

Form **990**

# 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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN ACADEMY OF PEDIATRICS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>345 PARK BLVD</b> City or town, state or province, country, and ZIP or foreign postal code <b>ITASCA, IL 60143</b> <b>F</b> Name and address of principal officer: <b>MARK DEL MONTE, JD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>36-2275597</b> <b>E</b> Telephone number <b>630-626-6000</b> <b>G</b> Gross receipts \$ <b>155,639,521.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AAP.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1930</b>		<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE AMERICAN ACADEMY OF PEDIATRICS IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>510</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>12135</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>4,052,000.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>31,694,587.</b>	<b>45,904,931.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>78,168,913.</b>	<b>74,437,061.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>2,855,127.</b>	<b>3,905,028.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>5,548,389.</b>	<b>3,097,821.</b>
		<b>118,267,016.</b>	<b>127,344,841.</b>
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>1,947,773.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>62,464,086.</b>	<b>68,328,544.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,350,244.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>50,530,671.</b>	<b>43,570,632.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>114,942,530.</b>	<b>115,249,125.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>3,324,486.</b>	<b>12,095,716.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>169,596,675.</b>	<b>189,674,726.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>105,847,811.</b>	<b>100,626,512.</b>
		<b>63,748,864.</b>	<b>89,048,214.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MARK DEL MONTE, JD, CEO/EXECUTIVE VP</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID LOWENTHAL</b>	Preparer's signature <b>DAVID LOWENTHAL</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b> Firm's address ▶ <b>10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606</b>	Date <b>05/11/22</b>
		Check if self-employed <input type="checkbox"/> PTIN <b>P00378651</b> Firm's EIN ▶ <b>38-1357951</b> Phone no. (312) <b>207-1040</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE AMERICAN ACADEMY OF PEDIATRICS IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL, AND SOCIAL, HEALTH FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS. THE ACADEMY SEEKS TO PROMOTE THIS GOAL BY ENCOURAGING AND ASSISTING ITS MEMBERS IN THEIR EFFORTS TO MEET THE

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 [X] 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 [X] 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 \$ 27,518,072. including grants of \$ 1,839,003. ) (Revenue \$ 392,204. ) HEALTHY RESILIENT CHILDREN - THE DEPARTMENT PROVIDES STAFF SUPPORT AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES, SECTIONS, COUNCILS, TASK FORCES, AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO CHILD HEALTH AND WELLNESS. SEVERAL OF THE CURRENT AND PRIOR AAP STRATEGIC PRIORITIES FALL WITHIN THE DEPARTMENT OF CHILD HEALTH AND WELLNESS: EARLY BRAIN AND CHILD DEVELOPMENT, FOSTER CARE, MEDICAL HOME, EPIGENETICS, BRIGHT FUTURES, HEAD START, OBESITY, AND MENTAL HEALTH.

4b (Code: ) (Expenses \$ 19,514,519. including grants of \$ 750. ) (Revenue \$ 16,925,112. ) MARKETING & PUBLICATIONS - THE AAP DEVELOPS, MARKETS, DESIGNS AND PUBLISHES OVER 500 BOOKS, MANUALS, BROCHURES, AND OTHER MEDICAL PUBLICATIONS FOR USE BY PARENTS, HEALTHCARE PROFESSIONALS AND OTHER INTERESTED PARTIES ON THE TOPICS OF CHILD AND ADOLESCENT HEALTH.

4c (Code: ) (Expenses \$ 11,358,211. including grants of \$ 0. ) (Revenue \$ 12,373,609. ) MEDICAL JOURNALS - THE AAP PUBLISHES THE PREMIER SCIENTIFIC MEDICAL JOURNAL IN PEDIATRIC MEDICINE, AS WELL AS SEVERAL OTHER PERIODICALS DESIGNED TO ENABLE PEDIATRICIANS AND ALLIED HEALTH PROFESSIONALS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.

Table with 2 columns: Program Service Name and Circulation. Rows include PEDIATRICS CIRCULATION (69,906), AAP NEWS CIRCULATION (68,191), PREP CIRCULATION (48,503), GRAND ROUNDS CIRCULATION (15,418), NEOREVIEWS CIRCULATION (3,827), and HOSPITAL PEDIATRICS CIRCULATION (3,066).

4d Other program services (Describe on Schedule O.) (Expenses \$ 39,478,710. including grants of \$ 1,510,195. ) (Revenue \$ 43,791,957. )

4e Total program service expenses 97,869,512.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶**  
**JOHN J. MILLER, CPA - 630-626-6525**  
**345 PARK BLVD., ITASCA, IL 60143**

**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. See instructions for the order in which to list the persons above.

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) MARK DEL MONTE, JD CEO/EXECUTIVE VP	40.00 0.00			X			571,792.	0.	35,080.	
(2) VERA FRANCES TAIT CHIEF MEDICAL OFFICER	40.00 0.00				X		475,392.	0.	60,511.	
(3) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	40.00 0.00				X		347,810.	0.	36,505.	
(4) JOHN J. MILLER CHIEF FINANCIAL OFFICER	40.00 0.00			X			317,457.	0.	66,226.	
(5) DEBRA B. WALDRON SVP, HEALTHY RESILIENT CHILDREN	40.00 0.00				X		328,272.	0.	47,131.	
(6) JANNA C. PATTERSON SVP, GLOBAL CHILD HEALTH & LIFE SUPP	40.00 0.00				X		325,013.	0.	41,192.	
(7) HILARY HAFTEL SVP, EDUCATION	40.00 0.00				X		322,663.	0.	43,340.	
(8) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	40.00 0.00				X		329,420.	0.	35,888.	
(9) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	40.00 0.00				X		319,266.	0.	34,437.	
(10) ROBERT M. KATCHEN SVP, INFORMATION TECHNOLOGY	40.00 0.00				X		269,318.	0.	46,160.	
(11) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	40.00 0.00				X		271,849.	0.	43,593.	
(12) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	40.00 0.00				X		247,639.	0.	35,865.	
(13) DARCY L. STEINBERG SR. DIR., STRATEGIC PARTNERSHIPS	40.00 0.00					X	220,219.	0.	43,647.	
(14) JUDITH DOLINS CHIEF IMPLEMENTATION OFFICER	40.00 0.00					X	214,419.	0.	39,652.	
(15) LYNN M. OLSON VP, RESEARCH	40.00 0.00				X		210,365.	0.	38,891.	
(16) TAMAR HARO SR. DIR FEDERAL & STATE ADVOCACY	40.00 0.00					X	212,057.	0.	35,759.	
(17) MARK T. GRIMES VP, PUBLISHING	40.00 0.00				X		210,210.	0.	32,183.	

