

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

2021

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 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN ACADEMY OF PEDIATRICS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 PARK BLVD City or town, state or province, country, and ZIP or foreign postal code ITASCA, IL 60143	D Employer identification number 36-2275597
	F Name and address of principal officer: MARK DEL MONTE, JD SAME AS C ABOVE	E Telephone number 630-626-6000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 271,816,050.
J Website: ▶ WWW.AAP.ORG		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1930	M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE AMERICAN ACADEMY OF PEDIATRICS IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	531
	6 Total number of volunteers (estimate if necessary)	6	11590
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,420,168.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 45,904,931.
9 Program service revenue (Part VIII, line 2g)		74,437,061.	82,624,581.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,905,028.	12,561,879.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,097,821.	4,180,698.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		127,344,841.	137,431,778.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,349,949.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	68,328,544.	74,045,197.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,921,219.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,570,632.	47,651,242.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115,249,125.	125,449,830.	
19 Revenue less expenses. Subtract line 18 from line 12	12,095,716.	11,981,948.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 189,674,726.	End of Year 173,360,393.
	21 Total liabilities (Part X, line 26)	100,626,512.	98,873,381.
	22 Net assets or fund balances. Subtract line 21 from line 20	89,048,214.	74,487,012.

Part II Signature Block

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

Sign Here	Signature of officer MARK DEL MONTE, JD, CEO/EXECUTIVE VP Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID LOWENTHAL	Preparer's signature DAVID LOWENTHAL
	Firm's name ▶ PLANTE & MORAN, PLLC	Date 03/24/23
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606	Check if self-employed <input type="checkbox"/> PTIN P00378651
		Firm's EIN ▶ 38-1357951 Phone no. (312) 207-1040

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

AMERICAN ACADEMY OF PEDIATRICS

EIN or SSN

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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.**

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>137,431,778.</u>
2a Form 990-EZ check here ... ▶	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ... ▶	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ▶	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ▶	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ▶	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 **75597**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 _____'s disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 3/28/2023

Part III Certification and Signature

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 2021 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 ▶ 03/24/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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 \$ 26,719,173. including grants of \$ 1,280,023.) (Revenue \$ 745,244.) 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 \$ 20,606,051. including grants of \$ 0.) (Revenue \$ 18,646,793.) 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 \$ 11,887,519. including grants of \$ 0.) (Revenue \$ 12,203,933.) 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 Amount. Rows include PEDIATRICS CIRCULATION (68,271), AAP NEWS CIRCULATION (66,713), PREP CIRCULATION (46,767), GRAND ROUNDS CIRCULATION (13,307), NEOREVIEWS CIRCULATION (3,570), and HOSPITAL PEDIATRICS CIRCULATION (3,089).

4d Other program services (Describe on Schedule O.) (Expenses \$ 47,356,023. including grants of \$ 2,473,368.) (Revenue \$ 49,789,141.)

4e Total program service expenses 106,568,766.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15 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>	16 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> See instructions	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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 columns. Includes questions 2a through 17 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
1a	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	Enter the number of voting members included on line 1a, above, who are independent		
	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				599,101.	0.	151,256.
(2) VERA FRANCES TAIT CHIEF MEDICAL OFFICER	40.00 0.00				X			541,123.	0.	61,499.
(3) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	40.00 0.00				X			395,740.	0.	37,461.
(4) JOHN J. MILLER CHIEF FINANCIAL OFFICER	40.00 0.00			X				354,028.	0.	64,253.
(5) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	40.00 0.00				X			359,340.	0.	51,350.
(6) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	40.00 0.00				X			373,314.	0.	34,607.
(7) DEBRA B. WALDRON SVP, HEALTHY RESILIENT CHILDREN	40.00 0.00				X			365,594.	0.	41,688.
(8) HILARY HAFTEL SVP, EDUCATION	40.00 0.00				X			352,025.	0.	43,916.
(9) JANNA C. PATTERSON SVP, GLOBAL CHILD HEALTH & LIFE SUPP	40.00 0.00				X			353,698.	0.	41,388.
(10) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			308,383.	0.	46,492.
(11) ROBERT M. KATCHEN SVP, INFORMATION TECHNOLOGY	40.00 0.00				X			299,956.	0.	49,542.
(12) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	40.00 0.00				X			257,617.	0.	52,447.
(13) LYNN M. OLSON VP, RESEARCH	40.00 0.00				X			231,965.	0.	38,592.
(14) TAMAR HARO SR. DIR FEDERAL & STATE ADVOCACY	40.00 0.00					X		227,901.	0.	37,323.
(15) XAVIER DIEGO SEVILLA SR VP, QUALITY	40.00 0.00				X			228,644.	0.	30,719.
(16) MARK T. GRIMES VP, PUBLISHING	40.00 0.00				X			225,265.	0.	33,648.
(17) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	40.00 0.00				X			220,954.	0.	27,344.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARIROSE RUSSO VP, MARKETING & SALES	40.00 0.00				X			191,505.	0.	44,906.
(19) JAMES BAUMBERGER SR DIR, FEDERAL ADVOCACY	40.00 0.00					X		196,212.	0.	31,444.
(20) SUNNAH KIM SR DIR, PEDIATRIC PRACTICE AND HEALT	40.00 0.00					X		189,913.	0.	37,151.
(21) MICHAEL S RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOV	40.00 0.00					X		194,540.	0.	31,361.
(22) CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE AND SUBSPECIALTY	40.00 0.00					X		186,868.	0.	25,528.
(23) ERIC R MATTHIAS SR DIR, APPLICATIONS DEVELOPMENT	40.00 0.00					X		179,115.	0.	31,719.
(24) LEE SAVIO BEERS, MD, FAAP IMMEDIATE PAST PRESIDENT	17.00 0.00	X		X				185,904.	0.	0.
(25) SARA H. GOZA, MD, FAAP IMMEDIATE PAST PRESIDENT	18.00 0.00	X		X				116,184.	0.	0.
(26) WARREN M. SEIGEL, MD, MBA, FAAP SECRETARY/TREASURER/BOARD MEMBER	14.00 0.00	X						111,784.	0.	0.
1b Subtotal								7,246,673.	0.	1045634.
c Total from continuation sheets to Part VII, Section A								739,310.	0.	0.
d Total (add lines 1b and 1c)								7,985,983.	0.	1045634.

