

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

| | | |
|--|---|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1825 K STREET NW 250 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006 | D Employer identification number 52-1529448 E Telephone number 202-775-0436 |
| | F Name and address of principal officer: JONATHAN WEBB SAME AS C ABOVE | G Gross receipts \$ 5,967,692. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | |
| | J Website: ▶ WWW.AMCHP.ORG | |
| | K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | L Year of formation: 1987 M State of legal domicile: DC |

Part I Summary

| | | | | | |
|------------------------------------|----------------|---|--|-------------------|-------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: TO PROTECT AND PROMOTE THE OPTIMAL HEALTH OF WOMEN, CHILDREN, AND FAMILIES | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 | |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 40 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 100 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 22,777. | |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 5,980,721. | 5,466,805. |
| 9 | | Program service revenue (Part VIII, line 2g) | 485,075. | 440,795. | |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 21,338. | 32,918. | |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 21,785. | 19,217. | |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,508,919. | 5,959,735. | |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 556,335. | 833,046. |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,986,520. | 2,852,295. | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,996. | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,712,442. | 2,340,200. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,255,297. | 6,025,541. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 253,622. | -65,806. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 2,811,900. | 3,130,199. | |
| | 21 | Total liabilities (Part X, line 26) | 1,404,842. | 1,801,213. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,407,058. | 1,328,986. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--------------------------------|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer JONATHAN WEBB, CEO Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name J. CALVIN MARKS | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P01226973 |
| | Firm's name ▶ JOHNSON LAMBERT LLP | Firm's EIN ▶ 52-1446779 | | | |
| | Firm's address ▶ 4242 SIX FORKS ROAD, SUITE 1500 RALEIGH, NC 27609 | | Phone no. 919-719-6400 | | |

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

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Form 990 (2017)

52-1529448 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS IS TO PROTECT AND PROMOTE THE OPTIMAL HEALTH OF WOMEN, CHILDREN, AND FAMILIES.

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

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

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

4a (Code: _____) (Expenses \$ 4,948,707. including grants of \$ 833,046.) (Revenue \$ _____)
MATERNAL AND CHILD HEALTH (MCH) PROGRAMS AND POLICY: THE RESEARCH AND EDUCATION PROGRAMS ARE INTENDED TO STRENGTHEN AND SUPPORT STATE LEADERSHIP CAPACITY AND ACCOUNTABILITY IN STATE MATERNAL AND CHILD HEALTH PROGRAMS. AMCHP PARTNERED WITH FEDERAL AGENCIES, NATIONAL ORGANIZATIONS, AND OTHER KEY STAKEHOLDERS AND STAFF TO ENHANCE LEADERSHIP CAPACITY OF THE MCH WORKFORCE, ENCOURAGE AND SUPPORT ENGAGEMENT OF INDIVIDUALS AND FAMILIES WITHIN THE MCH POPULATION, AND STRENGTHEN THE STATE MCH PROGRAMS' ABILITY TO CARRY OUT CORE FUNCTIONS OF PUBLIC HEALTH PRACTICE TO IMPROVE MATERNAL AND CHILD HEALTH OUTCOMES.

4b (Code: _____) (Expenses \$ 359,977. including grants of \$ _____) (Revenue \$ _____)
LEGISLATIVE ACTIVITIES: THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS PROVIDES REGULAR INFORMATION TO ITS MEMBERSHIP AND STAKEHOLDERS ON PUBLIC POLICY ISSUES AFFECTING THE FIELD OF MATERNAL AND CHILD HEALTH. THESE ISSUES INCLUDE FEDERAL BUDGET ALLOCATIONS INCLUDING SEQUESTRATION, CHANGES IN PROGRAMS PROVIDING HEALTH INSURANCE COVERAGE TO MCH POPULATIONS, AND THE STATUS OF A RANGE OF PROGRAMS ADMINISTERED AT THE STATE LEVEL IN PARTNERSHIP WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. ACTIVITIES INCLUDE PUBLICATION OF NEWSLETTERS, DEVELOPMENT OF POLICY ANALYSIS, LEARNING OPPORTUNITIES FOR STATES TO SHARE THEIR PERSPECTIVES WITH EACH OTHER, AND ALLOWABLE ACTIVITIES TO EDUCATE POLICYMAKERS AND ASSURE THEY HAVE INFORMATION TO SUPPORT DECISIONS AFFECTING MCH POPULATIONS AND PROGRAMS.