**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) JEAN C. DAVIS SR. DIR., COMMUNITY-BASED INITIATIVE	40.00 0.00					X	214,145.	0.	23,447.	
(19) CONSTANCE M. WADE CONTROLLER/DIR., ACCOUNTING	40.00 0.00					X	199,609.	0.	37,138.	
(20) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	40.00 0.00				X		192,590.	0.	24,345.	
(21) MARIROSE RUSSO VP, MARKETING & SALES	40.00 0.00				X		166,274.	0.	35,850.	
(22) SARA H. GOZA, MD, FAAP IMMEDIATE PAST PRESIDENT	37.00 0.00	X		X			185,904.	0.	0.	
(23) WARREN M. SEIGEL, MD, MBA, FAAP SECRETARY/TREASURER/BOARD MEMBER	14.00 0.00	X		X			110,784.	0.	0.	
(24) RICHARD H. TUCK, MD, FAAP BOARD MEMBER	24.00 0.00	X					55,392.	0.	0.	
(25) LISA A. COSGROVE, MD, FAAP BOARD MEMBER	11.00 0.00	X					55,392.	0.	0.	
(26) WENDY S. DAVIS, MD, FAAP BOARD MEMBER	7.00 0.00	X					55,392.	0.	0.	
<b>1b Subtotal</b>							6,428,643.	0.	836,840.	
<b>c Total from continuation sheets to Part VII, Section A</b>							461,928.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							6,890,571.	0.	836,840.	

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 **148**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
DARTMOUTH (SHERIDAN) JOURNAL SERVICES PO BOX 419817, BOSTON, MA 02241	PRINTING	2,028,677.
ADAGE TECHNOLOGIES, INC, 10 S. RIVERSIDE PLAZA, SUITE 1500, CHICAGO, IL 60606	CONSULTING	1,155,452.
SINGLEHOP, LLC DEPT CH 19781, PALATINE, IL 60055	CONSULTING	617,780.
ONE DIVERSIFIED, LLC 385 MARKET STREET, KENILWORTH, NJ 07033	IT MGMT SERVICES	421,814.
SILVERCHAIR SCIENCE + COMMUNICATIONS INC, 316 E. MAIN STREET, SUITE 300,	CONSULTING & PRINTING	405,360.

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 **24**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	35,611,669.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,293,262.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			45,904,931.			
Program Service Revenue	<b>2 a</b> MEMBERSHIPS	Business Code					
		541900	26,171,981.	26,171,981.			
	<b>b</b> MEDICAL JOURNALS	511120	23,615,620.	19,801,120.	3,814,500.		
	<b>c</b> PUBLICATIONS, OTHER	511130	11,962,704.	11,962,704.			
	<b>d</b> CONTINUING MEDICAL EDUCATION	611600	6,613,504.	6,613,504.			
	<b>e</b> NATIONAL MEETINGS	611600	5,580,405.	5,342,905.	237,500.		
	<b>f</b> All other program service revenue	900099	492,847.	492,847.			
	<b>g Total.</b> Add lines 2a-2f			74,437,061.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,824,752.			1,824,752.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		2,986,174.	2,986,174.			
	<b>6 a</b> Gross rents	(i) Real	111,647.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0.				
	<b>6c</b> Rental income or (loss)	111,647.					
	<b>d</b> Net rental income or (loss)		111,647.	111,647.			
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	30,374,956.				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	28,294,680.				
	<b>7c</b> Gain or (loss)	2,080,276.					
	<b>d</b> Net gain or (loss)		2,080,276.			2,080,276.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			127,344,841.	73,482,882.	4,052,000.	3,905,028.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,088,149.	3,088,149.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	261,800.	261,800.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	7,779,815.	4,352,711.	3,094,414.	332,690.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	45,840,565.	36,235,453.	8,426,531.	1,178,581.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	4,042,883.	3,204,054.	744,622.	94,207.
<b>9</b> Other employee benefits .....	7,058,478.	5,299,375.	1,609,119.	149,984.
<b>10</b> Payroll taxes .....	3,606,803.	2,813,514.	693,325.	99,964.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	361,081.	105,576.	255,505.	
<b>c</b> Accounting .....	84,140.	3,900.	80,240.	
<b>d</b> Lobbying .....	604,646.		604,646.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	10,944,962.	9,903,790.	1,001,122.	40,050.
<b>12</b> Advertising and promotion .....	2,954,807.	2,896,591.		58,216.
<b>13</b> Office expenses .....	8,272,302.	6,634,050.	1,572,608.	65,644.
<b>14</b> Information technology .....	1,948,803.	271,960.	1,676,843.	
<b>15</b> Royalties .....	424,071.	424,071.		
<b>16</b> Occupancy .....	2,438,937.	884,139.	1,554,798.	
<b>17</b> Travel .....	235,222.	222,433.	12,755.	34.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,969,942.	1,969,942.		
<b>20</b> Interest .....	423,101.	786.	422,315.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,342,801.	31,467.	2,311,334.	
<b>23</b> Insurance .....	355,838.	21,150.	334,688.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUBCONTRACTS</b> .....	7,528,870.	7,528,870.		
<b>b</b> <b>BANK CHARGES</b> .....	1,289,913.	1,171,396.	117,534.	983.
<b>c</b> <b>FACILITIES ALLOCATION</b> .....	0.	3,299,995.	-3,403,389.	103,394.
<b>d</b> <b>INFORMATION TECHNOLOGY</b> .....	0.	6,623,494.	-6,831,019.	207,525.
<b>e</b> All other expenses .....	1,391,196.	620,846.	751,378.	18,972.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	115,249,125.	97,869,512.	15,029,369.	2,350,244.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,978,982.	<b>1</b>	5,041,837.
	<b>2</b> Savings and temporary cash investments .....	4,086,009.	<b>2</b>	5,168,222.
	<b>3</b> Pledges and grants receivable, net .....	6,008,972.	<b>3</b>	6,601,737.
	<b>4</b> Accounts receivable, net .....	5,472,040.	<b>4</b>	6,630,900.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	91,490.	<b>7</b>	81,695.
	<b>8</b> Inventories for sale or use .....	1,458,857.	<b>8</b>	1,459,582.
	<b>9</b> Prepaid expenses and deferred charges .....	2,933,133.	<b>9</b>	2,204,562.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 81,679,188.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,783,443.	<b>10c</b>	58,895,745.
	<b>11</b> Investments - publicly traded securities .....	76,386,410.	<b>11</b>	103,590,446.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	169,596,675.	<b>16</b>	189,674,726.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,593,647.	<b>17</b>	19,081,738.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	30,516,205.	<b>19</b>	32,179,879.
	<b>20</b> Tax-exempt bond liabilities .....	32,083,333.	<b>20</b>	30,800,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	11,000,000.	<b>23</b>	11,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	10,000,000.	<b>24</b>	0.
	<b>25</b> 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 .....	7,654,626.	<b>25</b>	7,564,895.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	105,847,811.	<b>26</b>	100,626,512.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	54,322,475.	<b>27</b>	80,018,147.
	<b>28</b> Net assets with donor restrictions .....	9,426,389.	<b>28</b>	9,030,067.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	63,748,864.	<b>32</b>	89,048,214.
	<b>33</b> Total liabilities and net assets/fund balances .....	169,596,675.	<b>33</b>	189,674,726.