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 200

	Yes	No
3 Did the organization list any former 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	1,832,269.
ADAGE TECHNOLOGIES, INC, 10 S. RIVERSIDE PLAZA, SUITE 1500, CHICAGO, IL 60606	CONSULTING	1,147,043.
SILVERCHAIR SCIENCE + COMMUNICATIONS INC, 316 E. MAIN STREET, SUITE 300, SINGLEHOP, LLC	CONSULTING & PRINTING	1,039,794.
DEPT CH 19781, PALATINE, IL 60055	CONSULTING	709,579.
CARDINAL COLORPRINT INC 1601 ROHLWING ROAD, ITASCA, IL 60008	PRINTING	546,788.

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 25

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MOIRA SZILAGYI, MD, PHD, FAAP PRESIDENT	13.00 0.00	X		X				73,606.	0.	0.
(28) CHARLES G. MACIAS, MD, MPH, FAA BOARD MEMBER	7.00 0.00	X						56,392.	0.	0.
(29) WENDY S. DAVIS, MD, FAAP BOARD MEMBER	6.00 0.00	X						55,392.	0.	0.
(30) DENNIS M. COOLEY, MD, FAAP BOARD MEMBER	6.00 0.00	X						55,392.	0.	0.
(31) GARY W. FLOYD, MD, FAAP BOARD MEMBER	8.00 0.00	X						55,392.	0.	0.
(32) JOSEPH L. WRIGHT, MD, MPH, FAAP BOARD MEMBER	10.00 0.00	X						55,392.	0.	0.
(33) MARGARET 'MEG' FISHER, MD, FAAP BOARD MEMBER	7.00 0.00	X						55,392.	0.	0.
(34) MARTHA C. MIDDLEMIST, MD, FAAP BOARD MEMBER	5.00 0.00	X						55,392.	0.	0.
(35) MICHELLE D. FISCUS, MD, FAAP BOARD MEMBER	9.00 0.00	X						55,392.	0.	0.
(36) YASUKO FUKUDA, MD, FAAP BOARD MEMBER	10.00 0.00	X						55,392.	0.	0.
(37) CONSTANCE S. HOUCK, MD, MPH, FA BOARD MEMBER	7.00 0.00	X						55,392.	0.	0.
(38) LIA GAGGINO, MD, FAAP BOARD MEMBER	9.00 0.00	X						55,392.	0.	0.
(39) MADELINE JOSEPH, MD, FAAP BOARD MEMBER	7.00 0.00	X						55,392.	0.	0.
(40) SANDY CHUNG, MD, FAAP PRESIDENT-ELECT	12.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c								739,310.		

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	26,637,848.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,426,772.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			38,064,620.			
Program Service Revenue	2 a MEMBERSHIPS	Business Code					
		541900	26,237,987.	26237987.			
	b MEDICAL JOURNALS	511120	25,607,087.	20783951.	4823136.		
	c PUBLICATIONS, OTHER	511130	13,660,825.	13660825.			
	d CONTINUING MEDICAL EDUCATION	611600	11,087,038.	11087038.			
	e NATIONAL MEETINGS	611600	5,343,293.	4,746,261.	597,032.		
	f All other program service revenue	900099	688,351.	688,351.			
	g Total. Add lines 2a-2f			82,624,581.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,117,421.			2117421.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		4,069,051.	4,069,051.			
	6 a Gross rents	(i) Real	111,647.				
		(ii) Personal					
		6b Less: rental expenses	0.				
		6c Rental income or (loss)	111,647.				
	d Net rental income or (loss)		111,647.	111,647.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	144,828,730.				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	134,384,272.				
		7c Gain or (loss)	10,444,458.				
	d Net gain or (loss)		10,444,458.			10444458.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			137431778.	81385111.	5420168.	12561879.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,383,386.	3,383,386.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	370,005.	370,005.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,974,702.	5,870,048.	3,737,838.	366,816.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	47,322,327.	38,243,883.	7,976,236.	1,102,208.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,807,381.	3,846,991.	835,231.	125,159.
9 Other employee benefits	8,098,071.	6,129,345.	1,787,652.	181,074.
10 Payroll taxes	3,842,716.	3,054,414.	692,707.	95,595.
11 Fees for services (nonemployees):				
a Management				
b Legal	597,475.	219,098.	378,377.	
c Accounting	78,215.		78,215.	
d Lobbying	495,847.		495,847.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	118,360.		118,360.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,949,275.	9,699,141.	1,694,615.	555,519.
12 Advertising and promotion	3,242,711.	3,158,581.		84,130.
13 Office expenses	8,116,578.	6,507,109.	1,590,315.	19,154.
14 Information technology	2,347,590.	342,973.	1,999,622.	4,995.
15 Royalties	446,511.	446,511.		
16 Occupancy	2,716,949.	1,012,229.	1,704,720.	
17 Travel	2,652,361.	2,434,118.	216,520.	1,723.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,320,414.	2,319,024.	1,390.	
20 Interest	464,598.	429.	464,169.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,285,201.	21,865.	2,263,336.	
23 Insurance	427,013.		427,013.	
24 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.)				
a SUBCONTRACTS	6,890,088.	6,890,088.		
b BANK CHARGES	1,392,982.	1,272,913.	119,178.	891.
c FACILITIES ALLOCATION	0.	3,358,457.	-3,452,699.	94,242.
d INFORMATION TECHNOLOGY	0.	7,590,680.	-7,803,683.	213,003.
e All other expenses	1,109,074.	397,478.	634,886.	76,710.
25 Total functional expenses. Add lines 1 through 24e	125,449,830.	106,568,766.	15,959,845.	2,921,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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
Assets	1 Cash - non-interest-bearing	5,041,837.	1	5,715,076.
	2 Savings and temporary cash investments	5,168,222.	2	4,004,150.
	3 Pledges and grants receivable, net	6,601,737.	3	6,606,111.
	4 Accounts receivable, net	6,630,900.	4	6,545,391.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	81,695.	7	0.
	8 Inventories for sale or use	1,459,582.	8	1,357,549.
	9 Prepaid expenses and deferred charges	2,204,562.	9	3,158,985.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,802,819.		
	b Less: accumulated depreciation	10b 25,542,032.		
	11 Investments - publicly traded securities	58,895,745.	10c	56,260,787.
	12 Investments - other securities. See Part IV, line 11	103,590,446.	11	89,712,344.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	189,674,726.	15		
17 Accounts payable and accrued expenses	19,081,738.	16	173,360,393.	
18 Grants payable		17	20,214,844.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	32,179,879.	19	31,239,017.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	30,800,000.	20	29,400,000.	
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	11,000,000.	23	11,000,000.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24		
26 Total liabilities. Add lines 17 through 25	7,564,895.	25	7,019,520.	
27 Net assets without donor restrictions	100,626,512.	26	98,873,381.	
28 Net assets with donor restrictions				
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances				
33 Total liabilities and net assets/fund balances				
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27 Net assets without donor restrictions	80,018,147.	27	65,652,362.	
28 Net assets with donor restrictions	9,030,067.	28	8,834,650.	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	89,048,214.	32	74,487,012.	
33 Total liabilities and net assets/fund balances	189,674,726.	33	173,360,393.	