4c (Code: _____) (Expenses \$ 322,427. including grants of \$ _____) (Revenue \$ 440,795.)
ANNUAL CONFERENCE: THE ANNUAL CONFERENCE DIRECTLY DELIVERED EDUCATIONAL FORUMS ON MCH ISSUES, FOSTERED EXCHANGE OF IDEAS AND EXPERIENCES AMONG MEMBERS AND THEIR PARTNERS, AND DISTRIBUTED INFORMATION ON STATE AND NATIONAL MCH ACTIVITIES AND STATE APPROACHES TO ADDRESS MCH PROBLEMS. IT WAS ALSO A FORUM FOR NUMEROUS TECHNICAL ASSISTANCE SESSIONS THAT PROMOTE EFFECTIVE PRACTICES FOR STATE MCH PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 76,033. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **5,707,144.**

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b <i>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</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Form 990 (2017)

52-1529448 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | Yes | No |
|--|----|------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 67 | 1a | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | 1b | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | X | |
| 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 | 40 | 2a | | |
| 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 | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | 3b | X | |
| 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 | | X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| 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 | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 | | 13b | | |
| c Enter the amount of reserves on hand | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |

Form 990 (2017)

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

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

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

Section A. Governing Body and Management

| | | | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | | |
| 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 independent | 1b | 18 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records: ▶
JONATHAN WEBB - 202-775-0436
1825 K STREET NW, STE 250, WASHINGTON, DC 20006

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Form 990 (2017)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, and 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) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SUSAN CHACON PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MICHAEL WARREN PAST PRESIDENT (TO JUL '18) | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (3) EILEEN FORLENZA PAST PRESIDENT (TO FEB '18) | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) CATE WILCOX PRESIDENT-ELECT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) KARIN DOWNS TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) SUSAN COLBURN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (7) CORNELIA DEAGLE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) ANGELA DURAND DIRECTOR AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) RODNEY FARLEY DIRECTOR AT LARGE (TO FEB '18) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) LACY FEHRENBACH DIRECTOR (FROM JUL '18) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) DEBORAH GARNEAU DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) MANDA HALL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) RACHEL HUTSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARCUS JOHNSON-MILLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) MARILYN KACICA DIRECTOR (TO FEB '18) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) ALAN MEASE DIRECTOR AT LARGE (FROM JUL '18) | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) CONNIE MITCHELL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Form 990 (2017)

52-1529448 Page **8**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) GINA MONEY FAMILY REPRESENTATIVE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) SHIRLEY PAYNE DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) BELINDA PETTIFORD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) DONNA YADRICH FAMILY REPRESENTATIVE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) LORI FREEMAN CEO (TO JUN '18) | 40.00 | | | X | | | | 232,447. | 0. | 38,188. |
| (23) BARBARA LAUR INTERIM CEO (FROM JUN '18) | 40.00 | | | X | | | | 0. | 0. | 0. |
| (24) CAROLINE STAMPFEL DIRECTOR OF PROGRAMS | 35.00 | | | | | X | | 118,711. | 0. | 16,729. |
| (25) JEANETTE KOWALIK ASSOCIATE DIRECTOR | 35.00 | | | | | X | | 110,257. | 0. | 22,378. |
| (26) NIKEISHA OGLETREE ASSOCIATE DIRECTOR | 35.00 | | | | | X | | 110,204. | 0. | 26,611. |
| 1b Sub-total | | | | | | | | 571,619. | 0. | 103,906. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 571,619. | 0. | 103,906. |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|---|---|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 526,955. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 4,751,627. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 188,223. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 5,466,805. | | | | |
| Program Service Revenue | 2 a REGISTRATION FEES | Business Code 900099 | 440,795. | 440,795. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 440,795. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 27,342. | | | 27,342. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 7,957. | | | |
| | | c Gain or (loss) | | 5,576. | | | |
| | d Net gain or (loss) | | 5,576. | | | 5,576. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a SALE OF MAILING LIST | | 900099 | 152. | | | 152. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | 900099 | 19,065. | | | 19,065. | |
| | e Total. Add lines 11a-11d | | 19,217. | | | | |
| 12 Total revenue. See instructions. | | 5,959,735. | 440,795. | 0. | 52,135. | | |

