

A For the 2023 calendar year, or tax year beginning 07-01-2023 , and ending 06-30-2024			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization AMERICAN ACADEMY OF PEDIATRICS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 345 PARK BLVD City or town, state or province, country, and ZIP or foreign postal code ITASCA, IL 60143	
		D Employer identification number 36-2275597 E Telephone number (630) 626-6000	
		G Gross receipts \$ 189,815,939	
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	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities: THE MISSION OF THE AMERICAN ACADEMY OF PEDIATRICS IS TO OBTAIN OPTIMAL PHYSICAL, MENTAL AND 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 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	581
	6 Total number of volunteers (estimate if necessary)	6	12,229
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,482,050
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	41,140,519	50,422,266
	9 Program service revenue (Part VIII, line 2g)	83,459,272	82,936,501
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-871,631	1,569,633
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,106,875	5,558,337
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	128,835,035	140,486,737
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,341,822	4,092,929
	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)	73,851,502	79,241,384
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 2,979,303		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,081,560	58,013,639
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	134,274,884	141,347,952
	19 Revenue less expenses. Subtract line 18 from line 12	-5,439,849	-861,215
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	172,711,839	178,675,790
	21 Total liabilities (Part X, line 26)	93,273,342	90,262,204
	22 Net assets or fund balances. Subtract line 21 from line 20	79,438,497	88,413,586

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer MARK DEL MONTE JD CEO/EXECUTIVE VP Type or print name and title 2025-02-14 Date
	Print/Type preparer's name Preparer's signature Date 2025-02-14 Check ☐ if self-employed PTIN P00378651
Paid Preparer Use Only	Firm's name PLANTE & MORAN PLLC Firm's EIN 33-1498605
	Firm's address 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040

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 \$ 23,346,354 including grants of \$ 1,843,135) (Revenue \$ 702,498)

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

4b (Code:) (Expenses \$ 22,983,771 including grants of \$ 50,000) (Revenue \$ 17,393,483)

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 \$ 11,777,059 including grants of \$ 0) (Revenue \$ 10,250,381)

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 68,643AAP NEWS CIRCULATION 67,050PREP CIRCULATION 44,711GRAND ROUNDS CIRCULATION 15,103NEOREVIEWS CIRCULATION 3,201HOSPITAL PEDIATRICS CIRCULATION 3,091

(Code:) (Expenses \$ 62,338,635 including grants of \$ 2,199,793) (Revenue \$ 53,411,907)

OTHER PROGRAM SERVICES INCLUDE:LIFE SUPPORT - THE AAP OFFERS A SPECIALIZED COURSE THAT FOCUSES ON THE RESUSCITATION OF NEWBORNS SO THAT PEDIATRICIANS AND OTHER ALLIED/EMERGENCY HEALTHCARE PROFESSIONALS CAN MORE EFFECTIVELY SERVE NEWBORNS.PUBLIC EDUCATION - THE AAP DISSEMINATES INFORMATION TO SCHOOLS AND THE GENERAL PUBLIC REGARDING ADVANCES IN PREVENTATIVE HEALTHCARE, IN SUCH AREAS AS CONTROL OF DISEASE, DISABILITY, ENVIRONMENTAL HAZARDS, ACCIDENT PREVENTION, NUTRITION, MENTAL AND EMOTIONAL DISEASE AND CHILD ABUSE AND NEGLECT.COMMUNITY, CHAPTER & STATE AFFAIRS - THE DEPARTMENT WORKS TO FOSTER PEDIATRICIAN INVOLVEMENT IN EFFORTS IN THEIR COMMUNITIES TO ACHIEVE OPTIMAL HEALTH, SAFETY, AND WELL-BEING FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, DEVELOP AND SUSTAIN STRONG CHAPTERS AND DISTRICTS, AND INFLUENCE STATE LEVEL POLICY RELATED TO HEALTH CARE FOR INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS.MEMBERSHIP - THE AAP'S MEMBERS CONSIST OF 66,000 PRIMARY CARE PEDIATRICIANS, PEDIATRIC MEDICAL SUB-SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS DEDICATED TO THE OPTIMAL HEALTH, SAFETY, AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.CME - THE AAP OFFERS CONTINUING MEDICAL EDUCATION FOR PEDIATRIC HEALTH CARE PROFESSIONALS TO ENABLE THEM TO DEVELOP, MAINTAIN, AND INCREASE THEIR KNOWLEDGE AND SKILLS IN PEDIATRIC MEDICINE IN ORDER TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.EDUCATION ADMINISTRATION - SUPPORT AREA FOR THE EDUCATIONAL ACTIVITIES OF THE AAP.NATIONAL MEETINGS - THE AAP HOSTS EDUCATIONAL CONFERENCES THAT OFFER THE FOREMOST UPDATES ON PEDIATRIC TREATMENT AND RESEARCH.RESEARCH - THE AAP DEVELOPS CONDITION-SPECIFIC HEALTH-RELATED QUALITY OF LIFE MEASURES FOR INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS, AND THEIR FAMILIES. THE AAP ALSO HAS ESTABLISHED A PRACTICE-BASED RESEARCH NETWORK TO IMPROVE THE HEALTH OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS BY CONDUCTING COLLABORATIVE RESEARCH WITH OVER 1700 PRACTITIONER MEMBERS.CHIEF MEDICAL OFFICER - THE DEPARTMENT PROVIDES SUPPORT TO THE AAP COMMITTEES THAT FOCUS ON DISASTER PREPAREDNESS, INNOVATION, AND OTHER MEDICAL AREAS.SUBSPECIALTY PEDIATRICS - IN ORDER TO ENABLE THE IMPROVEMENT OF HEALTH CARE TO INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, THE DEPARTMENT PROVIDES: (1) RESOURCE MATERIALS, STAFF SUPPORT, AND TECHNICAL ASSISTANCE TO NATIONAL COMMITTEES AND SECTIONS RELATED TO PEDIATRIC SUBSPECIALTIES AND SURGICAL SPECIALTIES, (2) OVERSIGHT TO TASK FORCES AND WORK GROUPS THAT DEVELOP POLICY STATEMENTS, CLINICAL AND TECHNICAL REPORTS, AND OTHER RESOURCE MATERIALS RELATED TO THE HEALTH CARE PROVIDED BY PEDIATRIC SUBSPECIALTIES AND SURGICAL 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 \$ 62,338,635 including grants of \$ 2,199,793) (Revenue \$ 53,411,907)

