

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ACADEMY OF PEDIATRICS		D Employer identification number 36-2275597
	Doing business as		E Telephone number 630-626-6000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 173,101,378.
	345 PARK BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ITASCA, IL 60143		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARK DEL MONTE, JD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.AAP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1930	M State of legal domicile: IL

Part I Summary

Activities & Governance	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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	557
	6 Total number of volunteers (estimate if necessary)	6	12688
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,907,531.
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	38,064,620.	41,140,519.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,624,581.	83,459,272.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,561,879.	-871,631.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,180,698.	5,106,875.
		137,431,778.	128,835,035.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,753,391.	4,341,822.
	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)	74,045,197.	73,851,502.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,619,004.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,651,242.	56,081,560.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,449,830.	134,274,884.	
19 Revenue less expenses. Subtract line 18 from line 12	11,981,948.	-5,439,849.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	173,360,393.	172,711,839.
	22 Net assets or fund balances. Subtract line 21 from line 20	98,873,381.	93,273,342.
		74,487,012.	79,438,497.

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		Date		
	MARK DEL MONTE, JD, CEO/EXECUTIVE VP Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID LOWENTHAL	DAVID LOWENTHAL	02/22/24		P00378651
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (312) 207-1040	
	PLANTE & MORAN, PLLC	38-1357951			
	Firm's address				
	10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606				

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 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

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	128,835,035.
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 2022 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 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person

Date 2/23/2024

Part III Cert

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 2022 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 02/22/24

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** (2022)

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 27,227,239. including grants of \$ 2,774,057.) (Revenue \$ 527,090.) 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 \$ 22,059,163. including grants of \$ 0.) (Revenue \$ 17,647,044.) 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 \$ 12,027,389. including grants of \$ 0.) (Revenue \$ 11,100,632.) 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, Circulation. Rows include PEDIATRICS CIRCULATION (67,193), AAP NEWS CIRCULATION (65,993), PREP CIRCULATION (45,242), GRAND ROUNDS CIRCULATION (14,998), NEOREVIEWS CIRCULATION (3,210), HOSPITAL PEDIATRICS CIRCULATION (3,032).

4d Other program services (Describe on Schedule O.) (Expenses \$ 53,034,190. including grants of \$ 1,567,766.) (Revenue \$ 52,383,850.)

4e Total program service expenses 114,347,981.

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.		
	17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	16		
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	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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, box 6 of 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 VICE PRESIDENT	40.00 0.00			X				783,954.	0.	16,206.
(2) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	40.00 0.00				X			462,179.	0.	14,956.
(3) VERA FRANCES TAIT CHIEF MEDICAL OFFICER-THRU 1/3/2022	40.00 0.00				X			422,381.	0.	2,700.
(4) DEBRA B. WALDRON SR VP, HLTHY RESLNT CHLDRN, YTH, & F	40.00 0.00				X			385,151.	0.	16,506.
(5) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	40.00 0.00				X			377,507.	0.	21,954.
(6) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	40.00 0.00				X			380,494.	0.	14,616.
(7) HILARY HAFTEL SR VP, EDUCATION	40.00 0.00				X			367,724.	0.	23,804.
(8) JANNA C. PATTERSON SR VP, GLOBAL CHILD HEALTH & LIFE SU	40.00 0.00				X			369,157.	0.	20,954.
(9) CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE AND SUBSPECIALTY	40.00 0.00				X			359,319.	0.	22,934.
(10) JOHN J. MILLER CHIEF FINANCIAL OFFICER	40.00 0.00			X				361,811.	0.	19,235.
(11) XAVIER DIEGO SEVILLA SR VP, QUALITY	40.00 0.00				X			358,487.	0.	20,059.
(12) ROBERT M. KATCHEN SR VP, INFORMATION TECHNOLOGY	40.00 0.00				X			305,985.	0.	22,906.
(13) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			301,550.	0.	20,802.
(14) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	40.00 0.00				X			274,982.	0.	26,341.
(15) LYNN M. OLSON VP, RESEARCH	40.00 0.00				X			243,965.	0.	13,121.
(16) TAMAR HARO SR DIR, FEDERAL & STATE ADVOCACY	40.00 0.00					X		232,973.	0.	21,409.
(17) MARK T. GRIMES VP, PUBLISHING	40.00 0.00				X			232,526.	0.	18,224.

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) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	40.00 0.00				X			237,508.	0.	11,836.
(19) SUNNAH KIM SR DIR, PEDIATRIC PRACTICE AND HEALTH	40.00 0.00				X			210,603.	0.	18,344.
(20) JAMES BAUMBERGER SR DIR, FEDERAL ADVOCACY	40.00 0.00				X			208,899.	0.	17,049.
(21) MICHAEL S. RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOV	40.00 0.00				X			201,109.	0.	17,930.
(22) MARIROSE RUSSO VP, MARKETING & SALES	40.00 0.00				X			198,755.	0.	19,230.
(23) ERIC R. MATTHIAS SR DIR, APPLICATIONS DEVELOPMENT	40.00 0.00				X			189,656.	0.	18,282.
(24) JANET HENDERSON VP, CHAPTER RELATIONS & MEMBER ENGAG	40.00 0.00				X			195,763.	0.	10,607.
(25) MOIRA SZILAGYI, MD, PHD, FAAP IMMEDIATE PAST PRESIDENT	25.00 0.00	X		X				187,118.	0.	0.
(26) SANDY CHUNG, MD, FAAP PRESIDENT	40.00 0.00	X		X				153,732.	0.	0.
1b Subtotal								8,003,288.	0.	430,005.
c Total from continuation sheets to Part VII, Section A								893,497.	0.	0.
d Total (add lines 1b and 1c)								8,896,785.	0.	430,005.

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 234

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
ADAGE TECHNOLOGIES, INC, 10 S. RIVERSIDE PLAZA, SUITE 1500, CHICAGO, IL 60606	CONSULTING	1,988,189.
DARTMOUTH (SHERIDAN) JOURNAL SERVICES PO BOX 419817, BOSTON, MA 02241	PRINTING	1,725,600.
SINGLEHOP, LLC DEPT CH 19781, PALATINE, IL 60055	CONSULTING	798,664.
CARDINAL COLORPRINT INC 1601 ROHLWING ROAD, ITASCA, IL 60008	PRINTING	574,170.
SILVERCHAIR SCIENCE + COMMUNICATIONS INC, 316 E. MAIN STREET, SUITE 300,	CONSULTING & PRINTING	531,810.

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 30

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	27,959,137.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,181,382.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 26,014.				
	h Total. Add lines 1a-1f			41,140,519.			
Program Service Revenue	2 a MEMBERSHIPS	Business Code					
		541900	26,035,204.	26035204.			
	b MEDICAL JOURNALS	513120	25,139,210.	19365028.	5774182.		
	c CONTINUING MEDICAL EDUCATION	611600	11,564,054.	11564054.			
	d PUBLICATIONS, OTHER	513130	9,896,431.	9,896,431.			
	e NATIONAL MEETINGS	611600	9,204,823.	8,071,474.	1133349.		
	f All other program service revenue	900099	1,619,550.	1,619,550.			
	g Total. Add lines 2a-2f			83,459,272.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,010,396.			2010396.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		4,995,228.	4,995,228.			
	6 a Gross rents	6a	(i) Real				
			111,647.				
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	111,647.				
	d Net rental income or (loss)			111,647.	111,647.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			41,384,316.				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	44,266,343.				
	c Gain or (loss)	7c	-2,882,027.				
	d Net gain or (loss)			-2,882,027.		-2882027.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
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			128835035.	81658616.	6907531.	-871,631.	