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 833,046. | 833,046. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 276,947. | 223,007. | 53,105. | 835. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,689,012. | 1,350,181. | 333,568. | 5,263. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 160,776. | 130,762. | 29,553. | 461. |
| 9 Other employee benefits | 564,335. | 458,980. | 103,735. | 1,620. |
| 10 Payroll taxes | 161,225. | 129,660. | 31,076. | 489. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 29,275. | | 29,275. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 7,982. | | 7,982. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 399,483. | 302,531. | 95,752. | 1,200. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 127,194. | 91,482. | 35,712. | |
| 14 Information technology | 219,433. | 19,694. | 199,739. | |
| 15 Royalties | | | | |
| 16 Occupancy | 333,129. | | 333,129. | |
| 17 Travel | 619,624. | 592,902. | 26,722. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 435,023. | 400,801. | 34,222. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 75,411. | | 75,411. | |
| 23 Insurance | 11,203. | 1,827. | 9,376. | |
| 24 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 DUES & SUBSCRIPTIONS | 29,672. | 26,993. | 2,679. | |
| b EQUIPMENT | 14,937. | | 14,937. | |
| c ALLOCATION OF M&G | 0. | 1,122,709. | -1,126,820. | 4,111. |
| d _____ | | | | |
| e All other expenses _____ | 37,834. | 22,569. | 15,248. | 17. |
| 25 Total functional expenses. Add lines 1 through 24e | 6,025,541. | 5,707,144. | 304,401. | 13,996. |
| 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 if following SOP 98-2 (ASC 958-720)

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Form 990 (2017)

52-1529448 Page **11**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|------------|--------------------|------------|
| Assets | 1 Cash - non-interest-bearing | 155,880. | 1 | 669,251. | |
| | 2 Savings and temporary cash investments | 182,084. | 2 | 186,876. | |
| | 3 Pledges and grants receivable, net | 236,376. | 3 | 257,675. | |
| | 4 Accounts receivable, net | 601,348. | 4 | 385,926. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | 110,933. | 9 | | 175,576. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 757,574. | | | |
| | b Less: accumulated depreciation | 149,610. | | | |
| | 11 Investments - publicly traded securities | 683,375. | 10c | | 607,964. |
| | 12 Investments - other securities. See Part IV, line 11 | 775,091. | 11 | | 780,118. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | | |
| | 14 Intangible assets | | 13 | | |
| | 15 Other assets. See Part IV, line 11 | 66,813. | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,811,900. | 15 | | 66,813. | |
| | | 16 | | 3,130,199. | |
| Liabilities | 17 Accounts payable and accrued expenses | 482,953. | 17 | 683,960. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 197,078. | 19 | 249,627. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 724,811. | 25 | | 867,626. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,404,842. | 26 | | 1,801,213. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 1,407,058. | 27 | 1,328,986. | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 1,407,058. | 33 | | 1,328,986. | |
| 34 Total liabilities and net assets/fund balances | 2,811,900. | 34 | | 3,130,199. | |

Form **990** (2017)