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	137,431,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,449,830.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,981,948.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,048,214.
5	Net unrealized gains (losses) on investments	5	-26,543,150.
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	74,487,012.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34528705.	33444398.	31694587.	45904931.	38064620.	183637241
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	34528705.	33444398.	31694587.	45904931.	38064620.	183637241
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						569,766.
6 Public support. Subtract line 5 from line 4.						183067475

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	34528705.	33444398.	31694587.	45904931.	38064620.	183637241
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6922473.	7911270.	8403516.	7002849.	16742578.	46982686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1808758.	1251857.	455,450.	492,847.	688,351.	4697263.
11 Total support. Add lines 7 through 10						235317190
12 Gross receipts from related activities, etc. (see instructions)					12	391,025,886.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	77.80 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.17 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>25,103,676.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>6,460,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,031,085.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>909,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>832,239.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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 AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	495,847.													
c	Total lobbying expenditures (add lines 1a and 1b)	495,847.													
d	Other exempt purpose expenditures	124953983.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	125449830.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	798,214.	521,553.	604,646.	495,847.	2,420,260.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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? (Yes/No), 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)? (Yes/No), 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.

Table with 2 columns: \$. Rows include: 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) 2021

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	17,242,593.	5,585,450.	5,732,176.	5,632,115.	5,427,011.
b Contributions	618,382.	10,411,955.	19,202.	132,696.	78,002.
c Net investment earnings, gains, and losses	-2,259,210.	1,467,995.	122,815.	315,196.	339,291.
d Grants or scholarships					
e Other expenditures for facilities and programs	37,278.	212,292.	286,843.	344,953.	207,639.
f Administrative expenses	18,913.	10,515.	1,900.	2,878.	4,550.
g End of year balance	15,545,574.	17,242,593.	5,585,450.	5,732,176.	5,632,115.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.2300 %
 - b Permanent endowment 25.3400 %
 - c Term endowment 5.4300 %
- 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.	3,837,321.	27,558,539.
c Leasehold improvements		24,109.	22,903.	1,206.
d Equipment		24,253,582.	18,888,541.	5,365,041.
e Other		17,629,268.	2,793,267.	14,836,001.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				56,260,787.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY LIABILITY	15,681.
(3) CAPITAL LEASE OBLIGATIONS	167,660.
(4) RTU LEASE OBLIGATION	6,836,179.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,019,520.

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	110,770,268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-26,543,150.
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	-26,543,150.
3	Subtract line 2e from line 1	3	137,313,418.
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	118,360.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	118,360.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	137,431,778.

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	125,331,470.
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	125,331,470.
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	118,360.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	118,360.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	125,449,830.

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 28 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, 2022 AND 2021, 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, 2022, 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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS	N/A	49,213.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	N/A	10,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS	N/A	16,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	N/A	23,500.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	271,292.
3 a Subtotal	0	0			370,005.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			370,005.

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

Schedule F (Form 990) 2021

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	ADDRESSING VACCINE HESITANCY IN PRIVATE PROVIDERS	20,000.	EFT	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	CDC--GLOBAL IMMUNIZATION	14,748.	EFT	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	CDC GLOBAL TOBACCO ADVOCACY GRANT	7,021.	EFT	0.	N/A	N/A
		EUROPE	GLOBAL TOBACCO CONTROL AMONG CHILDREN	10,000.	EFT	0.	N/A	N/A
		NORTH AMERICA	STRUCTURED LITERACY INTERVENTIONS THROUGH COMMUNITY PARTNERSHIPS	10,000.	EFT	0.	N/A	N/A
		SOUTH ASIA	VALIDATION OF A SUICIDE RISK SCREENING TOOL	10,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ADVANCING HEALTHY MENTAL DEVELOPMENT	9,500.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	VALIDATION OF A SUICIDE RISK SCREENING TOOL	15,000.	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 **15**

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	2022 CDC GLOBAL TOBACCO SUSTAINABILITY GRANT; STRENGTHENING OF	82,200.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	GLOBAL IZ SUBGRANT AGREEMENT	10,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	COVID ECHO: THE AUDACIOUS COVID PROJECT	36,665.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	STRENGTHENING OF NATIONAL PEDIATRIC SOCIETIES IN KENYA AND TANZANIA	57,500.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ADVANCING HEALTHY MENTAL DEVELOPMENT	9,500.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CDC GLOBAL IMMUNIZATION PROJECT; COVID ECHO: THE AUDACIOUS COVID	22,905.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	I-CATCH GRANT - INTERNATIONAL COMMUNITY ACCESS TO CHILD HEALTH -	11,500.	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	EAST ASIA AND THE PACIFIC	4	7,444.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	NORTH AMERICA	3	6,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SOUTH ASIA	2	4,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SUB-SAHARAN AFRICA	12	26,022.	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: 2022 CDC GLOBAL TOBACCO SUSTAINABILITY GRANT; STRENGTHENING OF NATIONAL PEDIATRIC SOCIETIES IN KENYA AND TANZANIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CDC GLOBAL IMMUNIZATION PROJECT; COVID ECHO: THE AUDACIOUS COVID PROJECT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: I-CATCH GRANT - INTERNATIONAL COMMUNITY ACCESS TO CHILD HEALTH - COUNSELING & EDUCATION FOR ADOLESCENT GIRLS IN A KENYAN SLUM