4e Total program service expenses 120,445,819

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 Rev. Proc. 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)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. 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?	26	No
27	If "Yes," complete Schedule L, Part I. 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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 line 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?	30	No
31	If "Yes," complete Schedule M. 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?	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 on 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	1,375
b	Enter the number of Forms W-2G included on 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	581			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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?		13a				
		Note. See the instructions for additional information the organization must report on Schedule O.						
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		If the organization is a trust, did it file Form 4720, Schedule N, to report the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
		If "Yes," complete Form 6069.						

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.	1a17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b16		
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	Yes	
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 the instructions for definition of "key employee."
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) BENJAMIN D HOFFMAN MD FAAP PRESIDENT	40.00 0.00	X		X				153,732	0	0
(2) SUSAN KRESSLY MD FAAP PRESIDENT-ELECT	25.00 0.00	X		X				1,200	0	0
(3) SANDY CHUNG MD FAAP IMMEDIATE PAST PRESIDENT	25.00 0.00	X		X				185,904	0	0
(4) MOIRA SZILAGYI MD FAAP IMMEDIATE PAST PRESIDENT	25.00 0.00	X		X				116,184	0	0
(5) MARGARET 'MEG' FISHER MD FAAP SECRETARY/TREASURER/BOARD MEMBER	18.00 0.00	X		X				55,392	0	0
(6) PATRICIA FLANAGAN MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(7) JEFFREY KACZOROWSKI MD FAAP BOARD MEMBER	12.00 0.00	X						0	0	0
(8) PATRICIA PURCELL MD MBA FAAP BOARD MEMBER	12.00 0.00	X						0	0	0
(9) JEANNETTE LIA GAGGINO MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(10) DENNIS M COOLEY MD FAAP SECRETARY/TREASURER/BOARD MEMBER	12.00 0.00	X		X				110,784	0	0
(11) SUSAN BUTTROSS MD FAAP BOARD MEMBER	12.00 0.00	X						950	0	0
(12) GREG BLASCHKE MD MPH FAAP BOARD MEMBER	12.00 0.00	X						0	0	0
(13) YASUKO FUKUDA MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(14) MADELINE JOSEPH MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(15) ANGELA M ELLISON MD MSC FAAP BOARD MEMBER	12.00 0.00	X						0	0	0
(16) KRISTINA W ROSBE MD FAAP BOARD MEMBER	12.00 0.00	X						1,000	0	0
(17) JOELLE N SIMPSON MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) WARREN M SEIGEL MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(19) MICHELLE D FISCUS MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(20) GARY W FLOYD MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(21) MARTHA C MIDDLEMIST MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(22) CHARLES G MACIAS MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(23) CONSTANCE S HOUCK MD FAAP BOARD MEMBER	12.00 0.00	X						55,392	0	0
(24) MARK DEL MONTE JD CEO/EXECUTIVE VICE PRESIDENT	40.00 0.00			X				687,710	0	16,607
(25) JOHN J MILLER CHIEF FINANCIAL OFFICER	40.00 0.00			X				359,491	0	20,136
(26) ANNE EDWARDS CHIEF MEDICAL OFFICER	40.00 0.00				X			463,272	0	15,857
(27) ROBERTA BOSAK CHIEF ADMINISTRATIVE OFFICER	40.00 0.00				X			376,971	0	21,855
(28) HILARY HAFTEL SR VP, EDUCATION SCIENCE	40.00 0.00				X			372,005	0	24,905
(29) DEBRA B WALDRON SR VP, HLTHY RESLNT CHLDRN, YTH, & FAM	40.00 0.00				X			374,812	0	17,107
(30) JANNA C PATTERSON CHIEF EDUCATION & GLOBAL HEALTH OFFICER	40.00 0.00				X			366,411	0	21,855
(31) MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	40.00 0.00				X			378,077	0	15,517
(32) CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE & SUBSPECIALTY PEDIATRICS	40.00 0.00				X			346,403	0	24,905
(33) ROBERT M KATCHEN SR VP, INFORMATION TECHNOLOGY	40.00 0.00				X			304,092	0	21,800
(34) CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			293,145	0	20,934
(35) BEENA DEVI KAMATH-RAYNE SR VP, GLOBAL HEALTH & CLINICAL SKILLS	40.00 0.00				X			274,280	0	25,399
(36) LYNN M OLSON VP, RESEARCH	40.00 0.00				X			247,465	0	13,701
(37) ALISON E BAKER VP, CHILD & COMMUNITY HEALTH	40.00 0.00				X			236,343	0	11,725
(38) MARK T GRIMES VP, PUBLISHING	40.00 0.00				X			229,935	0	18,101
(39) JAMES BAUMBERGER CHIEF OF STAFF	40.00 0.00				X			197,773	0	18,657
(40) MARIROSE RUSSO VP, MARKETING & SALES	40.00 0.00				X			198,775	0	16,018
(41) JANET HENDERSON VP, CHAPTER RELATIONS & MEMBER ENGAGEMENT	40.00 0.00				X			197,785	0	10,690
(42) JAMIE POSLOSKY VP, STRATEGIC COMMUNICATIONS	40.00 0.00				X			183,659	0	17,180
(43) TAMAR HARO SR DIR, FEDERAL & STATE ADVOCACY	40.00 0.00					X		225,216	0	25,956
(44) SUNNAH KIM SR DIR, PED PRACTICE & HEALTH CARE DELIVERY	40.00 0.00					X		203,519	0	22,256
(45) BIANCA DOMINIQUE AGREGADO SR DIR, CHILD HEALTH REGISTRY	40.00 0.00					X		189,714	0	16,415
(46) ERIC R MATTHIAS SR DIR, APPLICATIONS DEVELOPMENT	40.00 0.00					X		185,985	0	18,724
(47) MICHAEL S RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOVERNANCE	40.00 0.00					X		193,837	0	18,144
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . . .										
d Total (add lines 1b and 1c)							8,321,133	0	454,444	