**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	127,344,841.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,249,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,095,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,748,864.
5	Net unrealized gains (losses) on investments	5	13,203,634.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	89,048,214.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	34666973.	34528705.	33444398.	31694587.	45904931.	180239594
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	34666973.	34528705.	33444398.	31694587.	45904931.	180239594
<b>5</b> 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) .....						1839048.
<b>6 Public support.</b> Subtract line 5 from line 4.						178400546

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	34666973.	34528705.	33444398.	31694587.	45904931.	180239594
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6235329.	6922473.	7911270.	8403516.	7002849.	36475437.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1794337.	1808758.	1251857.	455,450.	492,847.	5803249.
<b>11 Total support.</b> Add lines 7 through 10						222518280
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 393,031,699.	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	80.17 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	78.43 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

**SCHEDULE A, PART II, LINE 10:**

**OTHER INCOME INCLUDES SHIPPING REVENUE AND OTHER MISCELLANEOUS REVENUES.**

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**AMERICAN ACADEMY OF PEDIATRICS**

Employer identification number

**36-2275597**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization  <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number  <b>36-2275597</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>18,155,404.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>8,456,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>4,487,417.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,115,458.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number  <b>36-2275597</b>
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**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
7	<hr/> <hr/> <hr/>	\$ <u>931,485.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number  <b>36-2275597</b>
---	---

**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  <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number  <b>36-2275597</b>
---	---

**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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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

**AMERICAN ACADEMY OF PEDIATRICS**

Employer identification number

**36-2275597**

**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.

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	604,646.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	604,646.													
<b>d</b>	Other exempt purpose expenditures	114644480.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	115249126.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	885,600.	798,214.	521,553.	604,646.	2,810,013.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,585,450.	5,732,176.	5,632,115.	5,427,011.	5,092,459.
b Contributions	10,411,955.	19,202.	132,696.	78,002.	93,037.
c Net investment earnings, gains, and losses	1,467,995.	122,815.	315,196.	339,291.	479,408.
d Grants or scholarships					
e Other expenditures for facilities and programs	212,292.	286,843.	344,953.	207,639.	235,407.
f Administrative expenses	10,515.	1,900.	2,878.	4,550.	2,486.
g End of year balance	17,242,593.	5,585,450.	5,732,176.	5,632,115.	5,427,011.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  69.7600 %
  - b Permanent endowment  21.0000 %
  - c Term endowment  9.2400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,500,000.		8,500,000.
b Buildings		31,395,860.	2,984,172.	28,411,688.
c Leasehold improvements		24,109.	20,492.	3,617.
d Equipment		23,964,112.	17,908,623.	6,055,489.
e Other		17,795,107.	1,870,156.	15,924,951.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				58,895,745.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) ANNUITY LIABILITY	65,117.
(3) CAPITAL LEASE OBLIGATIONS	240,951.
(4) RTU LEASE OBLIGATION	7,258,827.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,564,895.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



**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	140,548,475.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,203,634.	
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	13,203,634.	
3	Subtract line 2e from line 1	3	127,344,841.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	127,344,841.	

**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	115,249,125.
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	115,249,125.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	115,249,125.	

**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 V, LINE 4:**

THE AAP HAS 25 INDIVIDUAL ENDOWMENTS ESTABLISHED FOR A WIDE VARIETY OF PURPOSES, INCLUDING MAKING GRANT AWARDS AND PROGRAM FUNDING (I.E. FOSTER CARE, DISASTER RECOVERY, EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES).

**PART X, LINE 2:**

THE ACADEMY IS A NOT-FOR-PROFIT ILLINOIS CORPORATION ORGANIZED FOR SCIENTIFIC AND EDUCATIONAL PURPOSES AND HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ACADEMY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, AS DEFINED IN SECTION 509(A) OF THE IRC. AS SUCH,

**Part XIII** Supplemental Information (continued)

THE ACADEMY IS ONLY SUBJECT TO TAXATION ON ITS UNRELATED BUSINESS INCOME LESS RELATED EXPENSES UNDER SECTION 512 OF THE IRC.

THE ACADEMY'S UNRELATED BUSINESS INCOME RESULTS FROM ADVERTISING REVENUE AND OTHER NON-MEMBER REVENUE. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE ACADEMY'S UNRELATED BUSINESS EXPENSES EXCEEDED UNRELATED BUSINESS INCOME. AS A RESULT, NO PROVISION FOR INCOME TAXES IS NECESSARY.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ACADEMY AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number <b>36-2275597</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS	N/A	7,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS	N/A	38,000.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	N/A	5,000.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS	N/A	2,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS	N/A	8,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	N/A	33,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	168,800.
<b>3 a Subtotal</b> .....	0	0			261,800.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			261,800.

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

Schedule F (Form 990) 2020

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	JPS SUB-GRANT AGREEMENT	10,000.	EFT	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	CDC GLOBAL TOBACCO ADVOCACY IN ACTION GRANT	16,000.	EFT	0.	N/A	N/A
		NORTH AMERICA	HUMAN FACTORS-EDUCATION GRANT	6,000.	EFT	0.	N/A	N/A
		SOUTH ASIA	VALIDATION OF A SUICIDE RISK SCREENING TOOL IN NEPAL	32,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	VALIDATION OF A SUICIDE RISK SCREENING TOOL IN ETHIOPIA	33,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	STRENGTHENING NATIONAL PEDIATRIC SOCIETIES TO SUPPORT CROSS-SECTOR	39,300.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CDC GLOBAL TOBACCO ADVOCACY GRANT, ALCN REGIONAL ADVOCACY ACTIVITY, COVID ECHO	39,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CDC GLOBAL TOBACCO ADVOCACY GRANT, PRE-WORKSHOP PORTAL AND RESOURCES,	18,500.	EFT	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **10**

3 Enter total number of other organizations or entities ..... **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COVID ECHO: THE AUDACIOUS COVID PROJECT IN GHANA	8,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	COVID ECHO: THE AUDACIOUS COVID PROJECT IN UGANDA	8,000.	EFT	0.	N/A	N/A

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ADVOCACY AND PUBLIC HEALTH	CENTRAL AMERICA AND THE CARIBBEAN	2	7,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	EAST ASIA AND THE PACIFIC	5	12,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	EUROPE (INCLUDING ICELAND AND GREENLAND)	3	5,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	MIDDLE EAST AND NORTH AFRICA	1	2,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	NORTH AMERICA	2	2,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SOUTH ASIA	1	1,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SUB-SAHARAN AFRICA	13	23,000.	EFT	0.	N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

WRITTEN REPORTS ARE REQUIRED. GRANTEE MAY BE ASKED TO PRESENT FINDINGS.

FINAL PAYMENTS ARE NOT PAID UNTIL GRANT IS COMPLETED AND FINAL REPORT IS RECEIVED.