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,959,735. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,025,541. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -65,806. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,407,058. |
| 5 | Net unrealized gains (losses) on investments | 5 | -12,266. |
| 6 | Donated services and use of facilities | 6 | |
| 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, column (B)) | 10 | 1,328,986. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 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? _____ | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | X | |

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4394037. | 5597370. | 5969129. | 5980721. | 5466805. | 27408062. |
| 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 | 4394037. | 5597370. | 5969129. | 5980721. | 5466805. | 27408062. |
| 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) | | | | | | 1545117. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 25862945. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 4394037. | 5597370. | 5969129. | 5980721. | 5466805. | 27408062. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 30,768. | 37,989. | 63,253. | 21,221. | 27,342. | 180,573. |
| 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 VI.) | 8,097. | 96,818. | 363,216. | 21,785. | 19,217. | 509,133. |
| 11 Total support. Add lines 7 through 10 | | | | | | 28097768. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,301,283. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.05 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 89.73 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

ASSOCIATION OF MATERNAL AND CHILD HEALTH

Schedule A (Form 990 or 990-EZ) 2017 PROGRAMS

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

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

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

ASSOCIATION OF MATERNAL AND CHILD HEALTH

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2017

**** Do Not File **
 *** Not Open to Public Inspection *****

| Contributor's Name | Total Contributions | Excess Contributions |
|---|---------------------|----------------------|
| KELLOGG | 1,205,799. | 643,844. |
| ROBERT WOOD JOHNSON FOUNDATION | 890,644. | 328,689. |
| MERCK | 1,134,539. | 572,584. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | 1,545,117. | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Employer identification number

52-1529448

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| | |
|--|---|
| Name of organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201 | \$ 3,506,892. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA, STE 315 SAN FRANCISCO, CA 94143 | \$ 479,730. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 153A COUNTRY CLUB RD CHAPEL HILL, NC 27514 | \$ 346,037. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ASSOCIATION OF UNIVERSITY CENTERS OF DISABILITIES 1100 WAYNE AVE, STE 1000 SILVER SPRING, MD 20910 | \$ 178,609. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS
Employer identification number 52-1529448

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 31,612. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 31,612. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 5,993,929. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 6,025,541. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 451,277. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 112,819. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | 438,043. | 476,890. | 462,765. | 451,277. | 1,828,975. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,743,463. |
| c Total lobbying expenditures | 15,899. | 18,249. | 10,731. | 31,612. | 76,491. |
| d Grassroots nontaxable amount | 109,511. | 119,223. | 115,691. | 112,819. | 457,244. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 685,866. |
| f Grassroots lobbying expenditures | | | | | |

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

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

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

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity 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."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 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). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Employer identification number 52-1529448

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B)(i) question. 9. Reporting requirements.

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

Form with 2 main sections: 1a. Reporting requirements for art/treasures. 1b. Amounts relating to items (i) Revenue and (ii) Assets. 2. Reporting requirements for financial gain (a) Revenue and (b) Assets.

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Schedule D (Form 990) 2017

52-1529448 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) DEFERRED RENT | 395,126. | |
| (3) DEFERRED TENANT IMPROVEMENT | 472,500. | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 867,626. | |

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

*** PUBLIC DISCLOSURE COPY ***
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

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

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

| | | | |
|---|-----------|----------|------------|
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 5,939,487. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | 2a | -12,266. | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | 2e | -12,266. | |
| 3 Subtract line 2e from line 1 | | 3 | 5,951,753. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 7,982. | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | 4c | 7,982. | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 5,959,735. |

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

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

| | | | |
|--|-----------|----------|------------|
| 1 Total expenses and losses per audited financial statements | | 1 | 6,017,559. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | 2e | 0. | |
| 3 Subtract line 2e from line 1 | | 3 | 6,017,559. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 7,982. | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | 4c | 7,982. | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 6,025,541. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2018, AMCHP HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS**