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA CHAPTER - AAP 2600 N CENTRAL AVENUE, SUITE 1860 PHOENIX, AZ 85004-3034	86-0917603	501(C)(3)	172,250.	0.			2021 SOPT CHAPTER TRAINEE ENGAGEMENT GRANT RECIPIENT
MAINE CHAPTER - AAP 30 ASSOCIATION DRIVE MANCHESTER, ME 04351	20-4901024	501(C)(3)	117,250.	0.			2021 SOPT CHAPTER TRAINEE ENGAGEMENT GRANT RECIPIENT
LOUISIANA CHAPTER - AAP PO BOX 64629 BATON ROUGE, LA 70896	72-1002968	501(C)(6)	92,000.	0.			ABBOTT NUTRITION CHAPTER GRANT, HPV & PEDIATRIC INFLUENZA PROJECT THROUGH THE STATE IMMUNIZATION &
PUERTO RICO CHAPTER - AAP AVE TELISA RINION #381 PASOMONTE SAN JUAN, PR 00926	66-0556540	501(C)(3)	87,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
GEORGIA CHAPTER - AAP 1330 W. PEACHTREE STREET NW, SUITE ATLANTA, GA 30309	58-1164164	501(C)(6)	83,500.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
KANSAS CHAPTER - AAP 9905 WOODSTOCK ST LENEXA, KS 66220-8000	48-0892759	501(C)(3)	79,742.	0.			AAP E-CIGARETTE CHAPTER CHAMPION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **85.**