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	4,003,805.	4,003,805.		
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	338,017.	338,017.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,296,133.	5,433,555.	3,540,225.	322,353.
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	47,319,466.	38,270,587.	7,798,357.	1,250,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,328,011.	4,266,427.	900,828.	160,756.
9 Other employee benefits	8,125,104.	6,060,993.	1,837,206.	226,905.
10 Payroll taxes	3,782,788.	3,015,466.	664,649.	102,673.
11 Fees for services (nonemployees):				
a Management				
b Legal	584,236.	148,273.	435,963.	
c Accounting	77,215.		77,215.	
d Lobbying	421,006.		421,006.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	220,705.		220,705.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,780,191.	9,758,041.	1,983,545.	38,605.
12 Advertising and promotion	3,215,584.	3,084,205.	56,932.	74,447.
13 Office expenses	8,107,905.	6,699,945.	1,378,981.	28,979.
14 Information technology	2,488,111.	279,050.	2,202,561.	6,500.
15 Royalties	504,372.	504,372.		
16 Occupancy	3,126,777.	1,241,988.	1,884,789.	
17 Travel	7,873,378.	7,261,970.	575,373.	36,035.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,117,935.	4,116,162.	1,773.	
20 Interest	1,444,100.	1,269.	1,442,831.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,119,404.	12,108.	2,107,296.	
23 Insurance	507,939.	53,824.	454,115.	
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	7,042,102.	7,042,102.		
b BANK CHARGES	1,384,853.	1,254,610.	129,951.	292.
c FACILITIES ALLOCATION	0.	3,318,694.	-3,425,220.	106,526.
d INFORMATION TECHNOLOGY	0.	7,640,659.	-7,885,915.	245,256.
e All other expenses	1,065,747.	541,859.	504,733.	19,155.
25 Total functional expenses. Add lines 1 through 24e	134,274,884.	114,347,981.	17,307,899.	2,619,004.
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	5,715,076.	1	5,847,397.
	2 Savings and temporary cash investments	4,004,150.	2	588,942.
	3 Pledges and grants receivable, net	6,606,111.	3	8,611,645.
	4 Accounts receivable, net	6,545,391.	4	6,984,486.
	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		7	
	8 Inventories for sale or use	1,357,549.	8	1,596,985.
	9 Prepaid expenses and deferred charges	3,158,985.	9	3,061,631.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,960,597.		
	b Less: accumulated depreciation	10b 28,142,085.	56,260,787.	10c 53,818,512.
	11 Investments - publicly traded securities	89,712,344.	11	92,202,241.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	173,360,393.	16	172,711,839.	
Liabilities	17 Accounts payable and accrued expenses	20,214,844.	17	16,914,302.
	18 Grants payable		18	
	19 Deferred revenue	31,239,017.	19	30,879,157.
	20 Tax-exempt bond liabilities	29,400,000.	20	28,000,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,000,000.	23	11,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,019,520.	25	6,479,883.
	26 Total liabilities. Add lines 17 through 25	98,873,381.	26	93,273,342.
Net Assets or 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	65,652,362.	27	66,915,422.
	28 Net assets with donor restrictions	8,834,650.	28	12,523,075.
	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	74,487,012.	32	79,438,497.
	33 Total liabilities and net assets/fund balances	173,360,393.	33	172,711,839.

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	128,835,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,274,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,439,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,487,012.
5	Net unrealized gains (losses) on investments	5	10,391,334.
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	79,438,497.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2022)

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

2022

Open to Public Inspection

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33444398.	31694587.	45904931.	38064620.	41140519.	190249055
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	33444398.	31694587.	45904931.	38064620.	41140519.	190249055
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)						307,559.
6 Public support. Subtract line 5 from line 4.						189941496

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	33444398.	31694587.	45904931.	38064620.	41140519.	190249055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7911270.	8403516.	7002849.	16742578.	4235244.	44295457.
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.)	1251857.	455,450.	492,847.	688,351.	1619550.	4508055.
11 Total support. Add lines 7 through 10						239052567
12 Gross receipts from related activities, etc. (see instructions)					12	394,705,044.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	79.46 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.80 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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
1	 <hr/> <hr/> <hr/>	\$ <u>27,556,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>5,107,148.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>996,156.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>959,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>950,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>930,000.</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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2022

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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)	421,006.													
c Total lobbying expenditures (add lines 1a and 1b)	421,006.													
d Other exempt purpose expenditures	133853878.													
e Total exempt purpose expenditures (add lines 1c and 1d)	134274884.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	521,553.	604,646.	495,847.	421,006.	2,043,052.
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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, volunteer efforts, paid staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover of lobbying and political campaign activity.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, aggregate amount reported, and taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

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

2022

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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	15,545,574.	17,242,593.	5,585,450.	5,732,176.	5,632,115.
b Contributions	582,323.	618,382.	10,411,955.	19,202.	132,696.
c Net investment earnings, gains, and losses	1,705,930.	-2,259,210.	1,467,995.	122,815.	315,196.
d Grants or scholarships					
e Other expenditures for facilities and programs	51,304.	37,278.	212,292.	286,843.	344,953.
f Administrative expenses	44,457.	18,913.	10,515.	1,900.	2,878.
g End of year balance	17,738,066.	15,545,574.	17,242,593.	5,585,450.	5,732,176.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.5100 %
 - b Permanent endowment 23.2800 %
 - c Term endowment 7.2100 %
- 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?
- 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		31,395,861.	4,690,470.	26,705,391.
c Leasehold improvements		24,109.	24,109.	0.
d Equipment		24,326,378.	19,693,912.	4,632,466.
e Other		17,714,249.	3,733,594.	13,980,655.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				53,818,512.

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	15,201.
(3) CAPITAL LEASE OBLIGATIONS	71,892.
(4) RTU LEASE OBLIGATION	6,392,790.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	139,005,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,391,334.
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	10,391,334.
3	Subtract line 2e from line 1	3	128,614,330.
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	220,705.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	220,705.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	128,835,035.

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	134,054,179.
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	134,054,179.
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	220,705.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	220,705.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	134,274,884.

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 RELATED TO THE AAP'S MISSION OF OBTAINING OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, 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

Part XIII Supplemental Information (continued)

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, 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, 2023 AND 2022, 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, 2023, 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

2022

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	0	0	GRANTS TO RECIPIENTS	N/A	106,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	N/A	17,971.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	N/A	12,500.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	194,546.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	2,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS	N/A	5,000.
3 a Subtotal	0	0			338,017.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			338,017.