**Employer identification number
52-1529448**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY - 30 WINTER ST, 6TH FLOOR - BOSTON, MA 02108 | 01-0647374 | 501(C)(3) | 273,068. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE FOR QI AND LEARNING COMMUNITY PLATFORM |
| CENTER FOR HEALTH POLICY DEVELOPMENT - 10 FREE ST, 2ND FLOOR - PORTLAND, ME 04101 | 52-1576801 | 501(C)(3) | 61,741. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE POLICY AND MEDICAID EXPERTISE, PROVISION OF TA TO TEAMS |
| THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS - 2231 CRYSTAL DR #450 - ARLINGTON, VA 22202 | 35-1044487 | 501(C)(3) | 59,527. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE REPRESENTING STATE HEALTH OFFICIALS TO ENGAGE IN LEAD PREVENTION |
| FAMILY VOICES PO BOX 37188 ALBUQUERQUE, NM 87176 | 85-0430800 | 501(C)(3) | 38,158. | 0. | | | STATE TITLE V LEADERSHIP PROJECT SUBGRANTEE FOR FAMILY ENGAGEMENT DELIVERABLES INCLUDING |
| BOSTON UNIVERSITY GRANTS RECEIVABLE - 881 COMMONWEALTH AVE, 4TH FLOOR - BOSTON, MA 02215 | 04-2103547 | 501(C)(3) | 34,453. | 0. | | | MCH WORKFORCE DEVELOPMENT CENTER SUBGRANTEE FOR POLICY EXPERTISE IN HEALTH CARE FINANCE FOR |
| GREEN & HEALTHY HOMES INITIATIVE 2714 HUDSON ST BALTIMORE, MD 21224 | 52-1786577 | 501(C)(3) | 32,500. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE FOR HOUSING AND LEAD REMEDIATION EXPERTISE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **38.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Schedule I (Form 990)

52-1529448

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION - 720 S COLORADO BLVD, SUITE 1000-N - DENVER, CO 80246 | 84-0469910 | 501(C)(3) | 21,404. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE FOR A PUBLIC HEALTH APPROACH TO REDUCING CHILDRENS |
| UNIVERSITY OF NEBRASKA 1400 R ST LINCOLN, NE 68588 | 47-0049123 | 501(C)(3) | 20,927. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE FOR LOCAL MCH EXPERTISE |
| CHILDREN'S FORUM INC 2807 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 | 65-0165007 | 501(C)(3) | 15,728. | 0. | | | LTSAE SYSTEMS GRANT PROJECT |
| REGENT OF THE UNIVERSITY OF MINNESOTA - PO BOX 1450 - MINNEAPOLIS, MN 55485 | 41-6007513 | 501(C)(3) | 15,650. | 0. | | | ACT EARLY STATE SYSTEMS GRANTS |
| UNIVERSITY OF THE VIRGIN ISLANDS 2 JOHN BREWERS BAY CHARLOTTE AMALIE, VI 00802 | 66-0432514 | 501(C)(3) | 11,939. | 0. | | | LTSAE STATE SYSTEMS GRANT |
| UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 N LAKE AVE - WORCESTER, MA 01655 | 04-3167352 | 115 | 11,114. | 0. | | | LTSAE STATE SYSTEMS GRANTS |
| WASHINGTON STATE DEPARTMENT OF HEALTH - 111 ISRAEL RD SE - TUMWATER, WA 98501 | | 115 | 11,110. | 0. | | | AYAH-COIIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIIN IN WA |
| GREENVILLE HEALTH SYSTEMS 300 E MCBEE AVE, STE 302 GREENVILLE, SC 29601 | 57-6007863 | 501(C)(3) | 10,741. | 0. | | | LTSAE SYSTEMS GRANT PROJECT |
| UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30348 | 56-6001393 | 501(C)(3) | 10,017. | 0. | | | LTSAE STATE SYSTEMS GRANTS |

Schedule I (Form 990)

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Schedule I (Form 990)

