Form 990

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN ACADEMY OF PEDIATRICS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 345 PARK BLVD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ITASCA, IL 60143

D Employer identification number
36-2275597

E Telephone number
(630) 626-6000

G Gross receipts $ 155,639,521

F Name and address of principal officer:
MARK DEL MONTE JD
345 PARK BLVD
ITASCA,IL 60143

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AAP.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1930

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF THE AMERICAN ACADEMY OF PEDIATRICS IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL AND 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.

Activities & Governance

2	Check this box ▶ ☐ 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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	510
6	Total number of volunteers (estimate if necessary)	**6**	12,135
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,052,000
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,694,587	45,904,931
9	Program service revenue (Part VIII, line 2g)	78,168,913	74,437,061
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,855,127	3,905,028
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,548,389	3,097,821
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,267,016	127,344,841

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,947,773	3,349,949
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,464,086	68,328,544
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,350,244		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,530,671	43,570,632
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	114,942,530	115,249,125
19	Revenue less expenses. Subtract line 18 from line 12	3,324,486	12,095,716

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	169,596,675	189,674,726
21	Total liabilities (Part X, line 26)	105,847,811	100,626,512
22	Net assets or fund balances. Subtract line 21 from line 20	63,748,864	89,048,214

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 2022-05-11

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 2022-05-11	Check ☐ if self-employed	PTIN P00378651
Firm's name ▶ PLANTE & MORAN PLLC			Firm's EIN ▶ 38-1357951	
Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606			Phone no. (312) 207-1040	

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

Part III Statement of Program Service Accomplishments

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

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 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 27,518,072 including grants of $ 1,839,003) (Revenue $ 392,204)

HEALTHY RESILIENT CHILDREN - THE DEPARTMENT PROVIDES STAFF SUPPORT AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES, SECTIONS, COUNCILS, TASK FORCES, AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO CHILD HEALTH AND WELLNESS. SEVERAL OF THE CURRENT AND PRIOR AAP STRATEGIC PRIORITIES FALL WITHIN THE DEPARTMENT OF CHILD HEALTH AND WELLNESS: EARLY BRAIN AND CHILD DEVELOPMENT, FOSTER CARE, MEDICAL HOME, EPIGENETICS, BRIGHT FUTURES, HEAD START, OBESITY, AND MENTAL HEALTH.

4b (Code:) (Expenses $ 19,514,519 including grants of $ 750) (Revenue $ 16,925,112)

MARKETING & PUBLICATIONS - THE AAP DEVELOPS, MARKETS, DESIGNS AND PUBLISHES OVER 500 BOOKS, MANUALS, BROCHURES, AND OTHER MEDICAL PUBLICATIONS FOR USE BY PARENTS, HEALTHCARE PROFESSIONALS AND OTHER INTERESTED PARTIES ON THE TOPICS OF CHILD AND ADOLESCENT HEALTH.

4c (Code:) (Expenses $ 11,358,211 including grants of $ 0) (Revenue $ 12,373,609)

MEDICAL JOURNALS - THE AAP PUBLISHES THE PREMIER SCIENTIFIC MEDICAL JOURNAL IN PEDIATRIC MEDICINE, AS WELL AS SEVERAL OTHER PERIODICALS DESIGNED TO ENABLE PEDIATRICIANS AND ALLIED HEALTH PROFESSIONALS TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.PEDIATRICS CIRCULATION 69,906AAP NEWS CIRCULATION 68,191PREP CIRCULATION 48,503GRAND ROUNDS CIRCULATION 15,418NEOREVIEWS CIRCULATION 3,827HOSPITAL PEDIATRICS CIRCULATION 3,066

(Code:) (Expenses $ 39,478,710 including grants of $ 1,510,195) (Revenue $ 43,791,957)

OTHER PROGRAM SERVICES INCLUDE:LIFE SUPPORT - THE AAP OFFERS A SPECIALIZED COURSE THAT FOCUSES ON THE RESUSCITATION OF NEWBORNS SO THAT PEDIATRICIANS AND OTHER ALLIED/EMERGENCY HEALTHCARE PROFESSIONALS CAN MORE EFFECTIVELY SERVE NEWBORNS.PUBLIC EDUCATION - THE AAP DISSEMINATES INFORMATION TO SCHOOLS AND THE GENERAL PUBLIC REGARDING ADVANCES IN PREVENTATIVE HEALTHCARE, IN SUCH AREAS AS CONTROL OF DISEASE, DISABILITY, ENVIRONMENTAL HAZARDS, ACCIDENT PREVENTION, NUTRITION, MENTAL AND EMOTIONAL DISEASE AND CHILD ABUSE AND NEGLECT.COMMUNITY, CHAPTER & STATE AFFAIRS - THE DEPARTMENT WORKS TO FOSTER PEDIATRICIAN INVOLVEMENT IN THEIR COMMUNITIES, DEVELOP AND SUSTAIN STRONG CHAPTERS AND DISTRICTS, AND INFLUENCE STATE LEVEL POLICY RELATED TO CHILD HEALTH AND PEDIATRIC PRACTICE.MEMBERSHIP - THE AAP'S MEMBERS CONSIST OF 66,000 PRIMARY CARE PEDIATRICIANS, PEDIATRIC MEDICAL SUB-SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS DEDICATED TO THE OPTIMAL HEALTH, SAFETY, AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.CME - THE AAP OFFERS CONTINUING MEDICAL EDUCATION FOR PEDIATRIC HEALTH CARE PROFESSIONALS TO ENABLE THEM TO DEVELOP, MAINTAIN, AND INCREASE THEIR KNOWLEDGE AND SKILLS IN PEDIATRIC MEDICINE IN ORDER TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.EDUCATION ADMINISTRATION - SUPPORT AREA FOR THE EDUCATIONAL ACTIVITIES OF THE AAP.NATIONAL MEETINGS - THE AAP HOSTS EDUCATIONAL CONFERENCES THAT OFFER THE FOREMOST UPDATES ON PEDIATRIC TREATMENT AND RESEARCH.RESEARCH - THE AAP DEVELOPS CONDITION-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR CHILDREN AND THEIR FAMILIES. THE AAP ALSO HAS ESTABLISHED A PRACTICE-BASED RESEARCH NETWORK TO IMPROVE THE HEALTH OF CHILDREN BY CONDUCTING COLLABORATIVE RESEARCH WITH OVER 1700 PRACTITIONER MEMBERS.CHIEF MEDICAL OFFICER - THE DEPARTMENT PROVIDES SUPPORT TO THE AAP COMMITTEE THAT FOCUS ON DISASTER PREPAREDNESS, INNOVATION, AND OTHER MEDICAL AREAS.SUBSPECIALTY PEDIATRICS - IN ORDER TO ENABLE THE IMPROVEMENT OF HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, THE DEPARTMENT PROVIDES: (1) RESOURCE MATERIALS, STAFF SUPPORT, AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES AND SECTIONS RELATED TO PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, (2) OVERSIGHT TO TASK FORCES AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO THE HEALTH CARE PROVIDED BY PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, AND (3) SUPPORT TO THE AAP COMMITTEES, COUNCILS, AND SECTIONS THAT FOCUS ON PRACTICE, SOCIOECONOMIC, QUALITY IMPROVEMENT, MEDICO-LEGAL, AND HEALTH TECHNOLOGY ISSUES.