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

Schedule F (Form 990) 2022

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	CDC GLOBAL IMMUNIZATION	32,000.	EFT	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	ADDRESS VACCINE HESITANCY	30,000.	EFT	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	ADDRESS VACCINE HESITANCY	40,000.	EFT	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	CDC GLOBAL TOBACCO GRANT	10,971.	EFT	0.	N/A	N/A
		SOUTH ASIA	VALIDATION OF A SUICIDE RISK SCREENING TOOL IN NEPAL	8,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AMOPE LEADERSHIP; ADVOCACY WORKSHOP	23,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	HILTON GLOBAL EARLY CHILDHOOD DEVELOPMENT	25,246.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	MENTAL HEALTH GRANTS	10,000.	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 **12**

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	CDC GLOBAL IMMUNIZATION	47,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	HILTON GLOBAL EARLY CHILDHOOD DEVELOPMENT; MENTAL HEALTH GRANT;	18,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CDC GLOBAL IMMUNIZATION CURRICULUM; LEARNING COLLABORATIVE	32,000.	EFT	0.	N/A	N/A
		SUB-SAHARAN AFRICA	MENTAL HEALTH GRANTS	10,000.	EFT	0.	N/A	N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ADVOCACY AND PUBLIC HEALTH	EAST ASIA AND THE PACIFIC	2	4,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	EUROPE (INCLUDING ICELAND & GREENLAND)	1	2,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	MIDDLE EAST AND NORTH AFRICA	1	2,000.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SOUTH ASIA	3	4,500.	EFT	0.	N/A	N/A
ADVOCACY AND PUBLIC HEALTH	SUB-SAHARAN AFRICA	14	29,300.	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: HILTON GLOBAL EARLY CHILDHOOD DEVELOPMENT; MENTAL HEALTH GRANT; DEPRESSION AWARENESS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CDC GLOBAL IMMUNIZATION CURRICULUM; LEARNING COLLABORATIVE WORKSHOP

**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

2022

**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 670 PHOENIX, AZ 85004-3034	86-0917603	501(C)(3)	224,100.	0.			SOID GRANT -INFECTIOUS DISEASE EDUCATION ;PROJECT FIRSTLINE - INFECTION CONTROL ;SBIRT
FLORIDA CHAPTER - AAP PO BOX 13978 TALLAHASSEE, FL 32317-3978	59-1103936	501(C)(6)	173,599.	0.			SOID INFECTIOUS DISEASE EDUCATION;VACCINATE WITH CONFIDENCE;PROJECT FIRSTLINE - INFECTION
ARKANSAS CHAPTER - AAP 800 MARSHALL STREET LITTLE ROCK, AR 72202-3510	20-5824116	501(C)(6)	111,949.	0.			PROJECT FIRSTLINE - INFECTION CONTROL ;HEALTHY PEOPLE 2030 GRANT;ADDRESS FOOD
MAINE CHAPTER - AAP 160 FIFTH STREET AUBURN, ME 04210	20-4901027	501(C)(3)	104,713.	0.			HEALTHY PEOPLE 2030 GRANT; PROJECT FIRSTLINE - INFECTION CONTROL; ABBOTT CHAPTER GRANT;
MINNESOTA CHAPTER - AAP 1043 GRAND AVE, #215 ST. PAUL, MN 55105-3002	20-1343276	501(C)(3)	100,600.	0.			HPV & PEDIATRIC INFLUENZA PROJECT;PROJECT FIRSTLINE - INFECTION CONTROL;ADDRESS FOOD
MONTANA CHAPTER - AAP 724 HARRISON AVE HELENA, MT 59601	36-3481749	501(C)(3)	99,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL;ADDRESS FOOD INSECURITY PROJECT; FOC MENTAL HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **118.**
- 3** Enter total number of other organizations listed in the line 1 table **37.**

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

Schedule I (Form 990) 2022

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
MARYLAND CHAPTER - AAP 744 DULANEY VALLEY ROAD, SUITE 12 TOWSON, MD 21204	52-1630552	501(C)(6)	86,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ADDRESS FOOD INSECURITY; LEAD TESTING ECHO; IIRA 3
PUERTO RICO CHAPTER - AAP AVE TELISA RINION #381 PASOMONTE SAN JUAN, PR 00926	66-0556540	501(C)(3)	83,738.	0.			CDC-FUNDED MEASURING THE IMPACT OF VIOLENCE; PROJECT FIRSTLINE - INFECTION
GEORGIA CHAPTER - AAP 1330 W. PEACHTREE STREET NW, SUITE ATLANTA, GA 30309	58-1164164	501(C)(6)	82,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ADDRESS FOOD INSECURITY PROJECT; KEEPING KIDS CONNECTED
WASHINGTON CHAPTER - AAP 4616 25TH AVENUE NE, #594 SEATTLE, WA 98105	91-1016402	501(C)(6)	80,944.	0.			EFFECTIVE COVID-19 VACCINE CONVERSATIONS; VACCINATE WITH CONFIDENCE; CHRONIC
COLORADO CHAPTER - AAP PO BOX 4834 ENGLEWOOD, CO 80155	84-0890875	501(C)(3)	78,214.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ADDRESS FOOD INSECURITY PROJECT; CATCH GRANT
OHIO CHAPTER - AAP 450 W. WILSON BRIDGE, SUITE 215 WORTHINGTON, OH 43085	23-7126379	501(C)(3)	78,200.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; IIRA3 GRANT; ABBOTT CHAPTER GRANT; SOECP 2023 HEALTH
LOUISIANA CHAPTER - AAP PO BOX 64629 BATON ROUGE, LA 70896	72-1002968	501(C)(6)	74,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; SBIRT CHAPTER HUB ECHO; ADDRESS FOOD INSECURITY; HPV
ILLINOIS CHAPTER - AAP 1358 W. RANDOLPH, SUITE 2 EAST CHICAGO, IL 60607	51-0183494	501(C)(3)	71,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ADDRESS FOOD INSECURITY PROJECT; HPV FLU VACCINE
TEXAS PEDIATRIC SOCIETY 401 W. 15TH STREET, SUITE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	69,400.	0.			HPV & PEDIATRIC INFLUENZA PROJECT; PROJECT FIRSTLINE - INFECTION CONTROL; 2020 RES GRANTEE CHARLES