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

252

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	1,865,476
ADAGE TECHNOLOGIES INC 10 S RIVERSIDE PLAZA SUITE 1500 CHICAGO, IL 60606	CONSULTING	1,395,577
SINGLEHOP LLC DEPT CH 19781 PALATINE, IL 60055	CONSULTING	837,060
SILVERCHAIR SCIENCE COMMUNICATIONS INC 316 E MAIN STREET SUITE 300 CHARLOTTESVILLE, CA 22902	CONSULTING & PRINTING	609,476
SUMMIT MAINTENANCE COMPANY 5860 N MILWAUKEE AVE CHICAGO, IL 60646	JANITORIAL AND CLEANING	474,636
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					
Amt Similar Amounts					
1a Federated campaigns					1a
b Membership dues					1b
c Fundraising events					1c
d Related organizations					1d
e Government grants (contributions)					1e34,974,759
f All other contributions, gifts, grants, and similar amounts not included above					1f15,447,507
g Noncash contributions included in lines 1a - 1f:\$	1g				
h Total. Add lines 1a-1f		50,422,266			

Program Service Revenue	2a MEMBERSHIPS	Business Code				
		541900	26,210,319	26,210,319		
	b MEDICAL JOURNALS	513120	23,565,471	18,131,529	5,433,942	
	c CONTINUING MEDICAL EDUCATION	611600	12,158,827	12,158,827		
	d PUBLICATIONS, PERIODICALS, OTHER	513130	10,222,457	9,174,349	1,048,108	
	e NATIONAL MEETINGS	611600	8,922,581	8,922,581		
	f All other program service revenue.		1,856,846	1,856,846		
	g Total. Add lines 2a-2f.	82,936,501				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,452,862			2,452,862
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			5,496,107	5,496,107		
	6a Gross rents	(i) Real	(ii) Personal				
		6a	62,230				
		b Less: rental expenses	6b0				
	c Rental income or (loss)	6c62,230					
	d Net rental income or (loss)			62,230	62,230		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	48,445,973				
		b Less: cost or other basis and sales expenses	7b49,074,683				
	c Gain or (loss)	7c-628,710	-254,519				
	d Net gain or (loss)			-883,229	-254,519		-628,710
	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							

OtherRevenueMiscAmt	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		140,486,737	81,758,269	6,482,050	1,824,152	

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	3,746,845	3,746,845		
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.	346,084	346,084		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,772,425	5,001,686	3,456,660	314,079
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	51,106,177	41,243,009	8,429,174	1,433,994
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,540,749	4,417,618	948,864	174,267
9 Other employee benefits	9,687,441	7,381,331	2,022,275	283,835
10 Payroll taxes	4,134,592	3,250,548	766,770	117,274
11 Fees for services (non-employees):				
a Management				
b Legal	399,198	77,496	321,082	620
c Accounting	98,478		98,478	
d Lobbying	419,739		419,739	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	213,022		213,022	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,121,734	11,148,492	949,376	23,866
12 Advertising and promotion	2,925,868	2,816,848	275	108,745
13 Office expenses	7,711,825	6,366,292	1,319,461	26,072
14 Information technology	2,910,695	510,473	2,376,991	23,231
15 Royalties	458,645	458,645		
16 Occupancy	2,597,504	864,145	1,733,359	
17 Travel	8,067,456	7,383,776	646,500	37,180
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,518,367	4,507,413	9,891	1,063
20 Interest	1,962,537	964	1,961,573	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,950,591	6,830	1,943,761	
23 Insurance	461,258		461,258	
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	8,307,603	8,307,603		
b BANK CHARGES	1,376,547	1,328,758	47,642	147
c FACILITIES ALLOCATION	0	3,092,768	-3,196,602	103,834
d INFORMATION TECHNOLOGY	0	7,134,159	-7,373,675	239,516
e All other expenses	1,512,572	1,054,036	366,956	91,580
25 Total functional expenses. Add lines 1 through 24e	141,347,952	120,445,819	17,922,830	2,979,303
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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		5,847,397	1	4,341,718	
	2	Savings and temporary cash investments		588,942	2	1,991,292	
	3	Pledges and grants receivable, net		8,611,645	3	14,981,796	
	4	Accounts receivable, net		6,984,486	4	6,051,194	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		1,596,985	8	1,508,022	
	9	Prepaid expenses and deferred charges		3,061,631	9	3,696,127	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	79,189,704			
	b	Less: accumulated depreciation	10b	28,850,408	53,818,512	10c	50,339,296
	11	Investments—publicly traded securities		92,202,241	11	95,766,345	
	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)		172,711,839	16	178,675,790		
Liabilities	17	Accounts payable and accrued expenses		16,914,302	17	18,923,627	
	18	Grants payable			18		
	19	Deferred revenue		30,879,157	19	28,898,768	
	20	Tax-exempt bond liabilities		28,000,000	20	26,600,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		11,000,000	23	11,000,000	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		6,479,883	25	4,839,809	
	26	Total liabilities. Add lines 17 through 25		93,273,342	26	90,262,204	
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		66,915,422	27	70,593,044	
	28	Net assets with donor restrictions		12,523,075	28	17,820,542	
	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		79,438,497	32	88,413,586	
	33	Total liabilities and net assets/fund balances		172,711,839	33	178,675,790	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,486,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,347,952
3	Revenue less expenses. Subtract line 2 from line 1	3	-861,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,438,497
5	Net unrealized gains (losses) on investments	5	9,836,304
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 (A))	10	88,413,586