3 Enter total number of other organizations listed in the line 1 table **17.**

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CHAPTER - AAP PO BOX 4834 ENGLEWOOD, CO 80155	84-0890875	501(C)(3)	75,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
FLORIDA CHAPTER - AAP 1400 VILLAGE SQUARE BLVD. #3-87786 TALLAHASSEE, FL 32312	59-1103936	501(C)(6)	72,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
TEXAS CHAPTER - AAP 401 W 15TH ST., STE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	68,496.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 6236 WASHINGTON, DC 20015	52-1457413	501(C)(3)	66,500.	0.			AAP VACCINATE WITH CONFIDENCE IMMUNIZATION PARTNERSHIPS GRANT
NEW MEXICO CHAPTER - AAP 3836 QUAKERBRIDGE ROAD, SUITE 108 HAMILTON STATE, NJ 08619	22-3699313	501(C)(3)	64,400.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS/ADVOCACY TRAINING GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 1 SOUTH PARK CIRCLE, BUILDING #1 STE 402 - CHARLESTON, SC 29407	57-6000722	GOVT	63,000.	0.			2022 SOPT CHANGE GRANT RECIPIENT
OREGON PEDIATRIC SOCIETY 6107 SW MURRAY BLVD, UNIT 283 BEAVERTON, OR 97007	93-0672605	501(C)(3)	61,300.	0.			AAP CHAPTER TELEHEALTH GRANT
SOUTH CAROLINA CHAPTER - AAP P.O. BOX 11188 COLUMBIA, SC 29211	57-0937831	501(C)(3)	59,500.	0.			2022 CATCH IMP GRANT RECIPIENT
MISSOURI CHAPTER - AAP 211 SARAZEN DRIVE COLUMBIA, MO 65202	43-1561857	501(C)(3)	58,935.	0.			ABBOTT NUTRITION CHAPTER GRANT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON CHAPTER - AAP 4616 25TH AVE NE, #594 SEATTLE, WA 98105	91-1016402	501(C)(3)	58,500.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
MINNESOTA CHAPTER - AAP 1043 GRAND AVE, #215 ST. PAUL, MN 55105-3002	20-1343276	501(C)(3)	55,755.	0.			AAP VACCINATE WITH CONFIDENCE IMMUNIZATION PARTNERSHIPS GRANT, HPV & PEDIATRIC INFLUENZA
MONTANA CHAPTER - AAP 724 HARRISON AVE HELENA, MT 59601	36-3481749	501(C)(3)	55,000.	0.			BUILDING PEDIATRICIAN CAPACITY TO ADDRESS FOOD INSECURITY PROJECT
DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	54,870.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT AWARD
NEW YORK 2 CHAPTER - AAP 1325 FRANKLIN AVE, SUITE 255 GARDEN CITY, NY 11530	11-2825086	501(C)(3)	54,019.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
ARKANSAS CHAPTER - AAP 800 MARSHALL STREET LITTLE ROCK, AR 72202-3510	20-5824116	501(C)(6)	53,500.	0.			ABBOTT NUTRITION CHAPTER GRANT
PRISMA HEALTH-UPSTATE 3555 HARDEN STREET COLUMBIA, SC 29203	81-1723202	501(C)(3)	53,500.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT AWARD
PENNSYLVANIA CHAPTER - AAP 1400 N. PROVIDENCE ROAD, SUITE 4000 MEDIA, PA 19063	23-7135840	501(C)(3)	53,000.	0.			PROJECT FIRSTLINE: INFECTION PREVENTION AND CONTROL CHAPTER GRANT OPPORTUNITY, FIRST
MISSISSIPPI CHAPTER - AAP PO BOX 702 MADISON, MS 39130	64-0679086	501(C)(3)	51,750.	0.			AAP E-CIGARETTE CHAPTER CHAMPION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA CHAPTER - AAP 19 SOUTH JACKSON ST MONTGOMERY, AL 36104	63-0798492	501(C)(3)	51,750.	0.			ABBOTT GI CHAPTER GRANT
CONNECTICUT CHAPTER - AAP 224 WEST STATE STREET TRENTON, NJ 08608	06-1392883	501(C)(3)	49,750.	0.			ADOLESCENT VACCINES AND WELLNESS
ALASKA CHAPTER - AAP 3340 PROVIDENCE DRIVE, SUITE 466 ANCHORAGE, AK 99508	92-0156252	501(C)(3)	48,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
CALIFORNIA CHAPTER III - AAP PO BOX 22212 SAN DIEGO, CA 92192-2212	33-0782521	501(C)(3)	47,500.	0.			ABBOTT NUTRITION CHAPTER GRANT
MARYLAND CHAPTER - AAP 1211 CATHEDRAL STREET, 3RD FLOOR BALTIMORE, MD 21201	52-1360552	501(C)(3)	44,000.	0.			CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS PHASE 2 (IIRA2) QI PROJECT
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - MEDICAL CENTER AT DALLAS 5323 HARRY HINES BLVD - DALLAS, TX 75390-9028	75-6002868	501(C)(3)	40,713.	0.			AAP PEDIATRIC PIPELINE INNOVATION PROGRAM
ILLINOIS CHAPTER - AAP 310 S. PEORIA SUITE 304 CHICAGO, IL 60607-3534	51-0183494	501(C)(3)	40,667.	0.			PROJECT FIRSTLINE - INFECTION CONTROL CHAPTER GRANT, COVID-19 VACCINE, PROJECT FIRSTLINE
MICHIGAN CHAPTER - AAP 4936 CLARK ROAD, SUITE 101 YPSILANTI, MI 48197	38-2211617	501(C)(6)	40,500.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
GEORGETOWN UNIVERSITY 800 17TH STREET, N.W, WASHINGTON, DC 20006	53-0196603	501(C)(6)	40,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY CHAPTER - AAP 420 CAPITAL AVENUE FRANKFORT, KY 40601	61-1125554	501(C)(6)	38,500.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
CALIFORNIA CHAPTER IV - AAP 17322 MURPHY AVE IRVINE, CA 92614	95-3731523	501(C)(3)	38,500.	0.			SUICIDE PREVENTION MESSAGING CAMPAIGN
NEW YORK 1 CHAPTER - AAP 132 ALLENS CREEK ROAD, SUITE 100 ROCHESTER, NY 14618	22-3091024	501(C)(3)	36,500.	0.			AAP SECTION ON INFECTIOUS DISEASES TO SUPPORT INFECTIOUS DISEASES EDUCATION AND
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC - 300 E. MARKET ST. SUITE #300 - LOUISVILLE, KY 40202-1959	61-1029626	501(C)(3)	35,000.	0.			PEDIATRIC CARDIOLOGY TRAINEE RESEARCH AWARD
NEVADA CHAPTER - AAP 2040 W. CHARLESTON BLVD, #402 LAS VEGAS, NV 89102	26-1995077	501(C)(3)	35,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION.
TENNESSEE CHAPTER - AAP PO BOX 159201 NASHVILLE, TN 37215-0920	62-1150503	501(C)(3)	31,900.	0.			AAP E-CIGARETTE CHAPTER CHAMPION.
OHIO CHAPTER - AAP 450 W. WILSON BRIDGE, SUITE 215 WORTHINGTON, OH 43085	23-7126379	501(C)(6)	31,500.	0.			ABBOTT NUTRITION CHAPTER GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	30,850.	0.			2021 RESEARCH GRANT
INDIANA CHAPTER - AAP 702 BARNHILL DRIVE, SUITE 1601 ZIONSVILLE, IN 46202-3278	35-1364420	501(C)(3)	30,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CHAPTER - AAP 560 KANSAS AVENUE UNIT 2 NORTH LIBERTY, IA 52317	42-1167299	501(C)(3)	30,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION.
ST. BARNABAS HOSPITAL ABA SBH HEALTH SYSTEM - 4422 THIRD AVENUE - BRONX, NY 10457	13-1740122	501(C)(3)	30,000.	0.			WEL GRADUATE ORGANIZATIONAL CHANGE GRANTS PROJECT: BLACK WOMEN PHYSICIAN SPEAKER
RHODE ISLAND CHAPTER - AAP 22 HARVEST DRIVE PORTSMOUTH, RI 02871	05-0494347	501(C)(3)	29,480.	0.			AAP E-CIGARETTE CHAPTER CHAMPION ACTION PLAN
UTAH CHAPTER - AAP 3029 HOLDERHILL LANE TAYLORSVILLE, UT 84129-2276	87-0268340	501(C)(6)	29,000.	0.			ABBOTT NUTRITION CHAPTER GRANT
NORTH CAROLINA CHAPTER - AAP 1100 WAKE FOREST ROAD, SUITE 150 RALEIGH, NC 27604-1354	56-1686420	501(C)(3)	29,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
WISCONSIN CHAPTER - AAP 210 GREEN BAY ROAD THIENSVILLE, WI 53092	31-1535272	501(C)(6)	29,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
CURBSIDE HEALTH, INC. 2100 GENG STREET, SUITE 210 PALO ALTO, CA 94303	82-5257884		28,000.	0.			GRANTS TO SUPPORT THE IMPLEMENTATION AND PRACTICE INTEGRATION OF CLINICAL PRACTICE ON
CENTER FOR RURAL HEALTH DEVELOPMENT, INC. - 75 CHASE DRIVE - HURRICANE, WV 25526	55-0729764	501(C)(3)	27,500.	0.			IMPLEMENT HPV & INFLUENZA PROJECT
EAST CAROLINA UNIVERSITY 208 E. 5TH STREET GREENVILLE, NC 27858-1821	56-6000403	501(C)(3)	27,000.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT AWARD; 2022 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA CHAPTER I - AAP PO BOX 582405 ELK GROVE, CA 95758	94-6206802	501(C)(6)	25,167.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, CB 1220 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	25,000.	0.			STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT
WAKE FOREST UNIVERSITY 1 MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	25,000.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT AWARD
WYOMING CHAPTER - AAP PO BOX 4009 CHEYENNE, WY 82003	20-0306156	501(C)(3)	24,000.	0.			ABBOTT NUTRITION CHAPTER GRANT
CHARLOTTE-MECKLENBERG HOSP AUTHORITY - 1000 BLYTHE BLVD., MEB 401 - CHARLOTTE, NC 28203	56-0529945	501(C)(3)	23,037.	0.			CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT AWARD
WEST VIRGINIA CHAPTER - AAP 830 PENNSYLVANIA AVENUE, SUITE 104 CHARLESTON, WV 25302	56-2506831	501(C)(3)	22,837.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD, SUITE 200 RALEIGH, NC 27604	31-1657902	501(C)(3)	22,250.	0.			2021 SOPT CHAPTER TRAINEE ENGAGEMENT GRANT
CALIFORNIA CHAPTER II - AAP 4067 HARDWICK STREET, BOX 527 LAKEWOOD, CA 90712	23-7311839	501(C)(3)	21,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
NEBRASKA CHAPTER - AAP PO BOX 72 ELKHORN, NE 68022	47-0682563	501(C)(3)	21,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION TRAINING