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
SOUTH CAROLINA CHAPTER - AAP PO BOX 11188 COLUMBIA, SC 29211	57-0937831	501(C)(3)	61,500.	0.			MODIFIED TEAMS VACCINE CONVERSATIONS; PROJECT FIRSTLINE - CHAPTER GRANTS; SUID PROGRAM CDR;
DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 6236 WASHINGTON, DC 20015	52-1457413	501(C)(3)	59,890.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; VACCINATE WITH CONFIDENCE; ADDRESS FOOD
NEW YORK CHAPTER II - AAP 1325 FRANKLIN AVE, SUITE 255 GARDEN CITY, NY 11530	11-2825086	501(C)(3)	53,578.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED DURING COVID19; FOOD
RHODE ISLAND CHAPTER - AAP 22 HARVEST DRIVE PORTSMOUTH, RI 02871	05-0494347	501(C)(3)	50,000.	0.			PROJECT FIRSTLINE - ADVOCACY TRAINING; HEALTHY PEOPLE 2030 GRANT; PROJECT FIRSTLINE -
HAWAII CHAPTER - AAP PO BOX 25817 HONOLULU, HI 96825-0817	99-0226184	501(C)(3)	49,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; PMHCA PROGRAM UTILIZATION GRANT; IMPROVE THE HEALTH
OKLAHOMA CHAPTER - AAP 6840 S. TRENTON AVENUE TULSA, OK 74136	73-1335978	501(C)(6)	46,500.	0.			IIRA3 GRANT; COVID-19 IMMUNIZATION GRANT; ADDRESS MENTAL & BEHAVIORAL NEEDS
KENTUCKY RURAL HEALTH ASSOC, INC. 36 SOUTH ALVASIA STREET HENDERSON, KY 42420	61-1346813	501(C)(3)	45,000.	0.			COVID-19 IMMUNIZATION PROJECTS; HPV FLU VACCINATION
IOWA CHAPTER - AAP 515 E. LOCUST STREET, SUITE 400 DES MOINES, IA 50309	42-1167299	501(C)(3)	43,500.	0.			COUNCIL ON EARLY CHILDHOOD FOC THE CARE PROJECT; PROJECT FIRSTLINE - INFECTION CONTROL;
ALABAMA CHAPTER - AAP 19 S. JACKSON STREET MONTGOMERY, AL 36104	63-0798492	501(C)(3)	39,000.	0.			MEASURING THE IMPACT OF VIOLENCE; ABBOTT CHAPTER GRANTS; PMHCA CHAPTER GRANT; SUICIDE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CALIFORNIA CHAPTER III - AAP PO BOX 22212 SAN DIEGO, CA 92192-2212	33-0782521	501(C)(3)	38,380.	0.			REFUND UNSPENT FUNDS CATCH DR. A HAMEL; PROJECT FIRSTLINE - INFECTION CONTROL;
OREGON PEDIATRIC SOCIETY 6107 SW MURRAY BLVD, UNIT 283 BEAVERTON, OR 97007	93-0672605	501(C)(3)	36,067.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; AAP TRANSFORMING PEDIATRICS; CDC-FUNDED DISASTER
UNIVERSITY OF UTAH 201 S. PRESIDENTS CIRCLE, ROOM 145 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	35,956.	0.			EATABLE ALPHABET CARDS; 2022 TRAINEES RESEARCH AWARD SOCCS KARI PHILLIPS
TRUSTEES OF INDIANA UNIVERSITY/INDIANA UNIVERSITY - 1024 E 3RD. STREET, ROOM 132 - BLOOMINGTON, IN 47405	35-6001673	509(A)(2)	35,936.	0.			EDGARDO SZYLD, RESEARCH GRANT
MICHIGAN CHAPTER - AAP 4936 CLARK ROAD, SUITE 101 YPSILANTI, MI 48197	38-2211617	501(C)(6)	35,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; LEAD TESTING ECHO; ABBOTT CHAPTER GRANT; AAP
MISSISSIPPI CHAPTER - AAP PO BOX 702 MADISON, MS 39130	64-0679086	501(C)(3)	33,650.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; PMHCA PROGRAM UTILIZATION GRANT; PEDIATRIC COUNCIL
CONNECTICUT CHAPTER - AAP 104 HUNGERFORD STREET HARTFORD, CT 06106	22-2908719	501(C)(6)	33,500.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
KENTUCKY CHAPTER - AAP 420 CAPITAL AVE FRANKFORT, KY 40601-2837	61-1125554	501(C)(6)	32,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ABBOTT CHAPTER GRANTS; (PMHCA) PROGRAM UTILIZATION
NEVADA CHAPTER - AAP 2040 W. CHARLESTON BLVD, #402 LAS VEGAS, NV 89102	26-1995077	501(C)(3)	31,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED DURING COVID 19

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
UNIVERSITY OF COLORADO FOUNDATION, INC. D/B/A UNIVERSITY PHYSICIANS, INC. - DENVER, CO 80222	84-6000555	501(C)(3)	30,859.	0.			RETURN OF UNUSED FUNDS ICATCH FROM 2020; MIHOU ECHO; PROTECT TINY TEETH IMPLEMENTATION PROJECT
PENNSYLVANIA CHAPTER - AAP ROSE TREE CORPORATE CENTER II 1400 N. PROVIDENCE ROAD, SUITE 3007 - MEDIA, P	23-7135840	501(C)(3)	30,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED TO CARE; CDC-FUNDED DISASTER
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 982185 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-2185	47-0049123	501(C)(3)	30,000.	0.			MIHOU ECHO HUB
INDIANA CHAPTER - AAP 702 BARNHILL DRIVE, SUITE 1601 ZIONSVILLE, IN 46202-3278	35-1364420	501(C)(3)	29,351.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ABBOTT CHAPTER GRANTS; AAP SUICIDE PREVENTION ECHO
RUSH UNIVERSITY MEDICAL CENTER 630 S. HERMITAGE, SUITE 604 DEPT OF PEDAITRICS - ATTN: CATCH - CHICAGO, IL 6	36-2174823	501(C)(3)	29,213.	0.			REFUND UNSPENT FOR CATCH ANNE EWING - ADDRESSING BARRIERS TO INFLUENZA VACC; SONPM DISTRICT VI
CALIFORNIA CHAPTER IV - AAP 17320 REDHILL AVE, SUITE 120 IRVINE, CA 92603	95-3731523	501(C)(3)	29,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; GUN SAFETY, INJURY, VIOLENCE PREVENTION; SUID PROGRAM
CHILDREN'S HOSPITAL OF PHILADELPHIA - 34TH ST & CIVIC CENTER BLVD ACCOUNTS PAYABLE DEPT - PHILADELPHIA, PA 19104-4399	23-1352166	501(C)(3)	26,207.	0.			YOUNG INVESTIGATOR AWARD; MARSHALL CLAUS AWARD; NRP NURSING GRANT; SOCC PROJECT
UTAH CHAPTER - AAP 3029 HOLDERHILL LANE TAYLORSVILLE, UT 84129-2276	87-0268334	501(C)(6)	26,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ADDRESS FOOD INSECURITY; KEEPING KIDS CONNECTED TO CARE
PRISMA HEALTH 300 E. MCBEE AVE., STE 302 GREENVILLE, SC 29601	81-1723202	501(C)(3)	25,500.	0.			CAROLINAS COLLABORATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CENTER FOR RURAL HEALTH DEVELOPMENT, INC. - 75 CHASE DRIVE - HURRICANE, WV 25526	55-0729764	501(C)(3)	25,000.	0.			HPV & PEDIATRIC INFLUENZA PROJECT
SOUTHWEST BEHAVIORAL HEALTH CENTER 474 W. 200 NORTH, SUITE 300 ST. GEORGE, UT 84770	87-0427767	GOVT	25,000.	0.			PEDIATRIC SUICIDE PREVENTION
MISSOURI CHAPTER - AAP 211 SARAZEN DRIVE COLUMBIA, MO 65202	43-1561857	501(C)(6)	24,970.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED DURING COVID 19; ABBOTT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - ACCOUNTING OFFICE - EMF, BOX 0812 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - SAN	94-6036493	501(C)(3)	23,150.	0.			21/22 RESIDENT RESEARCH GRANT; MARSHALL KLAUS AWARD; HEALTH EQUITY GRANT
NORTH CAROLINA CHAPTER - AAP 1100 WAKE FOREST ROAD, SUITE 150 RALEIGH, NC 27604-1354	56-1686420	501(C)(3)	23,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED DURING COVID 19
AUTISM SOCIETY OF AMERICA, INC. 6110 EXECUTIVE BLVD. STE 305 ROCKVILLE, MD 20852	52-1020149	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS
BRANCHES OF ZION COMMUNITY 8025 SOUTH WESTERN AVENUE LOS ANGELES, CA 90047	84-4647824	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135-2676	81-3386484	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS
CORNERSTONE WHOLE HEALTHCARE ORG 11485 PAYETTE HEIGHTS RD PAYETTE, ID 83661	83-0598989	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CREEK VALLEY HEALTH CLINIC 20 S. COLVIN ST., PO. BOX 418 COLORADO CITY, AZ 86021	83-3039533	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS
FISHER-TITUS MEDICAL CENTER 272 BENEDICT AVENUE NORWALK, OH 44857	34-4430716	501(C)(3)	22,500.	0.			HPV/FLU IMMUNIZATION PROJECTS
MARIPOSA COMMUNITY HEALTH CENTER 825 N. GRAND AVE., SUITE 100 NOGALES, AZ 85621	86-0524321	501(C)(3)	22,500.	0.			COVID-19 IMMUNIZATION PROJECTS
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 260 ASHBURN, VA 20147	53-0196584	501(C)(3)	22,482.	0.			COVID-19 IMMUNIZATION PROJECTS
KAREN SOCIETY OF NEBRASKA 1021 D STREET LINCOLN, NE 68502	27-3283133	501(C)(3)	22,482.	0.			COVID-19 IMMUNIZATION PROJECTS
BINGHAM MEMORIAL HOSPITAL 98 POPLAR STREET BLACKFOOT, ID 83221	20-5126945	501(C)(3)	22,460.	0.			COVID-19 IMMUNIZATION PROJECTS
ALASKA CHAPTER - AAP 3340 PROVIDENCE DRIVE, SUITE 466 ANCHORAGE, AK 99508	92-0156252	501(C)(3)	22,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED DURING COVID 19; 2023
KANSAS CHAPTER - AAP 9905 WOODSTOCK STREET LENEXA, KS 66220-8000	48-0892759	501(C)(3)	21,926.	0.			HPV & PEDIATRIC INFLUENZA PROJECT; PROJECT FIRSTLINE - INFECTION CONTROL
IMMUNIZE COLORADO 13123 E. 16TH AVENUE B281 AURORA, CO 80045	84-1479975	501(C)(3)	21,600.	0.			IMMUNIZATION PARTNERSHIP PROJECT

