year balance	2,724,963		2,546,509	2,18	6,835	2,195,735	;	1,836,600
_	Provide the estimated percentage of the cur	rent vear end balan	ice (lin	e 1a. colur	nn (a)) held as				
	Board designated or guasi-endowment	31 050 %		c rg, colui	iiii (u)) iiciu us				
	Permanent endowment ► 57 600 %								
	remanent endowment F	350 %							
	Temporarily restricted endowment \(\bigcup \) \(\bigcup \)								
	Are there endowment funds not in the posse	•	zation	that are he	ld and adminis	tered f	or the		
	organization by	-						Yes	No
	(i) unrelated organizations							ı(i)	No
	(ii) related organizations						· · · · -	(ii)	No.
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the				· · · ·	•		3b	
Pari					10.				
	Description of property			(a) Cost of basis (inve	or other (b) Cos	t or oth (other)		ed (d) B	Book value
	and					375,4	17		375,417
	uildings					3,593,1		331	1,444,843
	easehold improvements					, -,=	_,_,_,	_	, .,
	quipment							_	
	• •	-		1				$-\!\!-\!\!-\!\!-$	
e (Other					836,2	73 659,!	547	176,726

Part VII Investments—Other Securities. See I			
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	i-year market value
(2)Closely-held equity interests			
(3)O ther			
(A) 74,160 SHS BERNSTEIN INT'L PORTFOLIO	1,031,568		F
(B) 221,193 SHS BERNSTEIN INTERMEDIATE DUR			
PORTFOLIO	3,116,615		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,148,183		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In			
(a) Descript	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
SECURITY DEPOSITS	2,600		
REGIONAL COUNCIL DUES PAYABLE	244,914		
	,,,,		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	247,514		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text		nization's financial stater	ments that reports the

T.	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>per F</u>	<u>leturn</u>
1	Total revenue, gains, and other support per audited financial statements	1	9,496,950
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	535,868
3	Subtract line 2e from line 1	3	8,961,082
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 34,328		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	34,328
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,995,410
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pei	Return
1	Total expenses and losses per audited financial statements	1	8,525,905
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,525,905
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 34,328		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	34,328
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,560,233

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2012 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 BENEFIT SRECOGNIZED IN THE FINANCIAL STATEMENTS OF THE POSITION THE TAX 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 TAXE SABFORE DECEMBER 31, 2009
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON LINE 8B

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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.

OMB No 1545-0047

DLN: 93493318038363

Open to Public

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service				Attach to Form 990				Inspect ion
Name of the organization	OF CHILD & AL	DOLECCENT DOVO	HIATDV				Employer identification	on number
AMERICAN ACADEMY	OF CHILD & AI	JOLESCENT PSYCI	HIAIKY				13-1958990	
Part I General	Information	on Grants and	Assistance					
				grants or assistance, the				
								✓ Yes
				f grant funds in the Unite				"
				rganizations in the more than \$5,000. Pa				es to
	, ,	,,,			· · · · · · · · · · · · · · · · · · ·			
(a) Name and addre organization or government	ss of	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
·						appraisal, other)		
See Additional Data	Table							
		<u> </u>						
2 Enter total numbe	r of section 501	(c)(3) and governm	ent organizations list	ed in the line 1 table.			▶	14
				· · · · · ·				
For Donorwork Poduction	Act Notice cost	ho Instructions for Fr			Cat No EQUEED			lo I /Form 000) 2012

	, ,	
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.
_	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					
Dort IV Supplemental Inform		<u> </u>		<u> </u>	1

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		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 A GREEING 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

Software ID:

Software Version:

EIN: 13-1958990

Name: AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 CENTER3333 BURNETT AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	22,500				ELI LILLY - PILOT RESEARCH AWARD
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH350 COMMUNITY DR MANHASSET,NY 11030	11-2673595	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE PSYCHIATRY BOX 1230 NEW YORK, NY 10029	13-6171197	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD
PARTNER'S HEALTHCARE RESEARCH MGMT101 HUNTINGTON AVE STE 300 BOSTON, MA 02199	04-2697983	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT ST STE 600 DENVER, CO 80203	84-6000555	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 PO BOX 1450 MINNEAPOLIS,MN 55485	41-6007513	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HYGIENE150 BROADWAY STE 301 MENANDS,NY 12204	14-1410842	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD
RIVERVIEW CENTER150 BROADWAY STE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	7,500				ELI LILLY - PILOT RESEARCH AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	7,500				ESL A WA RD
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO, CA 94144	91-1156365	501(C)(3)	15,000				ELI LILLY - PILOT RESEARCH AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 CINCINNATICOLLEGE OF MEDICINE ML 559 260 STETSON ST STE 3200 CINCINNATI,OH 45219	31-6000989	501(C)(3)	7,500				ESL A WARD
UNIVERSITY OF COLORADOOFFICE OF GRANTS CONTRACTS F428 PO BOX 910238 DENVER, CO 80291	84-6000555	501(C)(3)	7,500				ESL A WARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	12,302				ELI LILLY - PILOT RESEARCH AWARD
UNIVERSITY OF WISCONSINMADISON GAR ACCT DRAWER 538 RESEARCH SPONSORED PROGRAMS MILWAUKEE, WI 53278	39-1805963	501(C)(3)	46,800				JR INVESTIGATOR AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY DEPT OF PSYCHIATRY 660 S EUCLID AVENUE ST LOUIS,MO 63110	43-0653511	501(C)(3)	7,500				ESL A WARD
YALE UNIVERSITYGRANTS CONTRACTS FINCL ADMIN PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	40,015				JR INVESTIGATOR AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 UNIVERSITYGRANTS CONTRACTS FINCL ADMIN PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	15,000				ELI LILLY - PILOT RESEARCH AWARD

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

Form 990, Schedule I, Part III, Grant (a)Type of grant or assistance	s and Other As (b)Number of recipients	sistance to Individ (c)A mount of cash grant	uals in the United ((d)A mount of non-cash assistance	States (e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
ADVOCACY & COLLABORATION GRANTS	13	17,630			
ADVOCACY FOR FAMILIES GRANTS	23	29,211			
AIR GRANTS	20	15,000			
BERMAN AWARD	1	4,500			
CANCRO AWARD	1	2,000			
CAPS EDUCATION OUTREACH AWARDS	18	17,411			
CFAK JR SCHOLARS	11	5,500			
CFAK SR RESEARCHERS AWARD	8	8,000			
CFAK SUMMER MEDICAL STUDENT AWARDS	13	16,219			
CONGRESSIONAL FELLOW GRANT	2	69,500			
ELI LILLY EDUCATION OUTREACH AWARDS	19	27,101			
ESL JOURNAL AWARD	1	5,000			
G TARJAN AWARD	1	1,000			
HAMBURG AWARD	1	1,000			
KLINGENSTEIN JOURNAL AWARD	1	5,000			
LIFE MEMBERS SCHOLARSHIP AWARDS	22	22,226			
NIAAA EDUCATION OUTREACH AWARDS	10	9,966			
PHILLIPS AWARD FOR PREVENTION	2	4,500			
REIGER JOURNAL AWARD	1	4,500			
REIGER PSYCHOTHERAPY AWARD	1	4,500			
REIGER SERVICE AWARD	2	4,500			
ROBINSON CUNNINGHAM AWARD	1	200			
SPURLO CK A WARD	2	6,000			
SPURLOCK FELLOWSHIP STIPEND	1	3,000			
SUMMER FELLO WSHIP STIPEND	16	26,700			

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DLN: 93493318038363

OMB No 1545-0047

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. Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY **Employer identification number**