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII CHAPTER - AAP 1319 PUNAHOU STREET, 7TH FLOOR HONOLULU, HI 96826	99-0226184	501(C)(3)	20,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
OKLAHOMA CHAPTER - AAP 6840 S. TRENTON AVENUE TULSA, OK 74136	73-1335978	501(C)(6)	20,000.	0.			CON IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS PHASE 2 (IIRA2) QI PROJECT
CALIFORNIA CHAPTER DISTRICT IX - AAP - 5000 CAMPUS DRIVE - NEWPORT BEACH, CA 92660	61-1534720	501(C)(3)	19,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE
UNIVERSITY OF ROCHESTER 575 ELMWOOD AVE MEDICAL CENTER MEDIA ROOM 3-7510 - ROCHESTER, NY 14642	16-0743209	501(C)(3)	18,667.	0.			2022 CATCH RES GRANTEE
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 ATTN: RESEARCH FINANC BOSTON, MA 02241-4413	04-2774441	501(C)(3)	17,000.	0.			2021 RESIDENT RESEARCH GRANT
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON STREET, SUITE 100 - PORTLAND, OR 97205	23-7083114	501(C)(3)	16,667.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
ALABAMA CHILDREN'S FOUNDATION 1600 7TH AVENUE BIRMINGHAM, AL 35233-1711	63-0879471	501(C)(3)	16,667.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE ST. (ATT: NACY RAMIREZ, A8.188, MS BCM: 902) - HOUSTON, TX 77	74-1613878	501(C)(3)	15,000.	0.			2021 MARSHALL KLAUS BENCH AND CLINICAL RESEARCH AWARD
RHODE ISLAND HOSPITAL 167 POINT STREET, BOX 42, CORO EAST, SUITE 1A, ROOM 170 - PROVIDENCE, RI 029	05-0258954	501(C)(3)	15,000.	0.			2022 CATCH GRANTEES

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 noncash 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 CENTER BLVD PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	14,024.	0.			COVID-19, RESIDENT RESEARCH GRANT, CLINICAL RESEARCH AWARD
UNIVERSITY OF CALIFORNIA - SAN DIEGO - 9500 GILMAN DRIVE, MC 0954 - LA JOLLA, CA 92037-0954	95-6006144	501(C)(3)	13,456.	0.			2022 CATCH IMP GRANTEE
FAMILY FOCUS, INC. 310 S. PEORIA STREET, SUITE 301 CHICAGO, IL 60607	36-2166998	501(C)(3)	13,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
JEWISH FAMILY SERVICE OF ROCHESTER INC - 255 E. AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0743059	501(C)(3)	13,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
MULTNOMAH COUNTY HEALTH DEPARTMENT 501 SE HAWTHORNE BLVD, STE 400 PORTLAND, OR 97214	93-6002309	501(C)(3)	13,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
BIRMINGHAM HEALTHY START PLUS, INC 4 AVENUE W, SUITE D BIRMINGHAM, AL 35222	46-3989566	501(C)(3)	13,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
NEW YORK 3 CHAPTER - AAP 1325 FRANKLIN AVE., SUITE 255 GARDEN CITY, NY 11530	19-3653350	501(C)(3)	12,024.	0.			SOCIAL MEDIA CHAPTER GRANT AWARD FUNDING
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)	11,250.	0.			YOUNG INVESTIGATOR AWARD
UT HEALTH - SAN ANTONIO 7703 FLOYD CURL DRIVE, MC 7806 SAN ANTONIO, TX 78229-3900	74-1586031	501(C)(3)	11,203.	0.			2021 HUMAN FACTORS AND EDUCATION GRANT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS CHAPTER - AAP 860 WINTER STREET WALTHAM, MA 02454	04-2786447	501(C)(6)	11,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
OREGON CHAPTER - AAP PO BOX 2082 LAKE OSWEGO, OR 97035	93-0672605	501(C)(3)	11,000.	0.			AAP E-CIGARETTE CHAPTER CHAMPION
NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE
MOUNT PISGAH ARBORETUM 34901 FRANK PARRISH ROAD EUGENE, OR 97405	23-7345974	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE
SPECIAL LEARNING CENTER (CAPITAL CITY AREA COUNCIL FOR SPECIAL SERVICES) - 1115 FAIRGROUNDS ROAD - JEFFERSON CITY, MO 65109	43-1403230	501(C)(3)	10,000.	0.			2022 CATCH PLN GRANTEE
CHILDREN'S RESEARCH INSTITUTE - MD 111 MICHIGAN AVENUE NW SUITE 5400 WASHINGTON, DC 20010	52-1654453	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE
COLLABORATION FOR EARLY CHILDHOOD 123 MADISON, SUITE 209 OAK PARK, IL 60302	30-0132292	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE
DIGITAL HEALTH SOLUTIONS, INC. 124 E. NORTHFIELD DRIVE, SUITE F #1 BROWNSBURG, IN 46122	81-4824331		10,000.	0.			HEALTH INFORMATION TECHNOLOGY INNOVATION GRANTS -OBESITY GUIDELINE IMPLEMENTATION
VERNON MEMORIAL HEALTHCARE 507 SOUTH MAIN ST VIROQUA, WI 54665	39-0806404	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIMIDI 1417A DUTCH VALLEY PLACE ATLANTA, GA 30324	45-4959969		10,000.	0.			HEALTH SYSTEMS
EAST GEORGIA HEALTHCARE CENTER, INC. - 215 N COLEMAN STREET - SWAINSBORO, GA 30401	58-2001607	501(C)(3)	10,000.	0.			2022 CATCH IMP GRANTEE
NEW HAMPSHIRE CHAPTER - AAP 7 N. STATE ST. CONCORD, NH 03301	02-0459582	501(C)(6)	10,000.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS
TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	9,928.	0.			YOUNG INVESTIGATOR AWARD
NORTH DAKOTA CHAPTER - AAP 1000 S. COLUMBIA ROAD GRAND FORKS, ND 58201	45-0423289	501(C)(3)	9,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
ANN & ROBERT LURIE CHILDREN'S HOSPITAL - 225 E. CHICAGO AVENUE - CHICAGO, IL 60611	36-2170833	501(C)(3)	9,000.	0.			SOPT CHANGE GRANT RECIPIENT
AMERICAN COLLEGE OF PHYSICIANS, SO CALIFORNIA ILL CHAPTER - 9477 LA CUESTA DR. - LA MESA, CA 91941	33-0869933	501(C)(3)	9,000.	0.			WOMEN'S WELLNESS THROUGH WELLNESS AND EQUITY (WEL)
UTAH CHAPTER - AAP 747 E SOUTH TEMPLE, SUITE 100 SALT LAKE CITY, UT 84102	87-0268334	501(C)(3)	9,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
IDAHO CHAPTER - AAP 103 W. STATE STREET BOISE, ID 83702	31-1755426	501(C)(3)	9,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, AAP E-CIGARETTE CHAPTER CHAMPION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK OF US 700 PENNSYLVANIA AVE SE, SUITE 200 WASHINGTON, DC 20003	82-1157215	501(C)(3)	7,500.	0.			CHILD WELFARE POLICYMAKER EDUCATION AND MESSAGING AROUND FAMILY FIRST AND CONGREGATE CARE
FOSTERCLUB, INC. 620 S. HOLLADAY DRIVE, #1 SEASIDE, OR 97138	93-1287234	501(C)(3)	7,500.	0.			CHILD WELFARE POLICYMAKER EDUCATION AND MESSAGING AROUND FAMILY FIRST AND CONGREGATE CARE
CHILDREN'S DEFENSE FUND 840 FIRST STREET NE, SUITE 300 WASHINGTON, DC 20002	52-0895622	501(C)(3)	7,500.	0.			CHILD WELFARE POLICYMAKER EDUCATION AND MESSAGING AROUND FAMILY FIRST AND CONGREGATE CARE
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	95-3492461	501(C)(3)	7,500.	0.			YOUNG INVESTIGATOR AWARD
YOUTH LAW CENTER 832 FOLSOM STREET, #700 SAN FRANCISCO, CA 94107	94-1715280	501(C)(3)	7,500.	0.			CHILD WELFARE POLICYMAKER EDUCATION AND MESSAGING AROUND FAMILY FIRST AND CONGREGATE CARE
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	6,000.	0.			2021 SECTION ON PERINATAL PEDIATRICS DISTRICT 1 GRANT