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TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - ANDREW MUTCH BUILDING-FLOOR 7, 51 NORTH 39TH STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	21,600.	0.			COVID-19 IMMUNIZATION PROJECTS
RESEARCH FOUNDATION OF STATE UNIV OF NY - P.O. BOX 9 ATTN: DR. JEFFREY CHEEK - ALBANY, NY 12201	14-1368361	501(C)(3)	21,000.	0.			YOUNG INVESTIGATOR AWARDS
WISCONSIN CHAPTER - AAP 210 GREEN BAY ROAD THIENSVILLE, WI 53092	31-1535272	501(C)(6)	21,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; KEEPING KIDS CONNECTED TO CARE DURING COVID-19
SAN JUAN BASIN PUBLIC HEALTH 281 SAWYER DRIVE, SUITE 300 DURANGO, CO 81303	84-6002563	GOVT	20,532.	0.			HPV/FLU IMMUNIZATION PROJECTS
UNIVERSITY OF FLORIDA - GAINESVILLE - PO BOX 100296 - GAINESVILLE, FL 32610-0296	59-6002052	501(C)(3)	20,303.	0.			EATABLE ALPHABET CARDS; MIHOU VIRTUAL LEARNING COLLABORATIVE; CATCH REFUND; REFUND
NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD, SUITE 200 RALEIGH, NC 27604-1354	31-1657902	501(C)(3)	19,071.	0.			PROJECT FIRSTLINE IC; PMHCA PROGRAM UTILIZATION GRANT
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	18,000.	0.			SOECP HEALTH EQUITY GRANT; SONPM MARSHALL KLAUS AWARD; 2023 CATCH IMP
VIRGINIA CHAPTER - AAP 2201 WEST BROAD STREET, SUITE 205 RICHMOND, VA 23220	23-7371200	501(C)(3)	17,550.	0.			COVID-19 IMMUNIZATION PROJECTS
CHILDREN'S RESEARCH INSTITUTE - MD 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	16,800.	0.			2023 CATCH IMP; 2023 CATCH RES; SONPM STRATEGIC GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WYOMING CHAPTER - AAP PO BOX 4009 CHEYENNE, WY 82003	20-0306156	501(C)(3)	16,501.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92037-0967	95-6006144	501(C)(3)	15,531.	0.			AAP PEDIATRIC PIPELINE INNOVATION PROGRAM; GRANT AGREEMNT
FAMILY VOICES OF TENNESSEE P.O. BOX 90145 NASHVILLE, TN 37209	62-1447320	501(C)(3)	15,500.	0.			IMPROVING STATE-LEVEL PREPAREDNESS PHASE2
ASANTE ROGUE REGIONAL MEDICAL CENTER - 2650 SISKIYOU BLVD - MEDFORD, OR 97504	93-0223960	501(C)(3)	15,000.	0.			MIHOU VIRTUAL LEARNING COLLABORATIVE
WEST VIRGINIA CHAPTER - AAP 830 PENNSYLVANIA AVENUE, SUITE 104 CHARLESTON, WV 25302	56-2506831	501(C)(3)	15,000.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
LOMA LINDA UNIVERSITY PED MEDICAL GROUP, INC 11145 ANDERSON, SUITE 206 - LOMA LINDA, CA 92354-2839	33-0672915	501(C)(3)	14,950.	0.			MIHOU VIRTUAL LEARNING COLLABORATIVE
CALIFORNIA CHAPTER I - AAP 2350 SANSOME STREET WEST SACRAMENTO, CA 95691	94-6206802	501(C)(6)	14,650.	0.			RETURN OF UNSPENT FUNDS CATCH GARDEN CLUB DR. WANG REFUND; SODBP CHAPTER GRANTS AWARDS;
UNIVERSITY OF MICHIGAN 1500 E. MEDICAL CENTER DRIVE D3236 MPB SPC 5718 - ANN ARBOR, MI 48109-5718	38-6006309	501(C)(3)	14,130.	0.			EATABLE ALPHABET CARDS; MIHOU VIRTUAL LEARNING COLLABORATIVE; MARIA SKOCYZLAS GRANT
NATIONAL ASSOCIATION OF PEDIATRIC NURSE - 40 EXCHANGE PLACE, SUITE 1902 - NEW YORK, NY 10005	23-7403934	501(C)(6)	14,000.	0.			PMHCA CHAPTER GRANT