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

4e **Total program service expenses** ▶ 97,869,512

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	1a	672		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	16		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ JOHN J MILLER CPA 345 PARK BLVD ITASCA, IL 60143 (630) 626-6525

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA H GOZA MD FAAP IMMEDIATE PAST PRESIDENT	37.00 0.00	X		X				185,904	0	0
(2) WARREN M SEIGEL MD MBA FAAP SECRETARY/TREASURER/BOARD MEMBER	14.00 0.00	X		X				110,784	0	0
(3) RICHARD H TUCK MD FAAP BOARD MEMBER	24.00 0.00	X						55,392	0	0
(4) LISA A COSGROVE MD FAAP BOARD MEMBER	11.00 0.00	X						55,392	0	0
(5) WENDY S DAVIS MD FAAP BOARD MEMBER	7.00 0.00	X						55,392	0	0
(6) CHARLES G MACIAS MD MPH FAAP BOARD MEMBER	7.00 0.00	X						55,392	0	0
(7) DENNIS M COOLEY MD FAAP BOARD MEMBER	6.00 0.00	X						55,392	0	0
(8) GARY W FLOYD MD FAAP BOARD MEMBER	7.00 0.00	X						55,392	0	0
(9) JOSEPH L WRIGHT MD MPH FAAP BOARD MEMBER	6.00 0.00	X						55,392	0	0
(10) MARGARET 'MEG' FISHER MD FAAP BOARD MEMBER	8.00 0.00	X						55,392	0	0
(11) MARTHA C MIDDLEMIST MD FAAP BOARD MEMBER	4.00 0.00	X						55,392	0	0
(12) MICHELLE D FISCUS MD FAAP BOARD MEMBER	6.00 0.00	X						55,392	0	0
(13) YASUKO FUKUDA MD FAAP BOARD MEMBER	13.00 0.00	X						55,392	0	0
(14) CONSTANCE S HOUCK MD MPH FAAP BOARD MEMBER	7.00 0.00	X						18,792	0	0
(15) LEE SAVIO BEERS MD FAAP PRESIDENT	13.00 0.00	X		X				0	0	0
(16) MOIRA SZILAGYI MD PHD FAAP PRESIDENT-ELECT	10.00 0.00	X		X				0	0	0
(17) LIA GAGGINO MD FAAP BOARD MEMBER	8.00 0.00	X						0	0	0

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MADELINE JOSEPH MD FAAP	7.00	X						0	0	0
BOARD MEMBER	0.00									
(19) MARK DEL MONTE JD	40.00			X				571,792	0	35,080
CEO/EXECUTIVE VP	0.00									
(20) JOHN J MILLER	40.00			X				317,457	0	66,226
CHIEF FINANCIAL OFFICER	0.00									
(21) VERA FRANCES TAIT	40.00				X			475,392	0	60,511
CHIEF MEDICAL OFFICER	0.00									
(22) ANNE EDWARDS	40.00				X			347,810	0	36,505
CHIEF POPULATION HEALTH OFFICER	0.00									
(23) DEBRA B WALDRON	40.00				X			328,272	0	47,131
SVP, HEALTHY RESILIENT CHILDREN	0.00									
(24) JANNA C PATTERSON	40.00				X			325,013	0	41,192
SVP, GLOBAL CHILD HEALTH & LIFE SUPPORT	0.00									
(25) HILARY HAFTEL	40.00				X			322,663	0	43,340
SVP, EDUCATION	0.00									
(26) ROBERTA J BOSAK	40.00				X			329,420	0	35,888
CHIEF ADMINISTRATIVE OFFICER	0.00									
(27) MARY LOU WHITE	40.00				X			319,266	0	34,437
CHIEF PRODUCT & SERVICES OFFICER	0.00									
(28) ROBERT M KATCHEN	40.00				X			269,318	0	46,160
SVP, INFORMATION TECHNOLOGY	0.00									
(29) CHRISTINE BORK	40.00				X			271,849	0	43,593
CHIEF DEVELOPMENT OFFICER	0.00									
(30) BEENA DEVI KAMATH-RAYNE	40.00				X			247,639	0	35,865
VP, GLOBAL NEWBORN & CHILD HEALTH	0.00									
(31) LYNN M OLSON	40.00				X			210,365	0	38,891
VP, RESEARCH	0.00									
(32) MARK T GRIMES	40.00				X			210,210	0	32,183
VP, PUBLISHING	0.00									
(33) ALISON E BAKER	40.00				X			192,590	0	24,345
VP, CHILD & COMMUNITY HEALTH	0.00									
(34) MARIROSE RUSSO	40.00				X			166,274	0	35,850
VP, MARKETING & SALES	0.00									
(35) DARCY L STEINBERG	40.00					X		220,219	0	43,647
SR. DIR., STRATEGIC PARTNERSHIPS	0.00									
(36) JUDITH DOLINS	40.00					X		214,419	0	39,652
CHIEF IMPLEMENTATION OFFICER	0.00									
(37) TAMAR HARO	40.00					X		212,057	0	35,759
SR. DIR FEDERAL & STATE ADVOCACY	0.00									
(38) JEAN C DAVIS	40.00					X		214,145	0	23,447
SR. DIR., COMMUNITY-BASED INITIATIVES	0.00									
(39) CONSTANCE M WADE	40.00					X		199,609	0	37,138
CONTROLLER/DIR., ACCOUNTING	0.00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,890,571	0	836,840

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 148

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DARTMOUTH (SHERIDAN) JOURNAL SERVICES PO BOX 419817 BOSTON, MA 02241	PRINTING	2,028,677
ADAGE TECHNOLOGIES INC 10 S RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606	CONSULTING	1,155,452
SINGLEHOP LLC DEPT CH 19781 PALATINE, IL 60055	CONSULTING	617,780
ONE DIVERSIFIED LLC 385 MARKET STREET KENILWORTH, NJ 07033	IT MGMT SERVICES	421,814
SILVERCHAIR SCIENCE COMMUNICATIONS INC 316 E MAIN STREET SUITE 300 CHARLOTTESVILLE, CA 22902	CONSULTING & PRINTING	405,360