**PART II, COLUMN (D):**

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING NATIONAL PEDIATRIC SOCIETIES TO SUPPORT CROSS-SECTOR ENGAGEMENT & NATIONAL PLANNING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CDC GLOBAL TOBACCO ADVOCACY GRANT, ALCN REGIONAL ADVOCACY ACTIVITY, COVID ECHO - THE AUDACIOUS COVID PROJECT IN NIGERIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CDC GLOBAL TOBACCO ADVOCACY GRANT, PRE-WORKSHOP PORTAL AND RESOURCES, STRENGTHENING NATIONAL PEDIATRIC SOCIETIES TO SUPPORT CROSS-SECTOR ENGAGEMENT & NATIONAL PLANNING



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA CHAPTER - AAP 2600 N CENTRAL AVENUE, SUITE 740 PHOENIX, AZ 85004	86-0917603	501(C)(3)	147,500.	0.			LEAD TESTING, INCREASE VACCINATION UPTAKE, TELEHEALTH ECHO PROJECT
KANSAS CHAPTER - AAP 9905 WOODSTOCK STREET LENEXA, KS 66220-8000	48-0892759	501(C)(3)	109,333.	0.			E-CIGARETTE ACTION PLAN, IMPROVING IMMUNIZATION RATES, TELEHEALTH ECHO PROJECT,
STANFORD UNIVERSITY LOCK BOX P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	106,894.	0.			RESEARCH GRANT NEONATAL INTUBATION AND RESUSCITATION, EARLY CAREER RESEARCH
CALIFORNIA CHAPTER DISTRICT IX - AAP - 5000 CAMPUS DRIVE - NEWPORT BEACH, CA 92660	23-7311839	501(C)(3)	93,750.	0.			TELEHEALTH ECHO PROJECT, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE
TEXAS CHAPTER - AAP 401 W 15TH ST., STE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	81,983.	0.			E-CIGARETTE ACTION PLAN, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND, PROJECT
DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET, SUITE 820 DURHAM, NC 27705	56-0532129	501(C)(3)	80,000.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT. CLINICAL RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **74.**
- 3** Enter total number of other organizations listed in the line 1 table **14.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PRISMA HEALTH MIDLANDS 605 GROVE ROAD GREENVILLE, SC 29605	81-1723202	501(C)(3)	77,000.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILLIES GRANT AWARD RECIPIENT
RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - P.O. BOX 9, ATTN: DEBBIE O'CONNOR CASH MANAGER - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	76,750.	0.			NRP YOUNG INVESTIGATOR - POSITIVE PRESSURE VENTILATION THROUGH LARYNGEAL MASK AIRWAY
MAINE CHAPTER - AAP 160 FIFTH STREET AUBURN, ME 04210	20-4901024	501(C)(3)	73,667.	0.			AAP E-CIGARETTE CHAMPION ACTION PLAN IMPLEMENTATION, CHAPTER ORAL HEALTH INTEGRATION
GEORGIA CHAPTER - AAP 1330 W. PEACHTREE STREET NW, SUITE ATLANTA, GA 30309	58-1164164	501(C)(6)	72,500.	0.			E-CIGARETTE ACTION PLAN IMPLEMENTATION, CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS,
UTAH CHAPER - AAP 747 E. SOUTH TEMPLE, SUITE 100 SALT LAKE CITY, UT 84102	87-0268344	501(C)(6)	72,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, CARDIOPULMONARY DYSFUNCTION IN FORMER
CALIFORNIA CHAPTER I - AAP (EFT) PO BOX 582405 ELK GROVE, CA 95758-0041	94-6206802	501(C)(6)	69,000.	0.			HEALTHY PEOPLE 2020 - GLOBAL HEALTH, E-CIGARETTE ACTION PLAN IMPLEMENTATION; PROJECT
LOUISIANA CHAPTER - AAP PO BOX 64629 BATON ROUGE, LA 70896	72-1002968	501(C)(6)	65,000.	0.			PROJECT FIRSTLINE; AAP CHAPTER TELEHEALTH ECHO PROJECT
NEW YORK 2 CHAPTER - AAP PO BOX 1411 SMITHTOWN, NY 11787	11-2825086	501(C)(3)	62,950.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE; CHAPTER GRANT:
PENNSYLVANIA CHAPTER - AAP 1400 N. PROVIDENCE ROAD SUITE 4000 MEDIA, PA 19063	23-7135840	501(C)(3)	61,667.	0.			PROJECT FIRSTLINE; KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; 2021 CATCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MINNESOTA CHAPTER - AAP 1043 GRAND AVE, #215 ST. PAUL, MN 55105-3002	41-1670813	501(C)(3)	61,560.	0.			VACCINATE WITH CONFIDENCE IMMUNIZATION PARTNERSHIPS GRANT; HPV & PEDIATRIC INFLUENZA PROJECT,
FLORIDA CHAPTER - AAP PO BOX 13978 TALLAHASSEE, FL 32317-3978	59-1103936	501(C)(6)	60,500.	0.			PROJECT FIRSTLINE, SUBSTANCE USE SBIRT ECHO, E-CIGARETTE ACTION PLAM, CHAPTER GRANT: FOSTERING
INDIANA CHAPTER - AAP PO BOX 44376 INDIANAPOLIS, IN 46244	35-1364420	501(C)(3)	58,500.	0.			E-CIGARETTE ACTION PLAN, 20-21 CHILD DEATH REVIEW CHAPTER GRANT, ORAL HEALTH INTEGRATION
NEW YORK CHAPTER 1 - AAP 200 CANAL VIEW BLVD ROCHESTER, NY 14623	22-3091024	501(C)(3)	56,056.	0.			LEAD TESTING ECHO PROJECT, E-CIGARETTE ACTION PLAN, VACCINATION UPTAKE, KEEPING KIDS
MISSISSIPPI CHAPTER - AAP PO BOX 702 MADISON, MS 39130	64-0679086	501(C)(3)	54,000.	0.			PROJECT FIRSTLINE; TELEHEALTH ECHO PROJECT, KEEPING KIDS CONNECTED TO CARE DURING COVID-19,
CHARLOTTE-MECKLENBERG HOSP AUTHORITY - P.O. BOX 601979 - CHARLOTTE, NC 28260-1979	56-0529945	501(C)(3)	52,000.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES
MONTANA CHAPTER - AAP 724 HARRISON AVE HELENA, MT 59601	36-3481749	501(C)(3)	52,000.	0.			PROJECT FIRSTLINE, TELEHEALTH ECHO PROJECT, E-CIGARETTE ACTION PLAN, FOSTERING DEVELOPMENTAL
GEORGETOWN UNIVERSITY 800 17TH STREET, N.W, WASHINGTON, DC 20006	91-1016402	501(C)(6)	52,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND
WISCONSIN CHAPTER - AAP P.O. BOX 243 OCONOMOWOC, WI 53066	31-1535272	501(C)(6)	51,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OHIO CHAPTER - AAP 94-A NORTHWOODS BOULEVARD COLUMBUS, OH 43235	31-1700823	501(C)(3)	50,500.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT
ALASKA CHAPTER - AAP 3340 PROVIDENCE DRIVE, SUITE 466 ANCHORAGE, AK 99508	92-0156252	501(C)(3)	50,200.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT
TENNESSEE CHAPTER - AAP PO BOX 159201 NASHVILLE, TN 37215-0920	68-0562856	501(C)(3)	49,208.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND, PROJECT FIRSTLINE; E-CIGARETTE
UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	49,053.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES
KENTUCKY CHAPTER (KENTUCKY PEDIATRIC SOCIETY) - AAP - 420 CAPITAL AVENUE - FRANKFORT, KY 40601	61-1125554	501(C)(6)	48,667.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE; E-CIGARETTE
OREGON CHAPTER - AAP 944 SW BARNES ROAD, SUITE 933 PORTLAND, OR 97225	93-0672605	501(C)(3)	47,000.	0.			AAP E-CIGARETTE ACTION PLAN, TELEHEALTH ECHO PROJECT
NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD - STE. 150 RALEIGH, NC 27604	31-1657902	501(C)(3)	45,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; PROJECT FIRSTLINE
SOUTH CAROLINA CHAPTER - AAP 132 WESTPARK BOULEVARD COLUMBIA, SC 29210	57-0937831	501(C)(3)	43,025.	0.			PROJECT FIRSTLINE; FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS; TELEHEALTH
ILLINOIS CHAPTER - AAP 310 S. PEORIA SUITE 304 CHICAGO, IL 60607-3534	51-0183494	501(C)(3)	41,333.	0.			HEALTHY PEOPLE 2020 GRANT - GLOBAL HEALTH; E-CIGARETTE ACTION PLAN; KEEPING KIDS CONNECTED TO