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

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	575,011.	22,300.	1,790.	148,188.	3,068.	750,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VERA FRANCES TAIT CHIEF MEDICAL OFFICER	(i)	489,336.	29,767.	22,020.	58,438.	3,061.	602,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	(i)	369,943.	23,895.	1,902.	35,876.	1,585.	433,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN J. MILLER CHIEF FINANCIAL OFFICER	(i)	330,467.	21,429.	2,132.	58,438.	5,815.	418,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	(i)	333,806.	22,192.	3,342.	38,938.	12,412.	410,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	(i)	341,010.	21,666.	10,638.	33,063.	1,544.	407,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEBRA B. WALDRON SVP, HEALTHY RESILIENT CHILDREN	(i)	338,583.	21,981.	5,030.	37,202.	4,486.	407,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HILARY HAFTEL SVP, EDUCATION	(i)	326,964.	21,791.	3,270.	33,063.	10,853.	395,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JANNA C. PATTERSON SVP, GLOBAL CHILD HEALTH & LIFE SUPP	(i)	330,006.	21,895.	1,797.	33,063.	8,325.	395,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	(i)	279,066.	17,934.	11,383.	38,909.	7,583.	354,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERT M. KATCHEN SVP, INFORMATION TECHNOLOGY	(i)	278,302.	18,561.	3,093.	39,645.	9,897.	349,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	(i)	238,653.	17,195.	1,769.	31,055.	21,392.	310,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LYNN M. OLSON VP, RESEARCH	(i)	214,243.	14,649.	3,073.	36,267.	2,325.	270,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) TAMAR HARO SR. DIR FEDERAL & STATE ADVOCACY	(i)	209,963.	14,698.	3,240.	29,364.	7,959.	265,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) XAVIER DIEGO SEVILLA SR VP, QUALITY	(i)	223,794.	3,603.	1,247.	25,469.	5,250.	259,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MARK T. GRIMES VP, PUBLISHING	(i)	207,617.	14,598.	3,050.	26,075.	7,573.	258,913.	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 and/or 1099-NEC 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) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	(i)	204,621.	14,060.	2,273.	25,026.	2,318.	248,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARIROSE RUSSO VP, MARKETING & SALES	(i)	176,147.	12,850.	2,508.	34,819.	10,087.	236,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JAMES BAUMBERGER SR DIR, FEDERAL ADVOCACY	(i)	181,199.	13,232.	1,781.	21,294.	10,150.	227,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) SUNNAH KIM SR DIR, PEDIATRIC PRACTICE AND HEALTH	(i)	175,099.	13,060.	1,754.	22,968.	14,183.	227,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MICHAEL S RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOV	(i)	174,560.	12,420.	7,560.	21,653.	9,708.	225,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE AND SUBSPECIALTY	(i)	184,009.	0.	2,859.	19,695.	5,833.	212,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ERIC R MATTHIAS SR DIR, APPLICATIONS DEVELOPMENT	(i)	166,247.	12,420.	448.	21,653.	10,066.	210,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) LEE SAVIO BEERS, 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)							

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. 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, LINE 4B:

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.