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	31,694,587	45,904,931	38,064,620	41,140,519	50,422,266	207,226,923
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	31,694,587	45,904,931	38,064,620	41,140,519	50,422,266	207,226,923
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) . . .						
6 Public support. Subtract line 5 from line 4.						207,226,923

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	31,694,587	45,904,931	38,064,620	41,140,519	50,422,266	207,226,923
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,403,516	7,002,849	16,742,578	4,235,244	7,382,489	43,766,676
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.). . .	455,450	492,847	688,351	1,619,550		3,256,198
11 Total support. Add lines 7 through 10						254,249,797

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

12398,370,130

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 2023 (line 6, column (f) divided by line 11, column (f))	14	81.510 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	79.460 %

16a **33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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 IIISupport 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2023. 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—2022. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>			

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 (<i>explain in detail in Part VI</i>): | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 |
| 3 Subtract line 2 from line 1d | 3 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 Multiply line 5 by 0.035 | 6 |
| 7 Recoveries of prior-year distributions | 7 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 |

Section C - Distributable Amount

Current Year

- | | |
|--|----------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 Enter 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023:		
a	From 2018.		
b	From 2019.		
c	From 2020.		
d	From 2021.		
e	From 2022.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019.		
b	Excess from 2020.		
c	Excess from 2021.		
d	Excess from 2022.		
e	Excess from 2023.		

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:	
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Schedule B (Form 990) 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
		2023
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 33¹/₃% 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
AMERICAN ACADEMY OF PEDIATRICS

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>	☐ 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.)
(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
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Part II

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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

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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 AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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)		419,739													
c Total lobbying expenditures (add lines 1a and 1b)		419,739													
d Other exempt purpose expenditures		140,928,213													
e Total exempt purpose expenditures (add lines 1c and 1d)		141,347,952													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-.		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-.		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	604,646	495,847	421,006	419,739	1,941,238
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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Name of the organization AMERICAN ACADEMY OF PEDIATRICS	Employer identification number 36-2275597
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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.	
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 July 25, 2006, 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	17,738,066	15,545,574	17,242,593	5,585,450	5,732,176
b Contributions	346,889	582,323	618,382	10,411,955	19,202
c Net investment earnings, gains, and losses	2,352,333	1,705,930	-2,259,210	1,467,995	122,815
d Grants or scholarships					
e Other expenditures for facilities and programs	71,149	51,304	37,278	212,292	286,843
f Administrative expenses	138,135	44,457	18,913	10,515	1,900
g End of year balance	20,228,004	17,738,066	15,545,574	17,242,593	5,585,450

2

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

a

Board designated or quasi-endowment ▶ 69.780 %

b

Permanent endowment ▶ 20.880 %

c

Term endowment ▶ 9.340 %

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:

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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	5,543,619	25,852,241
c Leasehold improvements		24,109	24,109	0
d Equipment		23,404,063	19,603,283	3,800,780
e Other		15,865,672	3,679,397	12,186,275
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				50,339,296

Schedule D (Form 990) 2022

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY LIABILITY	14,718
CAPITAL LEASE OBLIGATIONS	119,703
RTU LEASE OBLIGATION	4,705,388
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,839,809

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	150,110,019
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,836,304
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	9,836,304
3	Subtract line 2e from line 1	3	140,273,715
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	213,022
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	213,022
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	140,486,737

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	141,134,930
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	141,134,930
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	213,022
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	213,022
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	141,347,952

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 31 INDIVIDUAL ENDOWMENTS ESTABLISHED FOR A WIDE VARIETY OF PURPOSES RELATED TO THE AAP'S MISSION OF OBTAINING OPTIMAL PHYSICAL, MENTAL, AND SOCIAL HEALTH FOR ALL INFANTS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS, INCLUDING MAKING GRANT AWARDS AND PROGRAM FUNDING (I.E., FOSTER CARE, DISASTER RECOVERY, EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES).
PART X, LINE 2:	THE ACADEMY IS A NOT-FOR-PROFIT ILLINOIS CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE, 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, 2024 AND 2023, 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, 2024, 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:

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 or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS	N/A	109,866
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS	N/A	34,000
(3) SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	0	0	GRANTS TO RECIPIENTS	N/A	4,000
(4) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS	N/A	159,818
(5) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS	N/A	35,000
(6) RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTS TO RECIPIENTS	N/A	3,400
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			346,084
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			346,084

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)			SUB-SAHARAN AFRICA	EARLY CHILDHOOD DEV PHASE 1 & 2	79,374	EFT	0	N/A	N/A
(2)			EAST ASIA AND THE PACIFIC	2022 CDC GLOBAL TOBACCO; TOBACCO CONTROL AND CESSATION	57,076	EFT	0	N/A	N/A
(3)			EAST ASIA AND THE PACIFIC	ADDRESSING VACCINE HESITANCY; CURRICULUM WORKSHOP	37,232	EFT	0	N/A	N/A
(4)			NORTH AMERICA	2023 RESEARCH AWARD	35,000	EFT	0	N/A	N/A
(5)			EUROPE (INCLUDING ICELAND & GREENLAND)	CDC TOBACCO GRANT; TOBACCO CONTROL AND CESSATION	31,000	EFT	0	N/A	N/A
(6)			SUB-SAHARAN AFRICA	ICATCH	20,000	EFT	0	N/A	N/A
(7)			SUB-SAHARAN AFRICA	EARLY CHILDHOOD DEV	17,800	EFT	0	N/A	N/A
(8)			SUB-SAHARAN AFRICA	STAKEHOLDER CONSULTATION AND 7 ALCN MONTHLY MEETING	10,644	EFT	0	N/A	N/A
(9)			EAST ASIA AND THE PACIFIC	CDC IMMUNIZATION PROJECT	9,558	EFT	0	N/A	N/A
(10)			SUB-SAHARAN AFRICA	LEARNING COLLABORATIVE NETWORK FOR IMMUNIZATION	7,000	EFT	0	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	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	3	6,000	EFT		N/A	N/A
(2) ADVOCACY AND PUBLIC HEALTH	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2	3,000	EFT		N/A	N/A
(3) ADVOCACY AND PUBLIC HEALTH	RUSSIA AND NEIGHBORING STATES	1	3,400	EFT		N/A	N/A
(4) ADVOCACY AND PUBLIC HEALTH	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	2	4,000	EFT		N/A	N/A
(5) ADVOCACY AND PUBLIC HEALTH	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	12	25,000	EFT		N/A	N/A
(6)							
(7)							
(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

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.