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MICHIGAN CHAPTER - AAP 106 W. ALLEGAN ST. SUITE 310 LANSING, MI 48933	38-2211617	501(C)(6)	40,500.	0.			CHAPTER ORAL HEALTH INTEGRATION PROJECT; PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN;
CHILDREN'S RESEARCH INSTITUTE - MD 1 INVENTA WEST TOWER, 3RD FLOOR SILVER SPRING, MD 20910	52-1654453	501(C)(3)	37,000.	0.			TRAINEES RESEARCH AWARD FROM THE SECTION ON CARDIOLOGY
OKLAHOMA CHAPTER - AAP 6840 S. TRENTON AVENUE TULSA, OK 74136	73-1335978	501(C)(6)	35,909.	0.			PROJECT FIRSTLINE; CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENT PHASE 2
MARYLAND CHAPTER - AAP 744 DULANEY VALLEY ROAD S-12 BALTIMORE, MD 21204	52-1630552	501(C)(6)	33,380.	0.			PROJECT FIRSTLINE; CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS PHASE 2; SUBSTANCE USE
CALIFORNIA CHAPTER IV - AAP 17320 REDHILL AVE, SUITE 120 IRVINE, CA 92603	95-3731523	501(C)(3)	30,504.	0.			PROJECT FIRSTLINE; 2021 SECTION ON BREASTFEEDING LECTURESHIP GRANT AWARD; 20-21 CHILD DEATH REVIEW
NEW MEXICO CHAPTER - AAP 2132 A CENTRAL AVE SE, #289 ALBUQUERQUE, NM 87106	85-0293405	501(C)(3)	29,957.	0.			E-CIGARETTE ACTION PLAN; INCREASE VACCINATION UPTAKE; PROJECT FIRSTLINE
WAKE FOREST UNIVERSITY 1 MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	27,000.	0.			TRAINING ON PALLIATIVE CARE COMMUNICATION
IOWA CHAPTER - AAP 515 E. LOCUST STREET, SUITE 400 DES MOINES, IA 50309	42-1167299	501(C)(3)	26,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; E-CIGARETTE ACTION PLAN; PROJECT
MISSOURI CHAPTER - AAP 3523 AMAZONAS DRIVE, PO BOX 1219 JEFFERSON CITY, MO 65102	20-0911014	501(C)(3)	26,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE; E-CIGARETTE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEVADA CHAPTER - AAP 2040 W. CHARLESTON BLVD, #402 LAS VEGAS, NV 89102	26-1995077	501(C)(3)	26,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; PROJECT FIRSTLINE; E-CIGARETTE
ARKANSAS CHAPTER - AAP 800 MARSHALL STREET LITTLE ROCK, AR 72202-3510	20-5824116	501(C)(3)	25,595.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE E-CIGARETTE ACTION PLAN; PROJECT FIRSTLINE; 20-21 CHILD DEATH REVIEW CHAPTER GRANT
COLORADO CHAPTER - AAP 4981 S EMPRIA STREET ENGLEWOOD, CO 80111	84-0890875	501(C)(3)	25,500.	0.			THE CENTER FOR RURAL HEALTH DEVELOPMENT TO IMPLEMENT THEIR HPV
CENTER FOR RURAL HEALTH DEVELOPMENT, INC. - 75 CHASE DRIVE - HURRICANE, WV 25526	55-0729764	501(C)(3)	25,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE
WEST VIRGINIA CHAPTER - AAP 830 PENNSYLVANIA AVENUE, SUITE 104 CHARLESTON, WV 25302	56-2506831	501(C)(3)	24,139.	0.			CHAPTER ORAL HEALTH INTEGRATION PROJECT; PROJECT FIRSTLINE
PUERTO RICO CHAPTER - AAP P.O. BOX 79746 CAROLINA, PR 00984-9746	66-0556540	501(C)(3)	23,000.	0.			E-CIGARETTE ACTION PLAN; ORAL HEALTH IN PEDIATRIC PRACTICE; PROJECT FIRSTLINE
WASHINGTON CHAPTER - AAP 4616 25TH AVE NE, #594 SEATTLE, WA 98105	91-1016402	501(C)(6)	23,000.	0.			PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN; 2021 CATCH
MASSACHUSETTS CHAPTER - AAP 860 WINTER STREET WALTHAM, MA 02454	04-2786447	501(C)(6)	22,480.	0.			2020 RESIDENT RESEARCH - NEO PERINATAL MEDICINE STRATEGIC, PEDIATRIC PIPELINE INNOVATION
BOSTON MEDICAL CENTER 660 HARRISON AVENUE BOSTON, MA 02118	04-3314093	501(C)(3)	21,200.	0.			