52-1529448

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GEORGIA DEPARTMENT OF PUBLIC HEALTH - STATE OF GEORGIA BLDG, 2 PEACHTREE ST #5 - ATLANTA, GA 30303 | 90-0676388 | 115 | 10,000. | 0. | | | LTSAE STATE SYSTEMS GRANTS |
| SIGNAL CENTERS INC 109 N GERMANTOWN RD CHATTANOOGA, TN 37411 | 62-0587285 | 501(C)(3) | 10,000. | 0. | | | ACT EARLY STATE SYSTEMS GRANTS |
| MARYLAND DEPARTMENT OF HEALTH 201 W PRESTON ST BALTIMORE, MD 21201 | | 115 | 10,000. | 0. | | | AYAH-COIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIN IN MD |
| UNIVERSITY OF NEW HAMPSHIRE 5 CHENELL DR, STE 301 CONCORD, NH 03301 | 02-6000937 | 115 | 10,000. | 0. | | | AYAH-COIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIN IN NH |
| YOUNG INVINCIBLES 1725 DESALES ST NW WASHINGTON, DC 20036 | 46-2214021 | 501(C)(3) | 10,000. | 0. | | | AYAH-COIN PROJECT SUBGRANTEE TO PROVIDE ANALYSIS OF INSURANCE FOR YOUNG ADULTS |
| WYOMING PRIMARY CARE ASSOCIATION INC. - 1816 CENTRAL AVE - CHEYENNE, WY 82001 | 83-0317641 | 501(C)(3) | 9,960. | 0. | | | AYAH-COIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIN IN WY |
| CABARRUS HEALTH ALLIANCE 300 MOORESVILLE RD KANNAPOLIS, NC 28081 | | 115 | 9,936. | 0. | | | SDOH COIN PROJECT SUBGRANTEE TO IMPLEMENT COIN PROJECT |
| POSTPARTUM SUPPORT INTERNATIONAL 6706 SW 54TH AVE PORTLAND, OR 97219 | 77-0196208 | 501(C)(3) | 9,829. | 0. | | | STATE TITLE V LEADERSHIP PROJECT SUBGRANTEE TO REPLICATE A BEST PRACTICE FROM INNOVATION STATION |
| WISCONSIN ALLIANCE FOR WOMEN'S HEALTH - 147 S BUTLER ST 1ST FLOOR - MADISON, WI 53703 | 81-0287566 | 501(C)(3) | 9,000. | 0. | | | STATE TITLE V LEADERSHIP PROJECT SUBGRANTEE TO REPLICATE A BEST PRACTICE FROM INNOVATION STATION |

Schedule I (Form 990)

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Schedule I (Form 990)

52-1529448

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE UNIVERSITY OF MONTANA 32 CAMPUS DR MISSOULA, MT 59812 | 81-6001713 | 501(C)(3) | 8,960. | 0. | | | ACT EARLY STATE SYSTEMS GRANTS |
| UNIVERSITY OF GUAM UNIVERSITY DR MANGILAO, GU 96923 | 98-0032933 | 501(C)(3) | 8,700. | 0. | | | ACT EARLY STATE SYSTEMS GRANT |
| UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER - MSC09 5222, 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87106 | 85-6000642 | 501(C)(3) | 8,567. | 0. | | | LTSAE STATE SYSTEMS GRANT |
| NEW JERSEY DEPARTMENT OF HEALTH PO BOX 360 TRENTON, NJ 08625 | | 115 | 8,105. | 0. | | | AYAH-COIIIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIIN IN NJ |
| MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES - PO BOX 570 - JEFFERSON CITY, MO 65102 | | 115 | 8,000. | 0. | | | MCEH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN ACTIVITIES IN MO |
| MINNESOTA DEPARTMENT OF HEALTH 3333 DIVISION ST #212 ST CLOUD, MN 56301 | | 115 | 6,321. | 0. | | | AYAH-COIIIN PROJECT SUBGRANTEE TO IMPLEMENT ADOLESCENT WELL VISIT COIIN IN MN |
| LOUISVILLE DEPARTMENT OF HEALTH AND WELLNESS - 400 E. GRAY ST - LOUISVILLE, KY 40202 | | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| NEW MEXICO DEPARTMENT OF HEALTH, PUBLIC HEALTH DIVISION - PO BOX 25307 - ALBUQUERQUE, NM 87125 | 85-6000565 | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| OHIO DEPARTMENT OF HEALTH 246 N HIGH ST COLUMBUS, OH 43215 | | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |

Schedule I (Form 990)

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Schedule I (Form 990)

52-1529448

Page 1

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OUNCE OF PREVENTION FUND 111 NORTH GADSDEN ST, STE 100 TALLAHASSEE, FL 32301 | 36-3186328 | 501(C)(3) | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| RHODE ISLAND DEPARTMENT OF HEALTH 3 CAPITOL HILL PROVIDENCE, RI 02908 | | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| SOUTHERN NEVADA HEALTH DISTRICT 280 S. DECATUR BLVD LAS VEGAS, NV 89107 | | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| MASSACHUSETTS DEPARTMENT OF HEALTH 250 WASHINGTON ST BOSTON, MA 02108 | | 115 | 6,000. | 0. | | | SDOH COIIN PROJECT SUBGRANTEE TO IMPLEMENT COIIN PROJECT |
| UC DAVIS PEDIATRICS 2521 STOCKTON BLVD # 3200 SACRAMENTO, CA 95817 | 94-6081352 | 501(C)(3) | 5,465. | 0. | | | LTSAE STATE SYSTEMS GRANTS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of non-cash assistance, (e) Method of valuation, (f) Description of noncash assistance.

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES PROGRESS REPORTS, FINAL REPORTS, FINANCIAL STATUS REPORTS, AND CONFERENCE CALLS TO MONITOR THE USE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

(H) PURPOSE OF GRANT OR ASSISTANCE: MCEH COIN PROJECT SUBGRANTEE

REPRESENTING STATE HEALTH OFFICIALS TO ENGAGE IN LEAD PREVENTION

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Part IV Supplemental Information

ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY VOICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STATE TITLE V LEADERSHIP PROJECT SUBGRANTEE FOR FAMILY ENGAGEMENT DELIVERABLES INCLUDING CASE STUDIES, WEBINARS, AND LEARNING EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON UNIVERSITY GRANTS RECEIVABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: MCH WORKFORCE DEVELOPMENT CENTER SUBGRANTEE FOR POLICY EXPERTISE IN HEALTH CARE FINANCE FOR CYSHCN

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MCEH COIIN PROJECT SUBGRANTEE FOR A PUBLIC HEALTH APPROACH TO REDUCING CHILDRENS EXPOSURE TO LEAD

NAME OF ORGANIZATION OR GOVERNMENT: POSTPARTUM SUPPORT INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: STATE TITLE V LEADERSHIP PROJECT SUBGRANTEE TO REPLICATE A BEST PRACTICE FROM INNOVATION STATION NEW

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS** Employer identification number **52-1529448**

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2017

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

52-1529448

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 on 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 aren't 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.

Table with 8 main columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (sub-columns: (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation), (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Row 1: (1) LORI FREEMAN, CEO (TO JUN '18), (i) 232,447, (ii) 0, (iii) 0, (C) 17,434, (D) 20,754, (E) 270,635, (F) 0. Row 2: (i) 0, (ii) 0, (iii) 0, (C) 0, (D) 0, (E) 0, (F) 0.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

| | | |
|--------------------------|---|--|
| Name of the organization | ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|--------------------------|---|--|

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE ASSOCIATION IS COMPRISED OF TITLE V PROGRAM (STATE AND TERRITORY MCH/CYSHCN PROGRAM), REGULAR MEMBERS, AND ASSOCIATE MEMBERS.