13-1958990

Pa	Questions Regarding Compensatio	n			_	ı
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	to prov	Housing allowance or residence for personal use			
	Travel for companions	<u>'</u>	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u>'</u>	Health or social club dues or initiation fees			
	Discretionary spending account	, _	Personal services (e.g., maid, chauffeur, chef)			
	, Listing assessed	,	(- 5 /			
b	If any of the boxes in line 1a are checked, did the oi	rganızatı	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses de	escribed	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to i					
	directors, trustees, and the CEO/Executive Directo	r, regard	ing the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing orga					
	organization's CEO/Executive Director Check all the		/ Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
			Written employment contract			
	Compensation committee Independent compensation consultant	ر ا	Compensation survey or study			
	Form 990 of other organizations	I∼	Approval by the board or compensation committee			
	, Tomisso of other organizations	•	Approval by the board of 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					
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νο
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comn	slete lines 5-9			
5	For persons listed in Form 990, Part VII, Section A	-				
	compensation contingent on the revenues of	,	γ			
а	The organization?			5a		Νο
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	, dıd the organızatıon pay or accrue any			
	compensation contingent on the net earnings of					
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, ;					
	subject to the initial contract exception described in	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)HEIDI B FORDI EXECUTIVE DIRECTOR FROM 09/01/12	(i) (ii)		0	152	17,506 0	5 16,475 0 0	209,040	0
(2)VIRGINIA Q ANTHONY EXECUTIVE DIRECTOR UNTIL 08/31/12	(i) (ii)		0	853	24,553 0	3 14,720 0 0	284,802	0
(3)KRISTIN KROEGER PTAKOWSKI SR DEPUTY EXECUTIVE DIRECTOR	(i) (ii)		0	158	· '	14,752	2 214,841	0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493318038363

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

2012

Open to Public Inspection

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

ldentifier	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 BY LAWS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	1 AACAPS 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 AACAPS 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

ldentifier	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 AFFILIA TIONS STATEMENT I PURPOSE TO REVIEW OUTSIDE AFFILIATIONS OF ALL OFFICERS, COMMITTEES AND OTHERS AND OTHERS OF THE MARCAP DECISIONS BY THE OFFICERS, COMMITTEES AND OTHERS ON BEHALF OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSY CHIATRY HAVE FAR REACHING SIGNIFICANCE AND CONSEQUENCES STATEMENTS, PUBLICATIONS AND RECOMMENDATIONS HAVE IMPLICATIONS FOR THE PRACTICE OF CHILD AND ADOLESCENT PSY CHIATRY HAVE FAR REACHING SIGNIFICANCE AND CONSEQUENCES STATEMENTS, PUBLICATIONS AND RECOMMENDATIONS HAVE IMPLICATIONS FOR THE PRACTICE OF CHILD AND ADOLESCENT PSY CHIATRY 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 THE STATEMENT WILL BE DISTRIBUTED TO THE COUNCIL, 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 CHAIR AT THE BEGINNING OF THE MEETING 3. THE 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 AND DISCUSSION OF POTENTIAL 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 PHARMACULTICAL COMPANIES, RELATIONSHIPS WITH THIRD DARRY OR COMPANIES, MANAGED CARE ORGANIZATIONS, INTERNET HEALTH INFORMATION PROVIDERS, ETC IT IS IMPORTANT TO DISCLOSE W

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

ldentifier	Return Reference	Explanation
VOTING BOARD MEMBERS	FORM 990, PART VI, SECTION A, LINE 1A AND PART VII, SECTION A	COUNCIL MEMBER POSITIONS ARE STAGGERED AND RUN FROM OCTOBER TO NOVEMBER IN TWO YEAR TERMS SO THAT THERE IS STILL CONSISTENCY FROM YEAR TO YEAR BUT THERE ARE ONLY 16 COUNCIL MEMBERS IN OFFICE AT ANY ONE TIME, INCLUDING THE LAST DAY OF THE YEAR