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YALE NEW HAVEN HEALTH 20 YORK ST. NEW HAVEN, CT 06510	06-0646652	501(C)(3)	14,000.	0.			IMPROVING STATE-LEVEL PREPAREDNESS
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE ST. (ATT: NACY RAMIREZ, A8.188, MS BCM: 902) - HOUSTON, TX 77	74-1613878	501(C)(3)	13,800.	0.			HUMAN FACTORS AND EDUCATION; HEALTH EQUITY GRANT
UNIVERSITY OF VERMONT GRANT & CONTRACT ADMIN 80 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	501(C)(3)	12,737.	0.			2022 SOME YOUNG INVESTIGATOR; RETURN UNSPENT FUNDS NATALIE TEDFORD CATCH2021
ANDREW COUNTY HEALTH DEPARTMENT 106 N. 5TH STREET SAVANNAH, MO 64485	43-1009649	GOVT	12,500.	0.			CHRONIC CONDITION MANAGEMENT IN SCHOOLS COMMUNITY GRANT
CAHABA MEDICAL CARE FOUNDATION 405 BELCHER STREET CENTREVILLE, AL 35042	27-3605364	501(C)(3)	12,500.	0.			CHRONIC CONDITION MANAGEMENT
CENTER FOR FAMILY LIFE AND RECOVERY, INC. - 502 COURT STREET, SUITE 401 - UTICA, NY 13502	27-4295905	501(C)(3)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION FIRST INSTALLMENT PAYMENT OF \$10,000 AWARDED TO CENTER
CENTRAL UTAH PUBLIC HEALTH DEPARTMENT - 70 WESTVIEW DRIVE - RICHFIELD, UT 84701	87-0629869	GOVT	12,500.	0.			PEDIATRICS SUICIDE PREVENTION COMMUNITY GRANT
CITY SCHOOL DISTRICT OF BATAVIA, NY - 260 STATE STREET - BATAVIA, NY 14020	16-6001509	501(C)(3)	12,500.	0.			PEDIATRICS SUICIDE PREVENTION;
EAST MILLINOCKET SCHOOL DEPARTMENT 45 NORTH STREET, SUITE 2 EAST MILLINOCKET, ME 04430	01-6000149	GOVT	12,500.	0.			CHRONIC CONDITION MANAGEMENT GRANT

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(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
FAILSAFE FOR LIFE 15615 N. MEADOWGLEN COURT SPOKANE, WA 99208	81-3525568	509(A)(2)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION
HEALTH CARE CENTERS IN SCHOOLS, INC - 4336 NORTH BOULEVARD, SUITE 201 - BATON ROUGE, LA 70806	72-1443935	501(C)(3)	12,500.	0.			CHRONIC CONDITION MANAGEMENT
LEAD ACADEMY 2897 EASTERN BOULEVARD MONTGOMERY, AL 36117	82-3528049	501(C)(3)	12,500.	0.			CHRONIC CONDITION MANAGEMENT
LONG ISLAND FQHC, INC 1600 STEWART AVENUE, SUITE 300 WESTBURY, NY 11590	27-0216316	501(C)(3)	12,500.	0.			CHRONIC CONDITIONS MANAGEMENT IN SCHOOLS COMMUNITY GRANT
MENTAL HEALTH ASSOCIATION OF FRANKLIN COUNTY, INC - 144 S. 8TH STREET, SUITE 111 - CHAMBERSBURG, PA 17201	25-1214571	501(C)(3)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION
MIDCOAST YOUTH CENTER 4 OLD BRUNSWICK ROAD BATH, ME 04530	83-1115140	501(C)(3)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION
NAMI ROCHESTER 346 N. GOODMAN STREET ROCHESTER, NY 14607	22-2797794	501(C)(3)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION GRANT
NORTHEASTERN COUNSELING CENTER 1140 W 500 S, #9 VERNAL, UT 84078	84-1409176	GOVT	12,500.	0.			PEDIATRIC SUICIDE PREVENTION
UNITED WAY OF UTAH 148 NORTH 100 WEST PROVO, UT 84601	94-2851681	501(C)(3)	12,500.	0.			PEDIATRIC SUICIDE PREVENTION

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
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	12,500.	0.			CHRONIC CONDITION MANAGEMENT
UNIVERSITY OF MIAMI PO BOX 01489-R95 ACCOUNTS PAYABLE MIAMI, FL 33101	59-0624458	501(C)(3)	12,500.	0.			CHRONIC CONDITION MANAGEMENT IN SCHOOLS COMMUNITY GRANT FIRST INSTALLMENT PAYMENT OF
VOLUNTEERS OF AMERICA UTAH 432 BEARCAT DRIVE SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	12,500.	0.			SUICIDE PREVENTION
WILKIN COUNTY 300 5TH STREET S PO BOX 409 BRECKENRIDGE, MN 56520	41-6005924	GOVT	12,500.	0.			PEDIATRIC SUICIDE PREVENTION
NORTH DAKOTA CHAPTER - AAP 1000 S. COLUMBIA ROAD GRAND FORKS, ND 58201	45-0423289	501(C)(3)	12,249.	0.			PROJECT FIRSTLINE - INFECTION CONTROL
UNIVERSITY OF WISCONSIN 750 UNIVERSITY AVE MADISON, WI 53706	39-1805963	501(C)(3)	11,534.	0.			MIHOU VIRTUAL LEARNING COLLABORATIVE
IDAHO CHAPTER - AAP 103 W. STATE STREET BOISE, ID 83702	31-1755426	501(C)(3)	11,000.	0.			COECFOC FUND MINI-GRANT; KEEPING KIDS CONNECTED DURING COVID-19; SUID PROGRAM CDR
CALIFORNIA DISTRICT IX - AAP 5000 CAMPUS DRIVE NEWPORT BEACH, CA 92660	61-1534720	501(C)(4)	10,000.	0.			KEEPING KIDS CONNECTED DURING COVID 19; FOCF CHAPTER GRANT
CHILDREN'S HOSPITAL - NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION

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
CHILDREN'S HOSPITAL OF ALABAMA 1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233-1711	63-0307306	501(C)(3)	10,000.	0.			2023 CATCH IMP
CHILDREN'S MERCY HOSPITAL - KANSAS CITY - 2401 GILLHAM ROAD - KANSAS, MO 64108	44-0605373	501(C)(3)	10,000.	0.			2023 CATCH PLN
CHILDREN'S NATIONAL MEDICAL CENTER-DC - 111 MICHIGAN AVENUE NW - WASHINGTON, DC 20010	52-1640403	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
CITY OF CUDAHY 5050 SOUTH LAKE DRIVE CUDAHY, WI 53110	39-6005422	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
COREWELL HEALTH FOUNDATION WEST MICHIGAN - 100 MICHIGAN ST. NE MC 004 - GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
COUNTY OF HUMBOLDT 825 5TH STREET, ROOM 126 EUREKA, CA 95501	94-6000513	GOVT	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
EAST TENNESSEE STATE UNIVERSITY PO BOX 70693 JOHNSON CITY, TN 37614	62-6021046	501(C)(3)	10,000.	0.			2023 CATCH IMP
GEORGETOWN UNIVERSITY 3RD FLOOR CAR BARN 3520 PROSPECT ST WASHINGTON, DC 20057	53-0196603	501(C)(6)	10,000.	0.			KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND
KINGS AGAINST VIOLENCE INITIATIVE INC. - 147 PRINCE STREET, STE. 416 - BROOKLYN, NY 11201	81-1626947	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION

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
MARSHALL PEDIATRICS RESIDENCY PROGRAM - 1600 MEDICAL CENTER DRIVE - HUNTINGTON, WV 25701	55-0564945	501(C)(3)	10,000.	0.			2023 CATCH IMP
NICKLAUS CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155	59-0638499	501(C)(3)	10,000.	0.			2023 CATCH IMP
REGENTS OF THE UNIVERSITY OF MINNESOTA - C/O UNIVERSITY TAX MANAGEMENT OFFICE, 2221 UNIVERSITY AVE SE, SUITE 100 - MINNEAPOLIS,	41-6007513	GOVT	10,000.	0.			2023 CATCH PLN
RUTGERS - STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD, C281 - PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	10,000.	0.			2023 CATCH IMP
SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402	59-1781637	501(C)(3)	10,000.	0.			2023 CATCH IMP
UNIVERSITY HOSPITALS OF CLEVELAND 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, CB 1220 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	10,000.	0.			2023 CATCH PLN
URBAN MALE NETWORK 6234 S. LOOMIS CHICAGO, IL 60636	47-4830984	501(C)(3)	10,000.	0.			GUN SAFETY, INJURY, VIOLENCE PREVENTION
WASHINGTON UNIVERSITY - ST. LOUIS SPONSORED PROJECTS ACCOUNTING 700 ROSEDALE AVE, CAMPUS BOX 1034 - ST. LOUIS,	43-0653611	501(C)(3)	10,000.	0.			SECTION ON NEONATAL PERINATAL MEDICINE, 2022 MARSHALL KLAUS AWARDEE ELLEN SCHILL, MD FOR