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	18,810.	0.			NEONATAL PERINATAL MEDICINE, BENCH AND CLINICAL RESEARCH, NRP HUMAN FACTORS OR
CONNECTICUT CHAPTER - AAP 104 HUNGERFORD STREET HARTFORD, CT 06106	22-2908719	501(C)(6)	16,000.	0.			PROJECT FIRSTLINE, E-CIGARETTE ACTION PLAN
HAWAII CHAPTER - AAP 1319 PUNAHOU STREET, 7TH FLOOR HONOLULU, HI 96826	99-0226184	501(C)(3)	16,000.	0.			E-CIGARETTE ACTION PLAN, PROJECT FIRSTLINE
NEW JERSEY CHAPTER - AAP 50 MILLSTONE ROAD, BLDG 200, SUITE EAST WINDSOR, NJ 08520	22-3699313	501(C)(3)	16,000.	0.			PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
NEBRASKA CHAPTER - AAP 7906 DAVENPORT STREET OMAHA, NE 68114	47-0682563	501(C)(3)	15,997.	0.			PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 4521 WASHINGTON, DC 20017	52-1457413	501(C)(3)	15,696.	0.			PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
RHODE ISLAND CHAPTER 22 HARVEST DRIVE PORTSMOUTH, RI 02871	05-0494347	501(C)(3)	15,058.	0.			PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303-1207	74-1613878	501(C)(3)	14,771.	0.			NRP, KLAUS HEALTH SERVICES RESEARCH AWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 1905 N. STEMMONS FREEWAY STE 5010 - DALLAS, TX 75207	74-6000203	501(C)(3)	13,250.	0.			IMPACT NRP GUIDELINES ON OUTCOMES OF MECONIUM-EXPOSED NEWBORNS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CALIFORNIA 3 CHAPTER - AAP PO BOX 22212 SAN DIEGO, CA 92192-2212	33-0782521	501(C)(3)	12,899.	0.			PROJECT FIRSTLINE; 2021 CATCH
ANN & ROBERT LURIE CHILDREN'S HOSPITAL - 227 E. CHICAGO AVE. BOX 271 - CHICAGO, IL 60612	36-2170833	501(C)(3)	12,137.	0.			NEONATAL PERINATAL MEDICINE, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND;
CALIFORNIA CHAPTER II - AAP PO BOX 94127 PASADENA, CA 91109	23-7311839	501(C)(3)	12,000.	0.			PROJECT FIRSTLINE
SOUTH DAKOTA CHAPTER - AAP 2929 5TH STREET RAPID CITY, SD 57701	46-0453374	501(C)(3)	11,890.	0.			PROJECT FIRSTLINE
NORTH DAKOTA CHAPTER - AAP 773 SOUTH 83RD STREET GRAND FORKS, ND 58201	45-0423289	501(C)(3)	11,810.	0.			PROJECT FIRSTLINE
IDAHO CHAPTER - AAP PO BOX 16126 BOISE, ID 83715	31-1755426	501(C)(3)	11,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; E-CIGARETTE ACTION PLAN
VIRGINIA CHAPTER - AAP 2821 EMERYWOOD PARKWAY SUITE 200 RICHMOND, VA 23294	23-7371200	501(C)(3)	11,000.	0.			INCREASE VACCINATION UPTAKE
TEXAS TECH UNIV HEALTH SCIENCES CENTER - PO BOX 301418 - DALLAS, TX 75303-1418	74-1761309	501(C)(3)	10,020.	0.			HUMAN FACTORS OR EDUCATION GRANT, ELECTRONIC STETHOSCOPE USE IN NEONATAL
ALBERT EINSTEIN COLLEGE OF MEDICINE - JACK & PEARL RESNICK CAMPUS BELFER BLDG. ROOM 1108, 1300 MORRIS PARK AVE. - BRONX, NY	83-0621846	501(C)(3)	10,000.	0.			CATCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLEVELAND MEDICAL CENTER, UNIVERSITY HOSPITALS - UH GRANTS DEPT 781686, PO BOX 78000 - DETROIT, MI 48278-1686	34-1567805	501(C)(3)	10,000.	0.			CATCH
KIDSMATES, INC. 21218 ST. ANDREWS BLVD., #720 BOCA RATON, FL 33433	83-2146567	501(C)(3)	10,000.	0.			CATCH
MAINEHEALTH ONE RIVERFRONT PLAZA WESTBROOK, ME 04092	01-0238552	501(C)(3)	10,000.	0.			CATCH
MERCER HEALTH 800 W. MAIN STREET COLDWATER, OH 45828	34-1101385	501(C)(3)	10,000.	0.			CATCH
MONTANA HEALTH PROFESSIONALS FOR A HEALTHY CLIMATE - 2407 WYLIE AVE - MISSOULA, MT 59802	83-3164007	501(C)(3)	10,000.	0.			CATCH
NEW YORK INSTITUTE OF TECHNOLOGY OFFICE OF FINANCIAL AFFAIRS, NORTHERN BLVD - OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	10,000.	0.			CATCH
RHODE ISLAND HOSPITAL 167 POINT STREET, BOX 42, CORO EAST, SUITE 1A, ROOM 170 - PROVIDENCE, RI 029	05-0258954	501(C)(3)	10,000.	0.			CATCH
UNIVERSITY OF IOWA 201 S. CLINTON STREET, GRANT ACCOUNTING OFFICE, 2410 UCC - IOWA CITY, IA 522	42-6004813	GOVT	10,000.	0.			CATCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - PO BOX 841765 - DALLAS, TX 75284-1765	75-6002868	GOVT	10,000.	0.			CATCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE, ROOM 406 PARK BUILDING - SALT LAKE CITY, UT 84112-	87-6000525	501(C)(3)	10,000.	0.			CATCH
WASHTENAW PROMISE 14112 N. TERRITORIAL ROAD CHELSEA, MI 48118	82-2713460	501(C)(3)	10,000.	0.			CATCH
PRINCETON FAMILY YMCA 59 PAUL ROBESON PLACE PRINCETON, NJ 08540	21-0639890	501(C)(3)	10,000.	0.			CATCH
TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	9,250.	0.			YOUNG INVESTIGATOR AWARD, PERINATAL PALLIATIVE CARE TRAINING
WYOMING CHAPTER - AAP 122 EAST 17TH STREET CHEYENNE, WY 82001	20-0306156	501(C)(3)	8,300.	0.			PROJECT FIRSTLINE
UNIVERSITY OF CALIFORNIA DAVIS P.O. BOX 989062 WEST SACRAMENTO, CA 95798-9062	94-6036494	GOVT	7,500.	0.			YOUNG INVESTIGATOR AWARD
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE, MLC 7015 - CINCINNATI, OH 45229	31-0833936	501(C)(3)	7,000.	0.			BENCH AND CLINICAL RESEARCH AWARD
ALABAMA CHAPTER - AAP 19 SOUTH JACKSON ST MONTGOMERY, AL 36104	63-0798492	501(C)(3)	6,000.	0.			E-CIGARETTE ACTION PLAN; 20-21 CHILD DEATH REVIEW CHAPTER GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 ATTN: RESEARCH FINANC BOSTON, MA 02241-4413	04-2774441	501(C)(3)	6,000.	0.			KLAUS HEALTH SERVICES RESEARCH AWARD; NEONATAL PERINATAL MEDICINE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDREN'S PLACE, MAILS MADERA, CA 93636	94-1294954	501(C)(3)	6,000.	0.			CATCH

**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.

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

GRANT RECIPIENTS MUST COMPLETE A WRITTEN APPLICATION WHICH IS REVIEWED BY

THE ORGANIZATION AGAINST PREDETERMINED CRITERIA FOR GRANT ELIGIBILITY.