PART I, LINE 7:

ALL EMPLOYEES ARE ELIGIBLE FOR A DISCRETIONARY INCENTIVE PAYMENT BASED IN
PART ON THE FINANCIAL RESULTS OF THE ORGANIZATION. A DISCRETIONARY
INCENTIVE PAYMENT WAS ACCRUED DURING THE FISCAL YEAR TO BE PAID OUT AFTER
THE END OF THE FISCAL YEAR.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS												
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	A	ILLINOIS FINANCE AUTHORITY	85-1091957	NONEAVAIL	06/24/16	46800000.	CONSTRUCT NEW OFFICE HEADQUARTE		X	X				X
	B													
	C													
	D													

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	6,400,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	46,800,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	116,000.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	46,684,000.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2021

Part III Private Business Use								
	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		3.94						
6 Total of lines 4 and 5		3.94						
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						

Part IV Arbitrage								
	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
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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) 2021

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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 \$ 47,356,023. INCL GRANTS OF \$ 2,473,368. REVENUE \$ 49,789,141.

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 45,000 MEMBERS ARE BOARD-CERTIFIED AND CALLED FELLOWS OF THE AMERICAN ACADEMY OF PEDIATRICS (FAAP).

THE AAP IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF 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 AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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.

Type and Entity: ADVERTISING IN PROFESS POST-2017 NO **DETAIL CARRYOVER SCHEDULE**
 Section 382 Annual Limitation Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A 2018	820,319.										
B 2019	745,038.										
C 2020	905,074.										
D 2021	328,711.										
E											
F											
G											
H											
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Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/15	Amount Used for 06/30/13	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2011	2,922.	757.	639.	118.							
B	2013	1,976.										
C	2015	11.										
D	2016	964,459.										
E	2017	1,769,110.										
F												
G												
H												
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Detail Type	E S B C	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
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Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2016	1,647,742.										
B	2019	1,502,832.										
C	2020	2,398,712.										
D	2021	2,696,719.										
E												
F												
G												
H												
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: NOL CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2011	3,922.										
B	2012	882.										
C	2013	2,976.										
D	2014	361.										
E	2015	11.										
F	2016	964,459.										
G	2017	1,731,766.										
H	2018	820,228.										
I	2019	745,038.										
J	2020	905,074.										
K	2021	328,711.										
L												
M												
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: CONTRIBUTION - 50% CASH CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	2,398,712.										
B	2021	2,696,719.										
C												
D												
E												
F												
G												
H												
I												
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN ACADEMY OF PEDIATRICS</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 345 PARK BLVD</p> <p>City or town, state or province, country, and ZIP or foreign postal code ITASCA, IL 60143</p> <p>C Book value of all assets at end of year ▶ 173,360,394.</p>	<p>D Employer identification number 36-2275597</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **JOHN J. MILLER, CPA** Telephone number ▶ **630-626-6525**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2 0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4 0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	Total
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes		No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	2,737,721.
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code		Available post-2017 NOL carryover	
540000		\$	2,470,431.
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
		Date	CEO/EXECUTIVE VP	Title	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	DAVID LOWENTHAL		DAVID LOWENTHAL	03/24/23	PTIN
	Firm's name ▶ PLANTE & MORAN, PLLC		Firm's EIN ▶		P00378651
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606		Phone no. (312) 207-1040		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	2,922.	757.	2,165.	2,165.
06/30/14	1,976.	0.	1,976.	1,976.
06/30/16	11.	0.	11.	11.
06/30/17	964,459.	0.	964,459.	964,459.
06/30/18	1,769,110.	0.	1,769,110.	1,769,110.
NOL CARRYOVER AVAILABLE THIS YEAR			2,737,721.	2,737,721.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization AMERICAN ACADEMY OF PEDIATRICS	B Employer identification number 36-2275597
C Unrelated business activity code (see instructions) ▶ 540000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **ADVERTISING IN PROFESSIONAL PERIODICALS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	2	-104.		
3 Gross profit. Subtract line 2 from line 1c	3	104.		104.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	5,420,168.	5,747,483.	-327,315.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	5,420,272.	5,747,483.	-327,211.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)	SEE STATEMENT 2	14	1,500.
15 Total deductions. Add lines 1 through 14		15	1,500.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-328,711.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-328,711.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation UNICAP

Table with 8 rows and 2 columns. Row 1: Inventory at beginning of year 6,416. Row 2: Purchases 0. Row 3: Cost of labor 0. Row 4: Additional section 263A costs 0. Row 5: Other costs 0. Row 6: Total 6,416. Row 7: Inventory at end of year 6,520. Row 8: Cost of goods sold -104.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 5 rows and 4 columns (A, B, C, D). Row 2: Rent received or accrued. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table with 11 rows and 4 columns (A, B, C, D). Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. **STATEMENT 4**

- A PEDIATRICS
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	5420168.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				5420168.

a				
3 Direct advertising costs by periodical	5747483.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				5747483.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	- 327,315.			
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,500.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	820,319.	0.	820,319.	820,319.
06/30/20	745,038.	0.	745,038.	745,038.
06/30/21	905,074.	0.	905,074.	905,074.
NOL CARRYOVER AVAILABLE THIS YEAR			2,470,431.	2,470,431.

SEPARATE PERIODICALS INCLUDED IN A CONSOLIDATED PERIODICAL		STATEMENT 4			
		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
PEDIATRICS	- PEDIATRICS	3239081.	1436515.	0.	0.
	- MEETING PERIODICAL	597,032.	1066236.	0.	0.
	- AAP NEWS	1288065.	2385099.	0.	0.
	- HOSPITAL PEDIATRICS	1,624.	153,618.	0.	0.
	- HEALTHY CHILDREN.ORG	15,000.	125,785.	0.	0.
	- AAP.ORG	19,019.	239,960.	0.	0.
	- PIR	110,347.	336,925.	0.	0.
	- CONSUMER MAGAZINE	150,000.	3,345.	0.	0.
	SUBTOTAL	5420168.	5747483.	0.	0.