[illegible]

Additional Data

Software ID:

Software Version:

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

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

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 670 PHOENIX, AZ 850043034	86-0917603	501(C)(3)	217,499	0			DISASTER PREPAREDNESS; COVID-19 IMMUNIZATION; PROJECT FIRSTLINE; INNOVATION GRANT; TRAUMA INFORMED; SAFE BABIES; PMHCA PROGRAM; COVID-19 PARTNERSHIP; FOOD INSECURITY; SOID 23/24; SET/NET; EHPH; ABBOTT GRANT; KEEPING KIDS CONNECTED; INFANT TODDLER COURT PROGRAM; MEASLES GRANT; PEDIATRIC MENTAL HEALTH; SET-NET AAP; SUICIDE PREVENTION
(2) DISTRICT OF COLUMBIA CHAPTER - AAP PO BOX 6236 WASHINGTON, DC 22015	52-1457413	501(C)(3)	182,600	0			HEALTHY PEOPLE 2030 GRANT; DISASTER PREPAREDNESS; TRAUMA-INFORMED; INNOVATION GRANT; PROJECT FIRSTLINE; FOOD INSECURITY; VACCINATION; 2024 CATCH; SUID PREVENTION
(3) FLORIDA CHAPTER - AAP PO BOX 119974 TALLAHASSEE, FL 32313978	59-1103936	501(C)(6)	148,720	0			COVID-19 IMMUNIZATION; DISASTER PREPAREDNESS; PROJECT FIRSTLINE; COVID-19 PARTNERSHIP; PMHCA PROGRAM; FOOD INSECURITY; 23/24 SOID ; SUICIDE PREVENTION; EHPH; MEASLES GRANT; HEALTHY DIGITAL HABITS
(4) WASHINGTON CHAPTER - AAP 4616 25TH AVENUE NE 594 SEATTLE, WA 98105	91-1016402	501(C)(6)	144,994	0			HPV/FLU IMM; SAFE BABIES; CHAPTER TRAINEE; PMHCA PROJECT; SET-NET AAP ; CHRONIC CONDITION MGMT; TPEC INNOVATION; IMMUNIZATION PARTNERSHIP; INFANT TODDLER COURT PROGRAM; PEDIATRIC MENTAL HEALTH; MEASLES CHAPTER GRANT; OPiOD USE; VACCINATE W. CONFIDENCE; ADDICTION TREATMENT
(5) MONTANA CHAPTER - AAP 724 HARRISON AVE HELENA, MT 59601	36-3481749	501(C)(3)	130,500	0			HEALTHY PEOPLE 2030 GRANT; MENTAL & BEHAVIORAL NEEDS; PROJECT FIRSTLINE; SUICIDE PREVENTION ECHO; PMHCA PROGRAM; FOOD INSECURITY; ADVOCACY SUICIDE PREVENTION; EHPH; ABBOTT GRANT; PEDIATRIC MENTAL HEALTH; IMMUNIZATION CONFIDENCE; HEALTHY DIGITAL HABITS
(6) COLORADO CHAPTER - AAP PO BOX 4834 ENGLEWOOD, CO 80155	84-0890875	501(C)(3)	117,500	0			ECHO SUICIDE PREVENTION; 2023 BREASTFEEDING LECTURESHIP; SAFE BABIES; PMHCA PROGRAM; PROJECT FIRSTLINE; FOOD INSECURITY; EHPH; TPEC CH INNOVATION; INFANT TODDLER COURT PROGRAM; OPiOD USE; VIRTUAL LEARNING; 2024 RES GRANTEES; HPV/FLU IMMUNIZATION; INFANT TODDLER COURT PROGRAM
(7) ARKANSAS CHAPTER - AAP MARSHALL STREET LITTLE ROCK, AR 722023510	20-5824116	501(C)(6)	114,213	0			PROJECT FIRSTLINE; KEEPING KIDS CONNECTED; FOOD INSECURITY; TPEC INNOVATION; INCREASE VACCINE; HPV/FLU PROJECT; SUICIDE PREVENTION; PED RESIDENCY; HEALTHY DIGITAL HABITS; TRAUMA INFORMED
(8) ILLINOIS CHAPTER - AAP 1358 W RANDOLPH SUITE 2 EAST CHICAGO, IL 60607	51-0183494	501(C)(3)	107,493	0			HEALTHY PEOPLE 2030 GRANT; HPV/FLU IMM; PROJECT FIRSTLINE; SUICIDE PREVENTION ECHO; FOOD INSECURITY; STRENGTHEN VACCINE CONFIDENCE; ABBOTT GRANT; MEASLES GRANT; SUIC PREVENTION
(9) LOUISIANA CHAPTER - AAP PO BOX 64529 BATON ROUGE, LA 70896	72-1002968	501(C)(6)	97,063	0			PROJECT FIRSTLINE; HEALTHY PEOPLE 2030 GRANT; PMHCA PROGRAM; DISASTER PREPAREDNESS; FOOD INSECURITY; PEDIATRIC MENTAL HEALTH; SUID PREVENTION
(10) PENNSYLVANIA CHAPTER - AAP ROSE TREE CORPORATE CENTER II 1400 N PROVIDENCE RD SUITE 3007 MEDIA, PA 19063	23-7135840	501(C)(3)	89,320	0			PROJECT FIRSTLINE; KEEPING KIDS CONNECTED; FOOD INSECURITY; TRAUMA-INFORMED; ADVOCACY SUICIDE PREVENTION; 2024 SOB
(11) MAINE CHAPTER - AAP 160 FIFTH STREET AUBURN, ME 04210	20-4901027	501(C)(3)	78,480	0			DISASTER PREPAREDNESS; MANAGING INFECTIOUS DISEASE; PROJECT FIRSTLINE; PMHCA PROGRAM; ECHO ADDICTION; BUILDING CAPACITY TO TRAUMA; OPiOD USE PROJECT; SUICIDE PREVENTION; ADVOCACY TRAINING; 2024 RES GRANTEE; 2024 CATCH GOODWIN