GRANT RECIPIENTS ARE REQUIRED TO COMPLETE A WRITTEN REPORT OF GRANT

UTILIZATION. GRANT RECIPIENTS MAY BE ASKED TO FORMALLY PRESENT THEIR

FINDINGS TO THE ORGANIZATION. THE ORGANIZATION WILL WITHHOLD PAYMENT TO

GRANTEES ABSENT COMPLETION OF THESE REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**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 checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" 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 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 checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK DEL MONTE, JD CEO/EXECUTIVE VP	(i)	570,082.	0.	1,710.	32,212.	2,868.	606,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VERA FRANCES TAIT CHIEF MEDICAL OFFICER	(i)	461,453.	0.	13,939.	58,212.	2,299.	535,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	(i)	346,345.	0.	1,465.	34,770.	1,735.	384,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN J. MILLER CHIEF FINANCIAL OFFICER	(i)	315,807.	0.	1,650.	58,212.	8,014.	383,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEBRA B. WALDRON SVP, HEALTHY RESILIENT CHILDREN	(i)	323,385.	0.	4,887.	36,408.	10,723.	375,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANNA C. PATTERSON SVP, GLOBAL CHILD HEALTH & LIFE SUPP	(i)	323,318.	0.	1,695.	33,004.	8,188.	366,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HILARY HAFTEL SVP, EDUCATION	(i)	319,515.	0.	3,148.	32,487.	10,853.	366,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	(i)	326,200.	0.	3,220.	23,562.	12,326.	365,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	(i)	309,288.	0.	9,978.	31,088.	3,349.	353,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT M. KATCHEN SVP, INFORMATION TECHNOLOGY	(i)	266,430.	0.	2,888.	36,575.	9,585.	315,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	(i)	264,252.	0.	7,597.	37,951.	5,642.	315,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	(i)	240,676.	0.	6,963.	28,285.	7,580.	283,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DARCY L. STEINBERG SR. DIR., STRATEGIC PARTNERSHIPS	(i)	139,409.	0.	80,810.	33,293.	10,354.	263,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JUDITH DOLINS CHIEF IMPLEMENTATION OFFICER	(i)	167,246.	0.	47,173.	34,519.	5,133.	254,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LYNN M. OLSON VP, RESEARCH	(i)	207,419.	0.	2,946.	35,487.	3,404.	249,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) TAMAR HARO SR. DIR FEDERAL & STATE ADVOCACY	(i)	209,730.	0.	2,327.	29,219.	6,540.	247,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARK T. GRIMES VP, PUBLISHING	(i)	206,437.	0.	3,773.	24,611.	7,572.	242,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JEAN C. DAVIS SR. DIR., COMMUNITY-BASED INITIATIVE	(i)	143,078.	0.	71,067.	19,652.	3,795.	237,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CONSTANCE M. WADE CONTROLLER/DIR., ACCOUNTING	(i)	133,445.	0.	66,164.	28,671.	8,467.	236,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	(i)	190,467.	0.	2,123.	22,065.	2,280.	216,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MARIROSE RUSSO VP, MARKETING & SALES	(i)	163,217.	0.	3,057.	26,062.	9,788.	202,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) SARA H. GOZA, MD, FAAP IMMEDIATE PAST PRESIDENT	(i)	185,904.	0.	0.	0.	0.	185,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

COMPANION TRAVEL IS PROVIDED FOR THE BOARD OF DIRECTORS IN THE BOARD POLICY AND THE EXECUTIVE STAFF PER THE STAFF POLICY. THE VALUE OF THESE PAYMENTS ARE INCLUDED IN THE INDIVIDUAL'S INCOME AND APPROPRIATELY TAXED. TAX IDEMNIFICATION IS PROVIDED TO ALL EMPLOYEES FOR SERVICE AWARDS AND OTHER SMALL GIFT CARDS.

**PART I, LINES 4A-B:**

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE IN THE CALENDAR YEAR 2020:

- DARCY STEINBERG - \$46,070
- JEAN DAVIS - \$45,331
- CONSTANCE WADE - \$36,897

THE CEO/EXECUTIVE VICE PRESIDENT IS ELIGIBLE FOR A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE PLAN WAS ESTABLISHED IN 2008. TO DATE, NO AMOUNTS HAVE BEEN ACCRUED UNDER THE PLAN.





<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property? .....		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		3.45 %						
6 Total of lines 4 and 5 .....		3.45 %						
7 Does the bond issue meet the private security or payment test? .....		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X						

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT NEW OFFICE HEADQUARTERS

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

AMERICAN ACADEMY OF PEDIATRICS

Employer identification number

36-2275597

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIAL, HEALTH FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG  
ADULTS. THE ACADEMY SEEKS TO PROMOTE THIS GOAL BY ENCOURAGING AND  
ASSISTING ITS MEMBERS IN THEIR EFFORTS TO MEET THE OVERALL HEALTH NEEDS  
OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS, BY PROVIDING  
SUPPORT AND COUNSEL TO PARENTS AND OTHER MEMBERS OF THE PUBLIC  
CONCERNED WITH THE HEALTH, SAFETY AND WELL-BEING OF INFANTS, CHILDREN,  
ADOLESCENTS AND YOUNG ADULTS, THEIR GROWTH AND DEVELOPMENT, AND BY  
SERVING AS AN ADVOCATE FOR INFANTS, CHILDREN, ADOLESCENTS AND YOUNG  
ADULTS AND THEIR FAMILIES WITHIN THE COMMUNITY AT LARGE. THE ACADEMY  
PLEDGES ITS EFFORTS AND EXPERTISE TO A FUNDAMENTAL GOAL - THAT ALL  
CHILDREN AND YOUTH HAVE THE OPPORTUNITY TO GROW UP SAFE AND STRONG,  
WITH FAITH IN THE FUTURE AND IN THEMSELVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OVERALL HEALTH NEEDS OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG  
ADULTS, BY PROVIDING SUPPORT AND COUNSEL TO PARENTS AND OTHER MEMBERS  
OF THE PUBLIC CONCERNED WITH THE HEALTH, SAFETY AND WELL-BEING OF  
INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS, THEIR GROWTH AND  
DEVELOPMENT, AND BY SERVING AS AN ADVOCATE FOR INFANTS, CHILDREN,  
ADOLESCENTS AND YOUNG ADULTS AND THEIR FAMILIES WITHIN THE COMMUNITY AT  
LARGE. THE ACADEMY PLEDGES ITS EFFORTS AND EXPERTISE TO A FUNDAMENTAL  
GOAL - THAT ALL CHILDREN AND YOUTH HAVE THE OPPORTUNITY TO GROW UP SAFE  
AND STRONG, WITH FAITH IN THE FUTURE AND IN THEMSELVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

AMERICAN ACADEMY OF PEDIATRICS

Employer identification number

36-2275597

## OTHER PROGRAM SERVICES INCLUDE:

LIFE SUPPORT - THE AAP OFFERS A SPECIALIZED COURSE THAT FOCUSES ON THE RESUSCITATION OF NEWBORNS SO THAT PEDIATRICIANS AND OTHER ALLIED/EMERGENCY HEALTHCARE PROFESSIONALS CAN MORE EFFECTIVELY SERVE NEWBORNS.

PUBLIC EDUCATION - THE AAP DISSEMINATES INFORMATION TO SCHOOLS AND THE GENERAL PUBLIC REGARDING ADVANCES IN PREVENTATIVE HEALTHCARE, IN SUCH AREAS AS CONTROL OF DISEASE, DISABILITY, ENVIRONMENTAL HAZARDS, ACCIDENT PREVENTION, NUTRITION, MENTAL AND EMOTIONAL DISEASE AND CHILD ABUSE AND NEGLECT.

COMMUNITY, CHAPTER & STATE AFFAIRS - THE DEPARTMENT WORKS TO FOSTER PEDIATRICIAN INVOLVEMENT IN THEIR COMMUNITIES, DEVELOP AND SUSTAIN STRONG CHAPTERS AND DISTRICTS, AND INFLUENCE STATE LEVEL POLICY RELATED TO CHILD HEALTH AND PEDIATRIC PRACTICE.

MEMBERSHIP - THE AAP'S MEMBERS CONSIST OF 66,000 PRIMARY CARE PEDIATRICIANS, PEDIATRIC MEDICAL SUB-SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS DEDICATED TO THE OPTIMAL HEALTH, SAFETY, AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.

CME - THE AAP OFFERS CONTINUING MEDICAL EDUCATION FOR PEDIATRIC HEALTH CARE PROFESSIONALS TO ENABLE THEM TO DEVELOP, MAINTAIN, AND INCREASE THEIR KNOWLEDGE AND SKILLS IN PEDIATRIC MEDICINE IN ORDER TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.

Name of the organization

AMERICAN ACADEMY OF PEDIATRICS

Employer identification number

36-2275597

EDUCATION ADMINISTRATION - SUPPORT AREA FOR THE EDUCATIONAL ACTIVITIES OF THE AAP.