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
OREGON HEALTH SCIENCES UNIVERSITY (OHSU) - 3181 SW SAM JACKSON PARK RD. - PORTLAND, OR 97239	93-1176109	GOVT	9,900.	0.			HEALTH EQUITY GRANTS
CHILDREN'S HOSPITAL - LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	9,413.	0.			HUMAN FACTORS & EDUCATION GRANT;
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE, MLC 7015 CINCINNATI, OH 45229	31-0833936	501(C)(3)	9,000.	0.			RESIDENT RESEARCH GRANT; I-CATCH GRANT - CHILD HEALTH GRANT AWARDEES
ALABAMA CHILDREN'S FOUNDATION 1600 7TH AVENUE BIRMINGHAM, AL 35233-1711	63-0879471	501(C)(3)	8,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON STREET, SUITE 100 - PORTLAND, OR 97205	23-7083114	501(C)(3)	8,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
UNIVERSITY OF ROCHESTER 575 ELMWOOD AVE MEDICAL CENTER MEDIA ROOM 3-7510 - ROCHESTER, NY 14642	16-0743209	501(C)(3)	8,333.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
ALASKA ACADEMY OF FAMILY PHYSICIANS - 458 NORTH LAKE DR. - WATERTOWN, SD 57201	23-7149286	501(C)(6)	8,000.	0.			PMHCA CHAPTER GRANT
COLORADO ACADEMY OF FAMILY PHYSICIANS - 303 E. 17TH AVE. STE 400 - DENVER, CO 80203	84-6044788	501(C)(6)	8,000.	0.			PMHCA CHAPTER GRANT
GEORGIA ACADEMY OF FAMILY PHYSICIANS - 3760 LAVISTA ROAD, SUITE 100 - TUCKER, GA 30064	58-6044158	501(C)(6)	8,000.	0.			PMHCA 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
IOWA ACADEMY OF FAMILY PHYSICIANS 1515 LINDEN STREET, SUITE 220 DES MOINES, IA 50309	42-0738114	501(C)(6)	8,000.	0.			PMHCA CHAPTER GRANT
LOUISIANA ACADEMY OF FAMILY PHYSICIANS - 919 TARA BLVD. - BATON ROUGE, LA 70606	72-0474962	501(C)(6)	8,000.	0.			PMHCA CHAPTER GRANT
MONTANA ACADEMY OF FAMILY PHYSICIANS - 8 CLOVERVIEW DRIVE - HELENA, MT 59601	81-6013712	501(C)(6)	8,000.	0.			PMHCA CHAPTER GRANT
VIRGINIA ACADEMY OF FAMILY PHYSICIANS - 1503 SANTA ROSA ROAD, SUITE 207 - RICHMOND, VA 23229	54-0542084	501(C)(3)	8,000.	0.			PMHCA CHAPTER GRANT
NEBRASKA CHAPTER - AAP PO BOX 72 ELKHORN, NE 68022	47-0682563	501(C)(3)	7,863.	0.			PROJECT FIRSTLINE - INFECTION CONTROL; ECHO OPIOID ADDICTION GRANT; RETURN OF UNSPENT FUNDS
TRUSTEE OF COLUMBIA UNIVERSITY IN THE CITY OF NY - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	7,750.	0.			YOUNG INVESTIGATOR AWARD;SONM DISTRICT 2 PALLIATIVE CARE TRAINING
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	96-3492461	501(C)(3)	7,500.	0.			YOUNG INVESTIGATOR AWARD
VANDERBILT UNIVERSITY MEDICAL CENTER - 1211 21ST AVE, SOUTH, SUITE 338 - NASHVILLE, TN 37212-2712	35-2528741	501(C)(3)	7,500.	0.			SONPM DISTRICT IV CONFERENCE NEO-PERINATAL;MARSHALL KLAUS AWARDEE MEAGHAN
ALBERT EINSTEIN COLLEGE JACK & PEARL RESNICK CAMPUS BELFER BLDG. ROOM 1108, 1300 MORRIS PARK AVE. -	83-0621846	501(C)(3)	7,288.	0.			RETURN OF UNUSED FUNDS - 2021 CATCH DR.HOFFMAN; 2023 CATCH IMP

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
ELMHURST HOSPITAL CENTER 79-01 BROADWAY ELMHURST, NY 11373	13-2655001	GOVT	7,000.	0.			SBIRT RESIDENCY CURRICULUM PILOT TEST
HENRY M. JACKSON FOUNDATION 6720A ROCKLEDGE DRIVE, SUITE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	7,000.	0.			SBIRT RESIDENCY CURRICULUM PILOT TEST
BIRMINGHAM HEALTHY START PLUS, INC 4 AVENUE W, SUITE D BIRMINGHAM, AL 35222	46-3989566	501(C)(3)	6,667.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
FAMILY FOCUS, INC. 310 S. PEORIA STREET, SUITE 301 CHICAGO, IL 60607	36-2166998	501(C)(3)	6,667.	0.			COMMUNITY PARTNERSHIP APPROACHES FOR SAFE SLEEP (CPASS)
JEWISH FAMILV SERVICE OF ROCHESTER INC - 255 E. AVENUE, SUITE 201 - ROCHESTER, NY 14604	16-0743059	501(C)(3)	6,667.	0.			SAFE SLEEP CPASS
MULTNOMAH COUNTY HEALTH DEPARTMENT 5329 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97211-3237	93-6002309	501(C)(3)	6,667.	0.			SAFE SLEEP CPASS
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	6,409.	0.			GL 073756 - PUB LB DEPOSIT CATCH INV# 135933 REFUND; HEALTH EQUITY GRANT
NEW JERSEY CHAPTER - AAP 3836 QUAKERBRIDGE ROAD, SUITE 108 HAMILTON STATE, NJ 08619	22-3699313	501(C)(3)	6,000.	0.			COEC FCF MINI GRANT; ADVOCACY TRAINING GRANT
OUR LADY OF THE LAKE HOSPITAL 4200 ESSEN LANE BATON ROUGE, LA 70809	72-0423651	501(C)(3)	6,000.	0.			EATABLE ALPHABET CARDS

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
UNIVERSITY OF LOUISVILLE CONTROLLER'S OFFICE SERVICE COMPLEX 2ND FLOOR - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	5,663.	0.			EATABLE ALPHABET CARDS; SONPM BUILDING A CAREER NEONATOLOGIST; REFUND UNUSED CATCH
RHODE ISLAND HOSPITAL 167 POINT STREET, BOX 42 PROVIDENCE, RI 02903	05-0258954	501(C)(3)	5,300.	0.			HEALTH EQUITY GRANT; 2023 CATCH RES

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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) 2022