(12) GEORGIA CHAPTER - AAP 13 W PEACHTREE STREET NW SUITE 500 ATLANTA, GA 30309	58-1164164	501(C)(6)	72,171	0			PROJECT FIRSTLINE; KEEPING KIDS CONNECTED; FOOD INSECURITY; GUN SAFETY; ABBOTT GRANT; SUICIDE PREVENTION
(13) HAWAII CHAPTER - AAP PO BOX 25817 HONOLULU, HI 968250817	99-0226184	501(C)(3)	61,500	0			PROJECT FIRSTLINE; DISASTER PREPAREDNESS; PMHCA PROGRAM; TPEC INNOVATION; SUICIDE PREVENTION; PEDIATRIC MENTAL HEALTH;
(14) INDIANA CHAPTER - AAP 702 BARNHILL DRIVE SUITE 1601 23015VILLE, IN 46202272	35-1364420	501(C)(3)	60,000	0			HEALTHY PEOPLE 2030 GRANT; TRAUMA-INFORMED; ABBOTT GRANT; PEDIATRIC MENTAL HEALTH
(15) OHIO CHAPTER - AAP 45W WILSON BRIDGE SUITE 215 WORTHINGTON, OH 43085	23-7126379	501(C)(3)	59,368	0			PROJECT FIRSTLINE; DISASTER PREPAREDNESS; SUICIDE PREVENTION ECHO; PEDIATRIC MENTAL HEALTH; MEASLES CHAPTER GRANT; 2024 RES GRANTEE
(16) KANSAS CHAPTER - AAP 9905 WOODSTOCK LENEXA, KS 662208000	48-0892759	501(C)(3)	56,500	0			PROJECT FIRSTLINE; ABBOTT GRANT; PEDIATRIC MENTAL HEALTH; TRAUMA INFORMED; SUID PREVENTION
(17) PUERTO RICO CHAPTER - AAP AVE TELSA RINION 381 PASOMONTE SAN JUAN, PR 00926	66-0556540	501(C)(3)	56,000	0			PROJECT FIRSTLINE; MENTAL & BEHAVIORAL NEEDS; DISASTER PREPAREDNESS; TRAUMA INFORMED; PEDIATRIC MENTAL HEALTH
(18) NEBRASKA CHAPTER - AAP 6107 SW MURRAY BLVD URIDEN BEAVERTON, OR 97007	93-0672805	501(C)(3)	52,000	0			ECHO SUICIDE PREVENTION; PROJECT FIRSTLINE; MENTAL & BEHAVIORAL NEEDS; DISASTER PREPAREDNESS; TPEC INNOVATION; TRAUMA INFORMED
(19) GEORGETOWN UNIVERSITY 3RD FLOOR CAR BARN 3520 PROSPECT STREET NW WASHINGTON, DC 20057	53-0196603	501(C)(6)	50,000	0			KEEPING KIDS CONNECTED
(20) MINNESOTA CHAPTER - AAP 1043 GRAND AVE 215 ST PAUL, MN 551053002	20-1343276	501(C)(3)	49,620	0			PROJECT FIRSTLINE; CATCH RES; FOOD INSECURITY; MEASLES CHAPTER GRANT
(21) CALIFORNIA CHAPTER - AAP BOX 527 4067 HARDWICK STREET LAKEWOOD, CA 90712	23-7311829	501(C)(3)	47,500	0			PROJECT FIRSTLINE; TPEC CHAPTER INNOVATION; SUICIDE PREVENTION; PERINATAL MENTAL HEALTH
(22) CALIFORNIA CHAPTER IV - AAP 17320 REDHILL AVE SUITE 120 IRVINE, CA 92603	95-3731523	501(C)(3)	43,720	0			PROJECT FIRSTLINE; GUN SAFETY; TRAUMA INFORMED; SUID PREVENTION
(23) MARYLAND CHAPTER - AAP 744 DULANEY VALLEY ROAD SUITE 12 16160, MD 21204	52-1630552	501(C)(6)	42,500	0			SUICIDE PREVENTION; DISASTER PREPAREDNESS; FOOD INSECURITY; TPEC INNOVATION; ABBOTT GRANT; SET-NET/AAP
(24) KENTUCKY RURAL HEALTH ASSOC INC 36 SOUTH ALVANIA 3RD FLOOR HENDERSON, KY 42420	61-1346813	501(C)(3)	42,000	0			COVID-19 IMMUNIZATION/PARTNERSHIP; EHPH
(25) CALIFORNIA CHAPTER III - AAP PO BOX 22212 SAN DIEGO, CA 921922212	33-0782521	501(C)(3)	41,934	0			PROJECT FIRSTLINE; DISASTER PREPAREDNESS; CATCH RETURN OF FUNDS; 2024 CATCH DR. KANANI
(26) KENTUCKY CHAPTER - AAP 420 CAPITAL AVE FRANKFORT, KY 406012837	61-1125554	501(C)(6)	41,670	0			PROJECT FIRSTLINE; ECHO SUICIDE PREVENTION; PMHCA PROGRAM; ABBOTT GRANT; SUID PREVENTION; HEALTHY DIGITAL HABITS
(27) WISCONSIN CHAPTER - AAP 210 GREENBAY ROAD THIENSVILLE, WI 53092	31-1535272	501(C)(6)	40,002	0			KEEPING KIDS CONNECTED; PROJECT FIRSTLINE
(28) AUTISM SOCIETY OF AMERICA INC 6110 EXECUTIVE BLVD SUE 305 ROCKVILLE, MD 20852	52-1020149	501(C)(3)	39,500	0			COVID-19 IMMUNIZATION; EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS); IMMUNIZATION CONFIDENCE
(29) HAWAII CHAPTER - AAP 825 N GRAND AVE SUITE 100 NOGALES, AZ 85621	86-0524321	501(C)(3)	39,500	0			COVID-19 IMMUNIZATION; EHPH
(30) BINGHAM MEMORIAL HOSPITAL 98 POPLAR STREET BLACKFOOT, ID 83221	20-5126945	501(C)(3)	39,496	0			COVID-19 IMMUNIZATION; COVID-19 PARTNERSHIP; EHPH