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 24

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		11,978,982	1	5,041,837
	2	Savings and temporary cash investments		4,086,009	2	5,168,222
	3	Pledges and grants receivable, net		6,008,972	3	6,601,737
	4	Accounts receivable, net		5,472,040	4	6,630,900
	5	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			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		91,490	7	81,695
	8	Inventories for sale or use		1,458,857	8	1,459,582
	9	Prepaid expenses and deferred charges		2,933,133	9	2,204,562
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,679,188			
	b	Less: accumulated depreciation	10b 22,783,443	61,180,782	10c	58,895,745
	11	Investments—publicly traded securities		76,386,410	11	103,590,446
	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)		169,596,675	16	189,674,726
Liabilities	17	Accounts payable and accrued expenses		14,593,647	17	19,081,738
	18	Grants payable			18	
	19	Deferred revenue		30,516,205	19	32,179,879
	20	Tax-exempt bond liabilities		32,083,333	20	30,800,000
	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		10,000,000	24	0
	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		7,654,626	25	7,564,895
	26	**Total liabilities.** Add lines 17 through 25		105,847,811	26	100,626,512
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		54,322,475	27	80,018,147
	28	Net assets with donor restrictions		9,426,389	28	9,030,067
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		63,748,864	32	89,048,214
	33	Total liabilities and net assets/fund balances		169,596,675	33	189,674,726

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	127,344,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,249,125
3	Revenue less expenses. Subtract line 2 from line 1	3	12,095,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,748,864
5	Net unrealized gains (losses) on investments	5	13,203,634
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	89,048,214

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I 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 or 990-EZ).)

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 **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 in 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	34,666,973	34,528,705	33,444,398	31,694,587	45,904,931	180,239,594
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	34,666,973	34,528,705	33,444,398	31,694,587	45,904,931	180,239,594
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). .						1,839,048
6 **Public support.** Subtract line 5 from line 4.						178,400,546

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	34,666,973	34,528,705	33,444,398	31,694,587	45,904,931	180,239,594
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	6,235,329	6,922,473	7,911,270	8,403,516	7,002,849	36,475,437
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.). .	1,794,337	1,808,758	1,251,857	455,450	492,847	5,803,249
11 **Total support.** Add lines 7 through 10						222,518,280

12	Gross receipts from related activities, etc. (see instructions)	12	393,031,699

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	80.170 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	78.430 %

16a **33 1/3% support test—2020.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2019.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

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

Section A. Public Support

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

14 **First 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 2020 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2019 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
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 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 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-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10:	OTHER INCOME INCLUDES SHIPPING REVENUE AND OTHER MISCELLANEOUS REVENUES.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Part I **Contributors** **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**
RESTRICTED	,	$ RESTRICTED	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
-		$	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
-		$	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
-		$	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
-		$	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

(a) **No.**	**(b)** **Name, address, and ZIP + 4**	**(c)** **Total contributions**	**(d)** **Type of contribution**
-		$	☐ **Person** ☐ **Payroll** ☐ **Noncash** (Complete Part II for noncash contributions.)

Name of organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

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

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 information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	604,646	
c Total lobbying expenditures (add lines 1a and 1b)	604,646	
d Other exempt purpose expenditures	114,644,480	
e Total exempt purpose expenditures (add lines 1c and 1d)	115,249,126	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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? ☐ **Yes** ☐ **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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	885,600	798,214	521,553	604,646	2,810,013
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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 are a 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 programs
- **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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 69.760 %
- **b** Permanent endowment ▶ 21.000 %
- **c** Term endowment ▶ 9.240 %

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 . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	7,564,895

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	140,548,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	13,203,634		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	13,203,634
3	Subtract line **2e** from line **1**			3	127,344,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	127,344,841

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

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

1	Total expenses and losses per audited financial statements			1	115,249,125
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	115,249,125
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	115,249,125

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	THE AAP HAS 25 INDIVIDUAL ENDOWMENTS ESTABLISHED FOR A WIDE VARIETY OF PURPOSES, INCLUDING MAKING GRANT AWARDS AND PROGRAM FUNDING (I.E. FOSTER CARE, DISASTER RECOVERY, EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES).
PART X, LINE 2:	THE ACADEMY IS A NOT-FOR-PROFIT ILLINOIS CORPORATION ORGANIZED FOR SCIENTIFIC AND EDUCATIONAL PURPOSES AND HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ACADEMY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, AS DEFINED IN SECTION 509(A) OF THE IRC. AS SUCH, THE ACADEMY IS ONLY SUBJECT TO TAXATION ON ITS UNRELATED BUSINESS INCOME LESS RELATED EXPENSES UNDER SECTION 512 OF THE IRC. THE ACADEMY'S UNRELATED BUSINESS INCOME RESULTS FROM ADVERTISING REVENUE AND OTHER NON-MEMBER REVENUE. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE ACADEMY'S UNRELATED BUSINESS EXPENSES EXCEEDED UNRELATED BUSINESS INCOME. AS A RESULT, NO PROVISION FOR INCOME TAXES IS NECESSARY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ACADEMY AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to 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

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

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 Activites 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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS	N/A	7,000
(2) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS	N/A	38,000
(3) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	N/A	5,000
(4) MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS	N/A	2,000
(5) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS	N/A	8,000
(6) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	N/A	33,000
(7) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	N/A	168,800
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			261,800
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			261,800

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)
(1)			EAST ASIA AND THE PACIFIC	JPS SUB-GRANT AGREEMENT	10,000	EFT		N/A	N/A
(2)			EAST ASIA AND THE PACIFIC	CDC GLOBAL TOBACCO ADVOCACY IN ACTION GRANT	16,000	EFT		N/A	N/A
(3)			NORTH AMERICA	HUMAN FACTORS-EDUCATION GRANT	6,000	EFT		N/A	N/A
(4)			SOUTH ASIA	VALIDATION OF A SUICIDE RISK SCREENING TOOL IN NEPAL	32,000	EFT		N/A	N/A
(5)			SUB-SAHARAN AFRICA	VALIDATION OF A SUICIDE RISK SCREENING TOOL IN ETHIOPIA	33,000	EFT		N/A	N/A
(6)			SUB-SAHARAN AFRICA	STREGTHENING NATIONAL PEDIATRIC SOCIETIES TO SUPPORT CROSS-SECTOR ENGAGEMENT & NATIONAL PLANNING	39,300	EFT		N/A	N/A
(7)			SUB-SAHARAN AFRICA	CDC GLOBAL TOBACCO ADVOCACY GRANT, ALCN REGIONAL ADVOCACY ACTIVITY, COVID ECHO - THE AUDACIOUS COVID PROJECT IN NIGERIA	39,000	EFT		N/A	N/A
(8)			SUB-SAHARAN AFRICA	CDC GLOBAL TOBACCO ADVOCACY GRANT, PRE-WORKSHOP PORTAL AND RESOURCES, STRENGTHENING NATIONAL PEDIATRIC SOCIETIES TO SUPPORT CROSS-SECTOR ENGAGEMENT & NATIONAL PLANNING	18,500	EFT		N/A	N/A
(9)			SUB-SAHARAN AFRICA	COVID ECHO: THE AUDACIOUS COVID PROJECT IN GHANA	8,000	EFT		N/A	N/A
(10)			SUB-SAHARAN AFRICA	COVID ECHO: THE AUDACIOUS COVID PROJECT IN UGANDA	8,000	EFT		N/A	N/A
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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)
(1)	ADVOCACY AND PUBLIC HEALTH	CENTRAL AMERICA AND THE CARIBBEAN	2	7,000	EFT		N/A	N/A
(2)	ADVOCACY AND PUBLIC HEALTH	EAST ASIA AND THE PACIFIC	5	12,000	EFT		N/A	N/A
(3)	ADVOCACY AND PUBLIC HEALTH	EUROPE (INCLUDING ICELAND AND GREENLAND)	3	5,000	EFT		N/A	N/A
(4)	ADVOCACY AND PUBLIC HEALTH	MIDDLE EAST AND NORTH AFRICA	1	2,000	EFT		N/A	N/A
(5)	ADVOCACY AND PUBLIC HEALTH	NORTH AMERICA	2	2,000	EFT		N/A	N/A
(6)	ADVOCACY AND PUBLIC HEALTH	SOUTH ASIA	1	1,000	EFT		N/A	N/A
(7)	ADVOCACY AND PUBLIC HEALTH	SUB-SAHARAN AFRICA	13	23,000	EFT		N/A	N/A
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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.