EACH TITLE V PROGRAM MAY APPOINT UP TO FIVE DELEGATES, WHO HAVE VOTING

AUTHORITY ON BEHALF OF THE TITLE V PROGRAM MEMBERS. ONLY DELEGATES ARE

ELIGIBLE TO VOTE IN THE ELECTION OF ASSOCIATION OFFICERS AND DIRECTORS, AND

ONLY DELEGATES ARE ELIGIBLE FOR ELECTION AS OFFICERS AND DIRECTORS, EXCEPT

FOR THE TWO FAMILY REPRESENTATIVE POSITIONS ON THE BOARD OF DIRECTORS.

REGULAR MEMBERS ARE STAFF OF TITLE V PROGRAMS OR INDIVIDUALS WHO WORK IN

PARTNERSHIPS WITH TITLE V PROGRAMS, INCLUDING FAMILY LIAISONS WORKING IN

CONNECTION WITH STATE TITLE V PROGRAMS. ASSOCIATE MEMBERS ARE INDIVIDUALS

AND ORGANIZATIONS INTERESTED IN MATERNAL AND CHILD HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ARE ALLOWED TO VOTE IN ELECTIONS. ASSOCIATE MEMBERS ARE NOT

ELIGIBLE TO VOTE ON ANY MATTER OR TO HOLD AND OFFICE OR BOARD OF DIRECTOR

POSITION, BUT MAY SERVE ON COMMITTEES OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B:

REGULAR MEMBER ARE ELIGIBLE TO VOTE ON ALL MATTERS BEFORE THE ASSOCIATION,

EXCEPT ELECTION OF OFFICERS AND DIRECTORS INCLUDING REMOVAL OF DIRECTORS

AND CERTAIN AMENDMENTS TO THE BYLAWS. ASSOCIATE MEMBERS ARE NOT ELIGIBLE TO

VOTE ON ANY MATTER OR TO HOLD AND OFFICE OR BOARD OF DIRECTOR POSITION, BUT

MAY SERVE ON COMMITTEES OF THE ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

| | |
|---|--|
| Name of the organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|---|--|

THE DRAFT 990 WAS PREPARED BY EXTERNAL ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE DRAFT WAS PROVIDED TO THE EXECUTIVE/FINANCE COMMITTEE FOR REVIEW AND COMMENT. A FINAL COPY OF FORM 990 WAS SENT TO THE ENTIRE BOARD BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL AMCHP DIRECTORS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT THAT DISCLOSES ANY EXISTING OR POTENTIAL RELATIONSHIPS THAT MAY LEAD TO AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST. BOARD MEMBERS ARE RESPONSIBLE FOR INFORMING THE GOVERNANCE COMMITTEE CHAIR OF ANY SUBSEQUENT CHANGES IN A TIMELY MANNER. THE GOVERNANCE COMMITTEE CHAIR REVIEWS ALL CONFLICT OF INTEREST STATEMENTS. THESE STATEMENTS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS AND CHIEF EXECUTIVE OFFICER AND ALSO MAY BE DISCLOSED PUBLICLY. ON REQUEST, AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER DOES NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST OR ANY CONDITION LISTED ABOVE. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO, THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKES ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT AMCHP'S BEST INTEREST. VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED.

| | |
|---|---|
| Name of the organization ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS | Employer identification number 52-1529448 |
|---|---|

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S SALARY IS REVIEWED AND APPROVED BY THE BOARD ON AN ANNUAL BASIS. IN CONJUNCTION WITH A 360 DEGREE PERFORMANCE MANAGEMENT SYSTEM, THE BOARD USES MARKET SURVEYS OF OTHER NGOS. THE PROCESS AND DECISION IS DOCUMENTED IN WRITTEN FORM AND PLACED IN THE PERSONNEL FILES. WITH AN ESTABLISHED COMPENSATION SYSTEM, THE CEO DETERMINES THE SALARIES OF THE OTHER EMPLOYEES. THE LAST COMPENSATION REVIEW TOOK PLACE IN AUGUST 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.