(31) TEXAS PEDIATRIC SOCIETY 401 W 15TH STREET SUITE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	37,609	0			PROJECT FIRSTLINE; REFUND CATCH IMMIGRANT HEALTH; DISASTER PREPAREDNESS; SET-NET AAP; HEALTH EQUITY; REFUND 2023 KKC; SUICIDE PREVENTION; SUID PREVENTION
(32) REGENTS OF THE UNIVERSITY OF CALIFORNIA ACCOUNTING OFFICE - EMF BOX 0812 UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA 941430812	94-6036493	501(C)(3)	37,600	0			RESEARCH GRANT; YOUNG INVESTIGATOR AWARD; HEALTHY EQUITY; 2024 CATCH RES; 2024 CATCH LAW
(33) NEBRASKA CHAPTER - AAP PO BOX 72 ELKHORN, NE 68022	47-0682563	501(C)(3)	37,000	0			MANAGING INFECTIOUS DISEASES; ECHO ADDICTION; HEALTHY DIGITAL HABITS; ECHO ADDICTION TREATMENT
(34) MICHIGAN CHAPTER - AAP 4936 CLARK ROAD SUITE 101 PLYMOUTH, MI 48197	38-2211617	501(C)(6)	36,933	0			PROJECT FIRSTLINE; ABBOTT GRANT; VACCINE CONFIDENCE; SUICIDE PREVENTION
(35) WYOMING CHAPTER - AAP PO BOX 4609 CHEYENNE, WY 82003	20-0306156	501(C)(3)	36,200	0			PROJECT FIRSTLINE; TRAUMA-INFORMED; IMPLEMENTATION GRANT
(36) IOWA CHAPTER - AAP 515 E LOCUST STREET SUITE 400 DES MOINES, IA 50309	42-1167299	501(C)(3)	33,500	0			PROJECT FIRSTLINE; SET/NET AAP ; SUICIDE PREVENTION
(37) CALIFORNIA CHAPTER I - AAP 2350 SANSOME STREET WEST SACRAMENTO, CA 95691	94-6206802	501(C)(6)	29,000	0			DISASTER PREPAREDNESS; SUICIDE PREVENTION ECHO; PEDIATRIC MENTAL HEALTH
(38) UTAH CHAPTER - AAP 2023 OLDHERMILL LANE TAYLORSVILLE, UT 841292276	87-0268334	501(C)(6)	27,100	0			KEEPING KIDS CONNECTED; SAFE BABIES; FOOD INSECURITY; INFANT TODDLER COURT PROGRAM
(39) ILLINOIS PUBLIC HEALTH ASSOCIATION 500 W MONROE STREET SUITE 1E SPRINGFIELD, IL 62704	36-6108790	501(C)(3)	27,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS)
(40) MISSOURI IMMUNIZATION COALITION INC 3201 S PROVIDENCE ROAD SUITE 204 COLUMBIA, MO 65203	84-4532338	501(C)(3)	27,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS); IMMUNIZATION CONFIDENCE
(41) NEW MEXICO PEDIATRIC SOCIETY 2132 A CENTRAL AVE SE 289 ALBUQUERQUE, NM 87106	85-0293405	501(C)(3)	27,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS)
(42) NEW YORK CHAPTER III - AAP 408 KENWOOD AVENUE / 2ND FLOOR DELMA, NY 12054	19-3653350	501(C)(3)	27,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS)
(43) KAREN SOCIETY OF NEBRASKA 1021 D STREET LINCOLN, NE 68502	27-3283133	501(C)(3)	25,998	0			COVID-19 IMMUNIZATION; COVID-19 PROJECTS; EHPH
(44) CONNECTICUT CHAPTER - AAP 104 HUNGERFORD STREET HARTFORD, CT 06106	22-2908719	501(C)(6)	24,500	0			PROJECT FIRSTLINE; ABBOTT GRANT
(45) NATIONAL ASSOCIATION OF PEDIATRIC NURSE 40 EXCHANGE PLACE SUITE 1902 NEW YORK, NY 10005	23-7403934	501(C)(6)	23,500	0			PMHCA PROGRAM
(46) SOUTH CAROLINA CHAPTER - AAP PO BOX 11 COLUMBIA, SC 29211	57-0937831	501(C)(3)	23,500	0			PROJECT FIRSTLINE; ABBOTT GRANT; SUICIDE PREVENTION
(47) TRUSTEES OF INDIANA UNIVERSITY/INDIANA UNIVERSITY 1024 E 3RD STREET ROOM 132 BLOOMINGTON, IN 47405	35-6001673	GOV'T	21,654	0			NEONATAL RESUSCITATION SYNOPSIS; 25YD RESEARCH GRANT; BYRNE EDUCATION GRANT
(48) TEXAS CHAPTER - AAP 401 W 15TH STREET SUITE 682 AUSTIN, TX 78701	75-1499413	501(C)(3)	21,000	0			KEEPING KIDS CONNECTED; CHAPTER TRAINEE; FOOD INSECURITY
(49) NEVADA CHAPTER - AAP 2040 W CHARLESTON BLVD 402 LAS VEGAS, NV 89102	26-1995077	501(C)(3)	20,950	0			PROJECT FIRSTLINE; KEEPING KIDS CONNECTED; ADVOCACY TRAINING
(50) IDAHO CHAPTER - AAP 103 W STATE STREET BOISE, ID 83702	31-1755426	501(C)(3)	20,700	0			DISASTER PREPAREDNESS; COVID-19 IMMUNIZATION; PROJECT FIRSTLINE