ReturnReference	Explanation
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 III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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
2020
Open to Public Inspection

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

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA CHAPTER - AAP 2600 N CENTRAL AVENUE SUITE 740 PHOENIX,AZ 85004	86-0917603	501(C)(3)	147,500				LEAD TESTING, INCREASE VACCINATION UPTAKE, TELEHEALTH ECHO PROJECT
(2) KANSAS CHAPTER - AAP 9905 WOODSTOCK STREET LENEXA,KS 662208000	48-0892759	501(C)(3)	109,333				E-CIGARETTE ACTION PLAN,IMPROVING IMMUNIZATION RATES, TELEHEALTH ECHO PROJECT, HEALTHY PEOPLE 2020 GRANT - GLOBAL HEALTH
(3) STANFORD UNIVERSITY LOCK BOX PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	501(C)(3)	106,894				RESEARCH GRANT NEONATAL INTUBATION AND RESUSCITATION, EARLY CAREER RESEARCH
(4) CALIFORNIA CHAPTER DISTRICT IX - AAP 5000 CAMPUS DRIVE NEWPORT BEACH,CA 92660	23-7311839	501(C)(3)	93,750				TELEHEALTH ECHO PROJECT, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE
(5) TEXAS CHAPTER - AAP 401 W 15TH ST STE 682 AUSTIN,TX 78701	75-1499413	501(C)(3)	81,983				E-CIGARETTE ACTION PLAN, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND, PROJECT FIRSTLINE, IMMIGRANT CHILD HEALTH COLLABORATIVE
(6) DUKE UNIVERSITY MEDICAL CENTER 2200 WEST MAIN STREET SUITE 820 DURHAM,NC 27705	56-0532129	501(C)(3)	80,000				CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES GRANT. CLINICAL RESEARCH AWARD
(7) PRISMA HEALTH MIDLANDS 605 GROVE ROAD GREENVILLE,SC 29605	81-1723202	501(C)(3)	77,000				CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILLIES GRANT AWARD RECIPIENT
(8) RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK PO BOX 9 ATTN DEBBIE OCONNOR CASH MANAGER ALBANY,NY 122010009	14-1368361	501(C)(3)	76,750				NRP YOUNG INVESTIGATOR - POSITIVE PRESSURE VENTILATION THROUGH LARYNGEAL MASK AIRWAY DURING CHEST COMPRESSIONS IN CARDIAC ARREST, NRP RESEARCH GRANT - EFFECTS OF CHEST COMPRESSION IN A NEONATAL MODEL OF ASPHYXIA INDUCED BRADYCARDIA, YOUNG INVESTIGATOR - OPTIMIZING CEREBRAL PERFUSION
(9) MAINE CHAPTER - AAP 160 FIFTH STREET AUBURN,ME 04210	20-4901024	501(C)(3)	73,667				AAP E-CIGARETTE CHAMPION ACTION PLAN IMPLEMENTATION, CHAPTER ORAL HEALTH INTEGRATION PROJECT, PROJECT FIRSTLINE - INCREASE VACCINATION UPTAKE, CATCH
(10) GEORGIA CHAPTER - AAP 1330 W PEACHTREE STREET NW SUITE 500 ATLANTA,GA 30309	58-1164164	501(C)(6)	72,500				E-CIGARETTE ACTION PLAN IMPLEMENTATION, CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS, CHILD DEATH REVIEW CHAPTER GRANT , PROJECT FIRSTLINE
(11) UTAH CHAPER - AAP 747 E SOUTH TEMPLE SUITE 100 SALT LAKE CITY,UT 84102	87-0268344	501(C)(6)	72,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, CARDIOPULMONARY DYSFUNCTION IN FORMER EXTREMELY PREMATURE INFANTS, PROJECT FIRSTLINE, TELEHEALTH ECHO PROJECT
(12) CALIFORNIA CHAPTER I - AAP (EFT) PO BOX 582405 ELK GROVE,CA 957580041	94-6206802	501(C)(6)	69,000				HEALTHY PEOPLE 2020 - GLOBAL HEALTH, E-CIGARETTE ACTION PLAN IMPLEMENTATION; PROJECT FIRSTLINE, GRANT: FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS
(13) LOUISIANA CHAPTER - AAP PO BOX 64629 BATON ROUGE,LA 70896	72-1002968	501(C)(6)	65,000				PROJECT FIRSTLINE; AAP CHAPTER TELEHEALTH ECHO PROJECT
(14) NEW YORK 2 CHAPTER - AAP PO BOX 1411 SMITHTOWN,NY 11787	11-2825086	501(C)(3)	62,950				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE; CHAPTER GRANT: FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS; AAP CHAPTER TELEHEALTH ECHO PROJECT
(15) PENNSYLVANIA CHAPTER - AAP 1400 N PROVIDENCE ROAD SUITE 4000 MEDIA,PA 19063	23-7135840	501(C)(3)	61,667				PROJECT FIRSTLINE; KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; 2021 CATCH
(16) MINNESOTA CHAPTER - AAP 1043 GRAND AVE 215 ST PAUL,MN 551053002	41-1670813	501(C)(3)	61,560				VACCINATE WITH CONFIDENCE IMMUNIZATION PARTNERSHIPS GRANT; HPV & PEDIATRIC INFLUENZA PROJECT, HEALTHY PEOPLE 2020, PROJECT FIRSTLINE, E-CIGARETTE ACTION PLAN IMPLEMENTATION
(17) FLORIDA CHAPTER - AAP PO BOX 13978 TALLAHASSEE,FL 323173978	59-1103936	501(C)(6)	60,500				PROJECT FIRSTLINE, SUBSTANCE USE SBIRT ECHO, E-CIGARETTE ACTION PLAM, CHAPTER GRANT: FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS
(18) INDIANA CHAPTER - AAP PO BOX 44376 INDIANAPOLIS,IN 46244	35-1364420	501(C)(3)	58,500				E-CIGARETTE ACTION PLAN, 20-21 CHILD DEATH REVIEW CHAPTER GRANT, ORAL HEALTH INTEGRATION PROJECT, PROJECT FIRSTLINE
(19) NEW YORK CHAPTER 1 - AAP 200 CANAL VIEW BLVD ROCHESTER,NY 14623	22-3091024	501(C)(3)	56,056				LEAD TESTING ECHO PROJECT, E-CIGARETTE ACTION PLAN, VACCINATION UPTAKE, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE
(20) MISSISSIPPI CHAPTER - AAP PO BOX 702 MADISON,MS 39130	64-0679086	501(C)(3)	54,000				PROJECT FIRSTLINE; TELEHEALTH ECHO PROJECT, KEEPING KIDS CONNECTED TO CARE DURING COVID-19, CHAPTER GRANT: FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, E-CIGARETTEACTION PLAN
(21) CHARLOTTE-MECKLENBERG HOSP AUTHORITY PO BOX 601979 CHARLOTTE,NC 282601979	56-0529945	501(C)(3)	52,000				CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES
(22) MONTANA CHAPTER - AAP 724 HARRISON AVE HELENA,MT 59601	36-3481749	501(C)(3)	52,000				PROJECT FIRSTLINE, TELEHEALTH ECHO PROJECT, E-CIGARETTE ACTION PLAN , FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS
(23) GEORGETOWN UNIVERSITY 800 17TH STREET NW WASHINGTON,DC 20006	91-1016402	501(C)(6)	52,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND
(24) WISCONSIN CHAPTER - AAP PO BOX 243 OCONOMOWOC,WI 53066	31-1535272	501(C)(6)	51,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT FIRSTLINE, LEAD TESTING ECHO
(25) OHIO CHAPTER - AAP 94-A NORTHWOODS BOULEVARD COLUMBUS,OH 43235	31-1700823	501(C)(3)	50,500				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT FIRSTLINE
(26) ALASKA CHAPTER - AAP 3340 PROVIDENCE DRIVE SUITE 466 ANCHORAGE,AK 99508	92-0156252	501(C)(3)	50,200				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, E-CIGARETTE ACTION PLAN, PROJECT FIRSTLINE, TELEHEALTH ECHO
(27) TENNESSEE CHAPTER - AAP PO BOX 159201 NASHVILLE,TN 372150920	68-0562856	501(C)(3)	49,208				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND, PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(28) UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA,GA 303842420	56-6001393	501(C)(3)	49,053				CAROLINAS COLLABORATIVE 2.0 STRENGTHENING SUPPORT FOR VULNERABLE FAMILIES
(29) KENTUCKY CHAPTER (KENTUCKY PEDIATRIC SOCIETY) - AAP 420 CAPITAL AVENUE FRANKFORT,KY 40601	61-1125554	501(C)(6)	48,667				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND, PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN, INCREASE VACCINATION UPTAKE, 20-21 CHILD DEATH REVIEW CHAPTER GRANT
(30) OREGON CHAPTER - AAP 944 SW BARNES ROAD SUITE 933 PORTLAND,OR 97225	93-0672605	501(C)(3)	47,000				AAP E-CIGARETTE ACTION PLAN, TELEHEALTH ECHO PROJECT
(31) NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD - STE 150 RALEIGH,NC 27604	31-1657902	501(C)(3)	45,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; PROJECT FIRSTLINE
(32) SOUTH CAROLINA CHAPTER - AAP 132 WESTPARK BOULEVARD COLUMBIA,SC 29210	57-0937831	501(C)(3)	43,025				PROJECT FIRSTLINE; FOSTERING DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS; TELEHEALTH ECHO PROJECT; E-CIGARETTE ACTION PLAN
(33) ILLINOIS CHAPTER - AAP 310 S PEORIA SUITE 304 CHICAGO,IL 606073534	51-0183494	501(C)(3)	41,333				HEALTHY PEOPLE 2020 GRANT - GLOBAL HEALTH; E-CIGARETTE ACTION PLAN; KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; PROJECT FIRSTLINE; 2021 CATCH
(34) MICHIGAN CHAPTER - AAP 106 W ALLEGAN ST SUITE 310 LANSING,MI 48933	38-2211617	501(C)(6)	40,500				CHAPTER ORAL HEALTH INTEGRATION PROJECT; PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN; INCREASE VACCINATION UPTAKE
(35) CHILDREN'S RESEARCH INSTITUTE - MD 1 INVENTA WEST TOWER 3RD FLOOR SILVER SPRING,MD 20910	52-1654453	501(C)(3)	37,000				TRAINEES RESEARCH AWARD FROM THE SECTION ON CARDIOLOGY
(36) OKLAHOMA CHAPTER - AAP 6840 S TRENTON AVENUE TULSA,OK 74136	73-1335978	501(C)(6)	35,909				PROJECT FIRSTLINE; CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENT PHASE 2
(37) MARYLAND CHAPTER - AAP 744 DULANEY VALLEY ROAD S-12 BALTIMORE,MD 21204	52-1630552	501(C)(6)	33,380				PROJECT FIRSTLINE; CQN IMPROVING IMMUNIZATION RATES FOR ADOLESCENTS PHASE 2; SUBSTANCE USE SBIRT ECHO HUB ACTIVITIES; 20-21 CHILD DEATH REVIEW CHAPER GRANT
(38) CALIFORNIA CHAPTER IV - AAP 17320 REDHILL AVE SUITE 120 IRVINE,CA 92603	95-3731523	501(C)(3)	30,504				PROJECT FIRSTLINE; 2021 SECTION ON BREASTFEEDING LECTURESHIP GRANT AWARD; 20-21 CHILD DEATH REVIEW CHAPTER GRANT
(39) NEW MEXICO CHAPTER - AAP 2132 A CENTRAL AVE SE 289 ALBUQUERQUE,NM 87106	85-0293405	501(C)(3)	29,957				E-CIGARETTE ACTION PLAN; INCREASE VACCINATION UPTAKE; PROJECT FIRSTLINE
(40) WAKE FOREST UNIVERSITY 1 MEDICAL CENTER BLVD WINSTON SALEM,NC 27157	22-3849199	501(C)(3)	27,000				TRAINING ON PALLAITIVE CARE COMMUNICATION
(41) IOWA CHAPTER - AAP 515 E LOCUST STREET SUITE 400 DES MOINES,IA 50309	42-1167299	501(C)(3)	26,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; E-CIGARETTE ACTION PLAN; PROJECT FIRSTLINE
(42) MISSOURI CHAPTER - AAP 3523 AMAZONAS DRIVE PO BOX 1219 JEFFERSON CITY,MO 65102	20-0911014	501(C)(3)	26,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE;E-CIGARETTE ACTION PLAN
(43) NEVADA CHAPTER - AAP 2040 W CHARLESTON BLVD 402 LAS VEGAS,NV 89102	26-1995077	501(C)(3)	26,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 AND BEYOND; PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(44) ARKANSAS CHAPTER - AAP 800 MARSHALL STREET LITTLE ROCK,AR 722023510	20-5824116	501(C)(3)	25,595				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE
(45) COLORADO CHAPTER - AAP 4981 S EMPRIA STREET ENGLEWOOD,CO 80111	84-0890875	501(C)(3)	25,500				E-CIGARETTE ACTION PLAN; PROJECT FIRSTLINE; 20-21 CHILD DEATH REVIEW CHAPTER GRANT
(46) CENTER FOR RURAL HEALTH DEVELOPMENT INC 75 CHASE DRIVE HURRICANE,WV 25526	55-0729764	501(C)(3)	25,000				THE CENTER FOR RURAL HEALTH DEVELOPMENT TO IMPLEMENT THEIR HPV
(47) WEST VIRGINIA CHAPTER - AAP 830 PENNSYLVANIA AVENUE SUITE 104 CHARLESTON,WV 25302	56-2506831	501(C)(3)	24,139				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND;PROJECT FIRSTLINE
(48) PUERTO RICO CHAPTER - AAP PO BOX 79746 CAROLINA,PR 009849746	66-0556540	501(C)(3)	23,000				CHAPTER ORAL HEALTH INTEGRATION PROJECT; PROJECT FIRSTLINE
(49) WASHINGTON CHAPTER - AAP 4616 25TH AVE NE 594 SEATTLE,WA 98105	91-1016402	501(C)(6)	23,000				E-CIGARETTE ACTION PLAN; ORAL HEALTH IN PEDIATRIC PRACTICE; PROJECT FIRSTLINE
(50) MASSACHUSETTS CHAPTER - AAP 860 WINTER STREET WALTHAM,MA 02454	04-2786447	501(C)(6)	22,480				PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN; 2021 CATCH