NATIONAL MEETINGS - THE AAP HOSTS EDUCATIONAL CONFERENCES THAT OFFER THE FOREMOST UPDATES ON PEDIATRIC TREATMENT AND RESEARCH.

RESEARCH - THE AAP DEVELOPS CONDITION-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR CHILDREN AND THEIR FAMILIES. THE AAP ALSO HAS ESTABLISHED A PRACTICE-BASED RESEARCH NETWORK TO IMPROVE THE HEALTH OF CHILDREN BY CONDUCTING COLLABORATIVE RESEARCH WITH OVER 1700 PRACTITIONER MEMBERS.

CHIEF MEDICAL OFFICER - THE DEPARTMENT PROVIDES SUPPORT TO THE AAP COMMITTEE THAT FOCUS ON DISASTER PREPAREDNESS, INNOVATION, AND OTHER MEDICAL AREAS.

SUBSPECIALTY PEDIATRICS - IN ORDER TO ENABLE THE IMPROVEMENT OF HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, THE DEPARTMENT PROVIDES: (1) RESOURCE MATERIALS, STAFF SUPPORT, AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES AND SECTIONS RELATED TO PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, (2) OVERSIGHT TO TASK FORCES AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO THE HEALTH CARE PROVIDED BY PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, AND (3) SUPPORT TO THE AAP COMMITTEES, COUNCILS, AND SECTIONS THAT FOCUS ON PRACTICE, SOCIOECONOMIC, QUALITY IMPROVEMENT, MEDICO-LEGAL, AND HEALTH TECHNOLOGY ISSUES.

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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EXPENSES \$ 39,478,710. INCL GRANTS OF \$ 1,510,195. REVENUE \$ 43,791,957.

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

THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND ITS MEMBER PEDIATRICIANS DEDICATE THEIR EFFORTS AND RESOURCES TO THE HEALTH, SAFETY AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS. THE AAP HAS APPROXIMATELY 66,000 MEMBERS IN THE UNITED STATES, CANADA, MEXICO, AND MANY OTHER COUNTRIES. MEMBERS INCLUDE PEDIATRICIANS, PEDIATRIC MEDICAL SUBSPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS. MORE THAN 40,000 MEMBERS ARE BOARD-CERTIFIED AND CALLED FELLOWS OF THE AMERICAN ACADEMY OF PEDIATRICS (FAAP).

THE AAP IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF THIRTEEN MEMBERS, TEN WHO ARE ELECTED BY MEMBERS IN THEIR REGIONAL DISTRICTS AND WHO ALSO SERVE AS DISTRICT CHAIRPERSONS AND THREE MEMBERS ELECTED AT LARGE.

THE MEMBERS VOTE EACH YEAR FOR A NATIONAL PRESIDENT-ELECT. THE EXECUTIVE COMMITTEE, WHICH CONDUCTS AAP BUSINESS ON A DAILY BASIS, CONSISTS OF THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, ELECTED MEMBER OF THE BOARD WHO SERVES AS SECRETARY / TREASURER AND CEO AS EX-OFFICIO MEMBER.

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

PLEASE REFER TO 990 PART VI QUESTION 6 FOR EXPLANATION.

FORM 990, PART VI, SECTION B, LINE 10A:

THE AAP HAS 66 CHAPTERS THAT ARE ALL INDIVIDUALLY INCORPORATED ORGANIZATIONS.

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS DISTRIBUTED ELECTRONICALLY TO THE FINANCE COMMITTEE, AND THEN TO THE ENTIRE BOARD FOR THEIR REVIEW BEFORE THE 990 WAS FILED.

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

BOARD IS REQUIRED TO DISCLOSE AT ALL BOARD MEETINGS ANY CONFLICTS OF INTEREST. IF THERE ARE ANY DISCLOSED, THEY ARE DOCUMENTED IN THE MINUTES OF THE MEETING. STAFF ARE REQUIRED TO DOCUMENT BY SIGNATURE ANNUALLY AT THE TIME OF THEIR REVIEW ANY CONFLICTS OF INTEREST THEY MAY HAVE. THESE ARE REVIEWED AND FILED IN HUMAN RESOURCES.

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

CEO: THE AMERICAN ACADEMY OF PEDIATRICS REGULARLY REVIEWS THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR TO ENSURE THAT IT IS REASONABLE. EACH YEAR, THE ACADEMY PARTICIPATES IN A SURVEY OF COMPENSATION PAID TO KEY EMPLOYEES AT SIMILARLY-SITUATED ORGANIZATIONS, INCLUDING INDIVIDUALS SERVING AS CEOS OR EXECUTIVE DIRECTORS, OR IN POSITIONS WITH EQUIVALENT FUNCTIONS AND QUALIFICATIONS. THE ACADEMY RECEIVES THE ANONYMIZED RESULTS OF THAT ANNUAL COMPENSATION SURVEY. THE EXECUTIVE COMMITTEE OF THE ACADEMY, ENCOMPASSING BOTH THE PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT, REVIEW THE ANONYMIZED MARKET DATA DERIVED FROM THIS ANNUAL SURVEY, ALONG WITH ANY OTHER CURRENT AND RELEVANT COMPENSATION MARKET DATA, AND, BASED ON THIS INFORMATION DETERMINE THE BASE SALARY AND BONUS POTENTIAL FOR THE EXECUTIVE DIRECTOR FOR THE UPCOMING YEAR.

OTHER KEY EMPLOYEES: UTILIZING DATA FROM THE MOST RECENT ANNUAL SURVEY OF COMPENSATION PAID TO KEY EMPLOYEES AT SIMILARLY-SITUATED ORGANIZATIONS, KEY EMPLOYEE POSITIONS AT THE ACADEMY ARE EVALUATED FOR BOTH EXTERNAL



Name of the organization <b>AMERICAN ACADEMY OF PEDIATRICS</b>	Employer identification number <b>36-2275597</b>
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COMPETITIVENESS AND INTERNAL EQUITY BASED UPON KNOWLEDGE AND SKILL, PROBLEM SOLVING AND DECISION MAKING, SCOPE OF RESPONSIBILITY, ACCOUNTABILITY/IMPACT, AND RELATIONS AND COMMUNICATIONS FACTORS. THE ACADEMY'S HUMAN RESOURCES ADVISORY COMMITTEE AND EXECUTIVE DIRECTOR REVIEW AND MAKE THE FINAL DETERMINATION WITH RESPECT TO ANY PROPOSED CHANGES IN COMPENSATION FOR THESE KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC

FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE AAP WEBSITE, AAP.ORG, OR BY REQUEST; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990, PART XII, LINE 2:  
THE FINANCIAL STATEMENTS OF THE AAP ARE AUDITED ON A SEPARATE BASIS. THE AUDIT COMMITTEE IS THE ADVISORY COMMITTEE TO THE BOARD ON FINANCE. THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE AUDIT.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**AMERICAN ACADEMY OF PEDIATRICS**

**36-2275597**

Name and title of officer or person subject to tax

**MARK DEL MONTE JD  
CEO/EXECUTIVE VP**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>127,344,841.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize PLANTE & MORAN, PLLC to enter my PIN 7597  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax Mark Del Monte

Date 5/12/2022

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**36225460606**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PLANTE & MORAN, PLLC Date 05/11/22

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)