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 VICE PRESIDENT	(i)	649,409.	131,923.	2,622.	13,387.	2,819.	800,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	(i)	434,532.	24,655.	2,992.	13,387.	1,569.	477,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VERA FRANCES TAIT CHIEF MEDICAL OFFICER-THRU 1/3/2022	(i)	3,466.	0.	418,915.	2,671.	29.	425,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA B. WALDRON SR VP, HLTHY RESLNT CHLDRN, YTH, & F	(i)	358,757.	21,050.	5,344.	13,387.	3,119.	401,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERTA J. BOSAK CHIEF ADMINISTRATIVE OFFICER	(i)	350,968.	21,235.	5,304.	13,387.	8,567.	399,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	(i)	348,619.	20,773.	11,102.	13,387.	1,229.	395,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HILARY HAFTEL SR VP, EDUCATION	(i)	341,655.	20,883.	5,186.	13,387.	10,417.	391,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JANNA C. PATTERSON SR VP, GLOBAL CHILD HEALTH & LIFE SU	(i)	346,366.	20,975.	1,816.	13,387.	7,567.	390,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE AND SUBSPECIALTY	(i)	334,376.	20,030.	4,913.	12,517.	10,417.	382,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN J. MILLER CHIEF FINANCIAL OFFICER	(i)	339,477.	20,565.	1,769.	13,387.	5,848.	381,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) XAVIER DIEGO SEVILLA SR VP, QUALITY	(i)	336,611.	20,151.	1,725.	12,492.	7,567.	378,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROBERT M. KATCHEN SR VP, INFORMATION TECHNOLOGY	(i)	284,845.	18,046.	3,094.	13,139.	9,767.	328,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	(i)	281,277.	17,495.	2,778.	13,235.	7,567.	322,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	(i)	256,500.	16,847.	1,635.	12,274.	14,067.	301,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LYNN M. OLSON VP, RESEARCH	(i)	222,920.	14,610.	6,435.	10,808.	2,313.	257,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) TAMAR HARO SR DIR, FEDERAL & STATE ADVOCACY	(i)	215,545.	14,653.	2,775.	10,499.	10,910.	254,382.	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) MARK T. GRIMES VP, PUBLISHING	(i)	213,434.	14,461.	4,631.	10,663.	7,561.	250,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ALISON E. BAKER VP, CHILD & COMMUNITY HEALTH	(i)	213,552.	21,593.	2,363.	10,641.	1,195.	249,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) SUNNAH KIM SR DIR, PEDIATRIC PRACTICE AND HEALT	(i)	188,190.	20,714.	1,699.	9,786.	8,558.	228,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JAMES BAUMBERGER SR DIR, FEDERAL ADVOCACY	(i)	193,906.	13,365.	1,628.	6,809.	10,240.	225,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MICHAEL S. RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOV	(i)	180,030.	12,652.	8,427.	9,073.	8,857.	219,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) MARIROSE RUSSO VP, MARKETING & SALES	(i)	183,057.	13,030.	2,668.	9,272.	9,958.	217,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ERIC R. MATTHIAS SR DIR, APPLICATIONS DEVELOPMENT	(i)	176,010.	12,652.	994.	8,925.	9,357.	207,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JANET HENDERSON VP, CHAPTER RELATIONS & MEMBER ENGAG	(i)	180,519.	12,750.	2,494.	8,779.	1,828.	206,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MOIRA SZILAGYI, MD, PHD, FAAP IMMEDIATE PAST PRESIDENT	(i)	187,118.	0.	0.	0.	0.	187,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) SANDY CHUNG, MD, FAAP PRESIDENT	(i)	153,732.	0.	0.	0.	0.	153,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 INDEMNIFICATION IS PROVIDED TO ALL EMPLOYEES FOR SERVICE AWARDS AND OTHER SMALL GIFT CARDS.

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.

ALL EMPLOYEES, INCLUDING SENIOR MANAGEMENT, WERE ELIGIBLE FOR A DISCRETIONARY INCENTIVE PAYMENT BASED IN PART ON THE FINANCIAL RESULT OF THE ORGANIZATION. A DISCRETIONARY INCENTIVE PAYMENT WAS ACCRUED DURING THE PREVIOUS FISCAL YEAR AND WAS PAID OUT TO EMPLOYEES DURING THE CURRENT 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		7,800,000.					
	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) 2022

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	26,014.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for supplemental information.

**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

2022

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) 2022

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 EFFORTS IN THEIR COMMUNITIES TO ACHIEVE OPTIMAL HEALTH, SAFETY, AND WELL-BEING FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, DEVELOP AND SUSTAIN STRONG CHAPTERS AND DISTRICTS, AND INFLUENCE STATE LEVEL POLICY RELATED TO HEALTH CARE FOR INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS.

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

Name of the organization

AMERICAN ACADEMY OF PEDIATRICS

Employer identification number

36-2275597

THE HIGHEST QUALITY HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.

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 INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS, AND THEIR FAMILIES. THE AAP ALSO HAS ESTABLISHED A PRACTICE-BASED RESEARCH NETWORK TO IMPROVE THE HEALTH OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS BY CONDUCTING COLLABORATIVE RESEARCH WITH OVER 1700 PRACTITIONER MEMBERS.

CHIEF MEDICAL OFFICER - THE DEPARTMENT PROVIDES SUPPORT TO THE AAP COMMITTEES 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

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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SPECIALTIES, AND (3) SUPPORT TO THE AAP COMMITTEES, COUNCILS, AND SECTIONS THAT FOCUS ON PRACTICE, SOCIOECONOMIC, QUALITY IMPROVEMENT, MEDICO-LEGAL, AND HEALTH TECHNOLOGY ISSUES.

EXPENSES \$ 53,034,190. INCL GRANTS OF \$ 1,567,766. REVENUE \$ 52,383,850.

FORM 990, PART VI, SECTION A, LINE 1A:

THE CEO/EXECUTIVE VICE PRESIDENT HAS THE RIGHT TO VOTE IN THE EVENT OF A TIE. AS SUCH, THE CEO/EXECUTIVE VICE PRESIDENT IS INCLUDED IN THE COUNT ON FORM 990, PART VI, LINE 1A AND B, EVEN THOUGH THEY ARE NOT REPORTED AS A DIRECTOR ON FORM 990, PART VII, SECTION A.

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 17 MEMBERS. TEN OF THE MEMBERS OF THE BOARD ARE ELECTED BY MEMBERS IN THEIR REGIONAL DISTRICTS AND ALSO SERVE AS DISTRICT CHAIRPERSONS. THREE MEMBERS OF THE BOARD ARE ELECTED BY THE AAP'S MEMBERSHIP ON AN AT-LARGE BASIS. THE REMAINING FOUR MEMBERS OF THE BOARD ARE THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, AND THE AAP'S CEO/EXECUTIVE VICE PRESIDENT.

Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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FORM 990, PART VI, SECTION A, LINE 7A:

PLEASE REFER TO 990 PART VI QUESTION 6 FOR EXPLANATION.

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

AMENDMENTS TO THE AAP'S CONSTITUTION AND BYLAWS REQUIRE APPROVAL OF THE MEMBERS OF THE AAP.

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

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

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

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

Name of the organization

AMERICAN ACADEMY OF PEDIATRICS

Employer identification number

36-2275597

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.

Multiple horizontal lines for additional text entry.