(51) BOSTON MEDICAL CENTER 660 HARRISON AVENUE BOSTON,MA 02118	04-3314093	501(C)(3)	21,200				2020 RESIDENT RESEARCH - NEO PERINATAL MEDICINE STRATEGIC, PEDIATRIC PIPELINE INNOVATION PROGRAM - PEDIATRIC COMMUNITY ADVOCACY PROGRAM
(52) CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	18,810				NEONATAL PERINATAL MEDICINE, BENCH AND CLINICAL RESEARCH, NRP HUMAN FACTORS OR EDUCATION GRANT
(53) CONNECTICUT CHAPTER - AAP 104 HUNGERFORD STREET HARTFORD,CT 06106	22-2908719	501(C)(6)	16,000				PROJECT FIRSTLINE, E-CIGARETTE ACTION PLAN
(54) HAWAII CHAPTER - AAP 1319 PUNAHOU STREET 7TH FLOOR HONOLULU,HI 96826	99-0226184	501(C)(3)	16,000				E-CIGARETTE ACTION PLAN, PROJECT FIRSTLINE
(55) NEW JERSEY CHAPTER - AAP 50 MILLSTONE ROAD BLDG 200 SUITE 130 EAST WINDSOR,NJ 08520	22-3699313	501(C)(3)	16,000				PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(56) NEBRASKA CHAPTER - AAP 7906 DAVENPORT STREET OMAHA,NE 68114	47-0682563	501(C)(3)	15,997				PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(57) DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 4521 WASHINGTON,DC 20017	52-1457413	501(C)(3)	15,696				PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(58) RHODE ISLAND CHAPTER 22 HARVEST DRIVE PORTSMOUTH,RI 02871	05-0494347	501(C)(3)	15,058				PROJECT FIRSTLINE; E-CIGARETTE ACTION PLAN
(59) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS,TX 753031207	74-1613878	501(C)(3)	14,771				NRP, KLAUS HEALTH SERVICES RESEARCH AWARD
(60) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 1905 N STEMMONS FREEWAY STE 5010 DALLAS,TX 75207	74-6000203	501(C)(3)	13,250				IMPACT NRP GUIDELINES ON OUTCOMES OF MECONIUM-EXPOSED NEWBORNS
(61) CALIFORNIA 3 CHAPTER - AAP PO BOX 22212 SAN DIEGO,CA 921922212	33-0782521	501(C)(3)	12,899				PROJECT FIRSTLINE; 2021 CATCH
(62) ANN & ROBERT LURIE CHILDREN'S HOSPITAL 227 E CHICAGO AVE BOX 271 CHICAGO,IL 60612	36-2170833	501(C)(3)	12,137				NEONATAL PERINATAL MEDICINE, KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; PROJECT FIRSTLINE; LEAD TESTING ECHO PROJECT; SUBSTANCE USE SBIRT ECHO HUB
(63) CALIFORNIA CHAPTER II - AAP PO BOX 94127 PASADENA,CA 91109	23-7311839	501(C)(3)	12,000				PROJECT FIRSTLINE
(64) SOUTH DAKOTA CHAPTER - AAP 2929 5TH STREET RAPID CITY,SD 57701	46-0453374	501(C)(3)	11,890				PROJECT FIRSTLINE
(65) NORTH DAKOTA CHAPTER - AAP 773 SOUTH 83RD STREET GRAND FORKS,ND 58201	45-0423289	501(C)(3)	11,810				PROJECT FIRSTLINE
(66) IDAHO CHAPTER - AAP PO BOX 16126 BOISE,ID 83715	31-1755426	501(C)(3)	11,000				KEEPING KIDS CONNECTED TO CARE DURING COVID-19 & BEYOND; E-CIGARETTE ACTION PLAN
(67) VIRGINIA CHAPTER - AAP 2821 EMERYWOOD PARKWAY SUITE 200 RICHMOND,VA 23294	23-7371200	501(C)(3)	11,000				INCREASE VACCINATION UPTAKE
(68) TEXAS TECH UNIV HEALTH SCIENCES CENTER PO BOX 301418 DALLAS,TX 753031418	74-1761309	501(C)(3)	10,020				HUMAN FACTORS OR EDUCATION GRANT, ELECTRONIC STETHOSCOPE USE IN NEONATAL RESUSCITATION
(69) ALBERT EINSTEIN COLLEGE OF MEDICINE JACK PEARL RESNICK CAMPUS BELFER BLDG ROOM 1108 1300 MORRIS PARK AVE BRONX,NY 104611509	83-0621846	501(C)(3)	10,000				CATCH
(70) CLEVELAND MEDICAL CENTER UNIVERSITY HOSPITALS UH GRANTS DEPT 781686 PO BOX 78000 DETROIT,MI 482781686	34-1567805	501(C)(3)	10,000				CATCH
(71) KIDSMATES INC 21218 ST ANDREWS BLVD 720 BOCA RATON,FL 33433	83-2146567	501(C)(3)	10,000				CATCH
(72) MAINEHEALTH ONE RIVERFRONT PLAZA WESTBROOK,ME 04092	01-0238552	501(C)(3)	10,000				CATCH
(73) MERCER HEALTH 800 W MAIN STREET COLDWATER,OH 45828	34-1101385	501(C)(3)	10,000				CATCH
(74) MONTANA HEALTH PROFESSIONALS FOR A HEALTHY CLIMATE 2407 WYLIE AVE MISSOULA,MT 59802	83-3164007	501(C)(3)	10,000				CATCH
(75) NEW YORK INSTITUTE OF TECHNOLOGY OFFICE OF FINANCIAL AFFAIRS NORTHERN BLVD OLD WESTBURY,NY 11568	11-1788788	501(C)(3)	10,000				CATCH
(76) RHODE ISLAND HOSPITAL 167 POINT STREET BOX 42 CORO EAST SUITE 1A ROOM 170 PROVIDENCE,RI 02903	05-0258954	501(C)(3)	10,000				CATCH
(77) UNIVERSITY OF IOWA 201 S CLINTON STREET GRANT ACCOUNTING OFFICE 2410 UCC IOWA CITY,IA 522424034	42-6004813	GOVT	10,000				CATCH
(78) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER PO BOX 841765 DALLAS,TX 752841765	75-6002868	GOVT	10,000				CATCH
(79) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 406 PARK BUILDING SALT LAKE CITY,UT 841129023	87-6000525	501(C)(3)	10,000				CATCH
(80) WASHTENAW PROMISE 14112 N TERRITORIAL ROAD CHELSEA,MI 48118	82-2713460	501(C)(3)	10,000				CATCH
(81) PRINCETON FAMILY YMCA 59 PAUL ROBESON PLACE PRINCETON,NJ 08540	21-0639890	501(C)(3)	10,000				CATCH
(82) TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE NEW YORK,NY 100879789	13-5598093	501(C)(3)	9,250				YOUNG INVESTIGATOR AWARD, PERINATAL PALLAITIVE CARE TRAINING
(83) WYOMING CHAPTER - AAP 122 EAST 17TH STREEET CHEYENNE,WY 82001	20-0306156	501(C)(3)	8,300				PROJECT FIRSTLINE
(84) UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO,CA 957989062	94-6036494	GOVT	7,500				YOUNG INVESTIGATOR AWARD
(85) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE MLC 7015 CINCINNATI,OH 45229	31-0833936	501(C)(3)	7,000				BENCH AND CLINICAL RESEARCH AWARD
(86) ALABAMA CHAPTER - AAP 19 SOUTH JACKSON ST MONTOGOMERY,AL 36104	63-0798492	501(C)(3)	6,000				E-CIGARETTE ACTION PLAN; 20-21 CHILD DEATH REVIEW CHAPTER GRANT
(87) BOSTON CHILDREN'S HOSPITAL PO BOX 414413 ATTN RESEARCH FINANCE FINANCE BOSTON,MA 022414413	04-2774441	501(C)(3)	6,000				KLAUS HEALTH SERVICES RESEARCH AWARD; NEONATAL PERINATAL MEDICINE
(88) VALLEY CHILDREN'S HEALTHCARE 9300 VALLEY CHILDRENS PLACE MAILSTOP FE21 MADERA,CA 93636	94-1294954	501(C)(3)	6,000				CATCH

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 14

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
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.

Additional Data

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Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1MARK DEL MONTE JD CEO/EXECUTIVE VP	(i)	570,082	0	1,710	32,212	2,868	606,872	0
	(ii)	0	0	0	0	0	0	0
2VERA FRANCES TAIT CHIEF MEDICAL OFFICER	(i)	461,453	0	13,939	58,212	2,299	535,903	0
	(ii)	0	0	0	0	0	0	0
3ANNE EDWARDS CHIEF POPULATION HEALTH OFFICER	(i)	346,345	0	1,465	34,770	1,735	384,315	0
	(ii)	0	0	0	0	0	0	0
4JOHN J MILLER CHIEF FINANCIAL OFFICER	(i)	315,807	0	1,650	58,212	8,014	383,683	0
	(ii)	0	0	0	0	0	0	0
5DEBRA B WALDRON SVP, HEALTHY RESILIENT CHILDREN	(i)	323,385	0	4,887	36,408	10,723	375,403	0
	(ii)	0	0	0	0	0	0	0
6JANNA C PATTERSON SVP, GLOBAL CHILD HEALTH & LIFE SUPP	(i)	323,318	0	1,695	33,004	8,188	366,205	0
	(ii)	0	0	0	0	0	0	0
7HILARY HAFTEL SVP, EDUCATION	(i)	319,515	0	3,148	32,487	10,853	366,003	0
	(ii)	0	0	0	0	0	0	0
8ROBERTA J BOSAK CHIEF ADMINISTRATIVE OFFICER	(i)	326,200	0	3,220	23,562	12,326	365,308	0
	(ii)	0	0	0	0	0	0	0
9MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	(i)	309,288	0	9,978	31,088	3,349	353,703	0
	(ii)	0	0	0	0	0	0	0
10ROBERT M KATCHEN SVP, INFORMATION TECHNOLOGY	(i)	266,430	0	2,888	36,575	9,585	315,478	0
	(ii)	0	0	0	0	0	0	0
11CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	(i)	264,252	0	7,597	37,951	5,642	315,442	0
	(ii)	0	0	0	0	0	0	0
12BEENA DEVI KAMATH-RAYNE VP, GLOBAL NEWBORN & CHILD HEALTH	(i)	240,676	0	6,963	28,285	7,580	283,504	0
	(ii)	0	0	0	0	0	0	0
13DARCY L STEINBERG SR. DIR., STRATEGIC PARTNERSHIPS	(i)	139,409	0	80,810	33,293	10,354	263,866	0
	(ii)	0	0	0	0	0	0	0
14JUDITH DOLINS CHIEF IMPLEMENTATION OFFICER	(i)	167,246	0	47,173	34,519	5,133	254,071	0
	(ii)	0	0	0	0	0	0	0
15LYNN M OLSON VP, RESEARCH	(i)	207,419	0	2,946	35,487	3,404	249,256	0
	(ii)	0	0	0	0	0	0	0
16TAMAR HARO SR. DIR FEDERAL & STATE ADVOCACY	(i)	209,730	0	2,327	29,219	6,540	247,816	0
	(ii)	0	0	0	0	0	0	0
17MARK T GRIMES VP, PUBLISHING	(i)	206,437	0	3,773	24,611	7,572	242,393	0
	(ii)	0	0	0	0	0	0	0
18JEAN C DAVIS SR. DIR., COMMUNITY-BASED INITIATIVE	(i)	143,078	0	71,067	19,652	3,795	237,592	0
	(ii)	0	0	0	0	0	0	0
19CONSTANCE M WADE CONTROLLER/DIR., ACCOUNTING	(i)	133,445	0	66,164	28,671	8,467	236,747	0
	(ii)	0	0	0	0	0	0	0
20ALISON E BAKER VP, CHILD & COMMUNITY HEALTH	(i)	190,467	0	2,123	22,065	2,280	216,935	0
	(ii)	0	0	0	0	0	0	0
21MARIROSE RUSSO VP, MARKETING & SALES	(i)	163,217	0	3,057	26,062	9,788	202,124	0
	(ii)	0	0	0	0	0	0	0
22SARA H GOZA MD FAAP IMMEDIATE PAST PRESIDENT	(i)	185,904	0	0	0	0	185,904	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 1A	COMPANION TRAVEL IS PROVIDED FOR THE BOARD OF DIRECTORS IN THE BOARD POLICY AND THE EXECUTIVE STAFF PER THE STAFF POLICY. THE VALUE OF THESE PAYMENTS ARE INCLUDED IN THE INDIVIDUAL'S INCOME AND APPROPRIATELY TAXED. TAX IDEMNIFICATION IS PROVIDED TO ALL EMPLOYEES FOR SERVICE AWARDS AND OTHER SMALL GIFT CARDS.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE IN THE CALENDAR YEAR 2020: - DARCY STEINBERG - $46,070 - JEAN DAVIS - $45,331 - CONSTANCE WADE - $36,897 THE CEO/EXECUTIVE VICE PRESIDENT IS ELIGIBLE FOR A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE PLAN WAS ESTABLISHED IN 2008. TO DATE, NO AMOUNTS HAVE BEEN ACCRUED UNDER THE PLAN.

Additional Data

Return to Form

Software ID:

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, 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.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	85-1091957	NONEAVAIL	06-24-2016	46,800,000	CONSTRUCT NEW OFFICE HEADQUARTERS		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,000,000			
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			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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							

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						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 ▶		3.450 %						
6	Total of lines 4 and 5		3.450 %						
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 nongovernmental 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						
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?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?		X						

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

Return Reference	Explanation

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND ITS MEMBER PEDIATRICIANS DEDICATE THEIR EFFORTS AND RESOURCES TO THE HEALTH, SAFETY AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS. THE AAP HAS APPROXIMATELY 66,000 MEMBERS IN THE UNITED STATES, CANADA, MEXICO, AND MANY OTHER COUNTRIES. MEMBERS INCLUDE PEDIATRICIANS, PEDIATRIC MEDICAL SUBSPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS. MORE THAN 40,000 MEMBERS ARE BOARD-CERTIFIED AND CALLED FELLOWS OF THE AMERICAN ACADEMY OF PEDIATRICS (FAAP). THE AAP IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF THIRTEEN MEMBERS, TEN WHO ARE ELECTED BY MEMBERS IN THEIR REGIONAL DISTRICTS AND WHO ALSO SERVE AS DISTRICT CHAIRPERSONS AND THREE MEMBERS ELECTED AT LARGE. THE MEMBERS VOTE EACH YEAR FOR A NATIONAL PRESIDENT-ELECT. THE EXECUTIVE COMMITTEE, WHICH CONDUCTS AAP BUSINESS ON A DAILY BASIS, CONSISTS OF THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, ELECTED MEMBER OF THE BOARD WHO SERVES AS SECRETARY / TREASURER AND CEO AS EX-OFFICIO MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A	PLEASE REFER TO 990 PART VI QUESTION 6 FOR EXPLANATION. FORM 990, PART VI, SECTION B, LINE 10A: THE AAP HAS 66 CHAPTERS THAT ARE ALL INDIVIDUALLY INCORPORATED ORGANIZATIONS.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS DISTRIBUTED ELECTRONICALLY TO THE FINANCE COMMITTEE, AND THEN TO THE ENTIRE BOARD FOR THEIR REVIEW BEFORE THE 990 WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD IS REQUIRED TO DISCLOSE AT ALL BOARD MEETINGS ANY CONFLICTS OF INTEREST. IF THERE ARE ANY DISCLOSED, THEY ARE DOCUMENTED IN THE MINUTES OF THE MEETING. STAFF ARE REQUIRED TO DOCUMENT BY SIGNATURE ANNUALLY AT THE TIME OF THEIR REVIEW ANY CONFLICTS OF INTEREST THEY MAY HAVE. THESE ARE REVIEWED AND FILED IN HUMAN RESOURCES.
FORM 990, PART VI, SECTION B, LINE 15	CEO: THE AMERICAN ACADEMY OF PEDIATRICS REGULARLY REVIEWS THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR TO ENSURE THAT IT IS REASONABLE. EACH YEAR, THE ACADEMY PARTICIPATES IN A SURVEY OF COMPENSATION PAID TO KEY EMPLOYEES AT SIMILARLY-SITUATED ORGANIZATIONS, INCLUDING INDIVIDUALS SERVING AS CEOS OR EXECUTIVE DIRECTORS, OR IN POSITIONS WITH EQUIVALENT FUNCTIONS AND QUALIFICATIONS. THE ACADEMY RECEIVES THE ANONYMIZED RESULTS OF THAT ANNUAL COMPENSATION SURVEY. THE EXECUTIVE COMMITTEE OF THE ACADEMY, ENCOMPASSING BOTH THE PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT, REVIEW THE ANONYMIZED MARKET DATA DERIVED FROM THIS ANNUAL SURVEY, ALONG WITH ANY OTHER CURRENT AND RELEVANT COMPENSATION MARKET DATA, AND, BASED ON THIS INFORMATION DETERMINE THE BASE SALARY AND BONUS POTENTIAL FOR THE EXECUTIVE DIRECTOR FOR THE UPCOMING YEAR. OTHER KEY EMPLOYEES: UTILIZING DATA FROM THE MOST RECENT ANNUAL SURVEY OF COMPENSATION PAID TO KEY EMPLOYEES AT SIMILARLY-SITUATED ORGANIZATIONS, KEY EMPLOYEE POSITIONS AT THE ACADEMY ARE EVALUATED FOR BOTH EXTERNAL 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, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE AAP WEBSITE, AAP.ORG, OR BY REQUEST; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.
FORM 990, PART XII, LINE 2:	THE FINANCIAL STATEMENTS OF THE AAP ARE AUDITED ON A SEPARATE BASIS. THE AUDIT COMMITTEE IS THE ADVISORY COMMITTEE TO THE BOARD ON FINANCE. THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM TO PERFORM THE AUDIT.

Additional Data

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