(51) COLORADO MEDICAL ACADEMY OF FAMILY PHYSICIANS 303 E 17TH AVE STE 400 DENVER, CO 80203	84-6044788	501(C)(6)	20,000	0			DISASTER PREPAREDNESS; 2023 BREASTFEEDING LECTURESHIP; KEEPING KIDS CONNECTED
(52) UNIVERSITY OF COLORADO DENVER FOUNDATION INC D/B/A UNIVERSITY PHYSICIANS INC DENVER, CO 80222	84-6000555	501(C)(3)	20,000	0			PEDIATRIC MENTAL HEALTH CARE ACCESS (PMHCA)
(53) WEST VIRGINIA CHAPTER - AAP 830 PENNSYLVANIA AVENUE SUITE 104 CHARLESTON, WV 25302	56-2506831	501(C)(3)	19,100	0			2023 MARSHALL KLAUS AWARD; 2024 CATCH
(54) CHILDREN'S HOSPITAL - NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	18,000	0			PROJECT FIRSTLINE
(55) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE M/C 7015 CINCINNATI, OH 45229	31-0833936	501(C)(3)	18,000	0			2023 BREASTFEEDING LECTURESHIP; GUN SAFETY; CHRONIC CONDITION MGMT
(56) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE CB 1220 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	18,000	0			2023 MARSHALL KLAUS AWARD; 2023 BREASTFEEDING LECTURESHIP; 2024 CATCH RES
(57) ALABAMA CHAPTER - AAP 19 S JACKSON STREET MONTGOMERY, AL 36104	63-0798492	501(C)(3)	17,269	0			SONPM GRANT; 2024 CATCH
(58) NORTH CAROLINA PEDIATRIC SOCIETY 1100 WAKE FOREST ROAD SUITE 100 RALEIGH, NC 276041354	31-1657902	501(C)(3)	17,000	0			ECHO SUICIDE PREVENTION; DISASTER PREPAREDNESS; PMHCA PROGRAM; ABBOTT GRANT
(59) MISSISSIPPI CHAPTER - AAP PO BOX 702 MADISON, MS 39130	64-0679086	501(C)(3)	16,500	0			PROJECT FIRSTLINE; PMHCA PROGRAM
(60) OKLAHOMA CHAPTER - AAP 6840 S TRENTON AVENUE TULSA, OK 74136	73-1335978	501(C)(6)	16,000	0			SUICIDE PREVENTION; PMHCA PROGRAM; EHPH; IMMUNIZATION CONFIDENCE
(61) BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE ST ATT NACV RAMIREZ AB189 MS BCM 902 HOUSTON, TX 77030	74-1613878	501(C)(3)	15,850	0			MENTAL & BEHAVIORAL NEEDS; COVID-19 IMMUNIZATIONS; TPEC INNOVATION
(62) NEW YORK CHAPTER II - AAP 1425 FRANKLIN AVE SUITE 255 GARDEN CITY, NY 11530	11-2825086	501(C)(3)	15,200	0			HUMAN FACTORS AND EDUCATION; HEALTH EQUITY GRANTS; 2024 CATCH RES
(63) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	15,000	0			ECHO SUICIDE PREVENTION; KEEPING KIDS CONNECTED; FOOD INSECURITY; IMPLEMENTATION GRANT; SOID 23-24
(64) INDIANA IMMUNIZATION COALITION INC 6915 W 10TH STREET SUITE C-2 INDIANAPOLIS, IN 46219	20-0484362	501(C)(3)	15,000	0			2023 MARSHALL KLAUS AWARD
(65) MISSOURI CHAPTER - AAP 211 SARAZEN DRIVE COLUMBIA, MO 65202	43-1561857	501(C)(6)	15,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS)
(66) ALASKA CHAPTER - AAP 3340 PROVIDENCE DRIVE SUITE 466 ANCHORAGE, AK 99508	92-0156252	501(C)(3)	14,000	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDER)
(67) ELENAS LIGHT INC 81 PATTEN DRIVE NORTH HAVEN, CT 06473	83-1478461	509(A)2	13,500	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDER)
(68) SOMALI AMERICAN SOCIAL SERVICE ASSOC 1700 N BROADWAY SUITE 152A ROCHESTER, MN 55906	46-1751962	501(C)(3)	13,500	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDER)
(69) YOUNG WOMEN'S CHRISTIAN ASSOCIATION 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501(C)(3)	13,500	0			EHPH (ENGAGING PEDIATRIC HEALTHCARE PROVIDERS)
(70) SEATTLE CHILDREN'S HOSPITAL & REGIONAL MEDICAL CENTER PO BOX 5371 MS 818-S SEATTLE, WA 98105	91-0564748	501(C)(3)	12,672	0			CRUZ RESEARCH GRANT; RETURN OF UNUSED FUND
(71) BRANCHES OF ZION COMMUNITY 8025 SOUTH WESTERN AVENUE LOS ANGELES, CA 90047	84-4647824	501(C)(3)	12,500	0			COVID-19 IMMUNIZATION; COVID-19 PARTNERSHIP
(72) C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 481352676	81-3386484	501(C)(3)	12,500	0			COVID-19 IMMUNIZATION; COVID-19 PARTNERSHIP
(73) CORNERSTONE WHOLE HEALTHCARE ORG 11485 PAYETTE HEIGHTS RD PAYETTE, ID 83661	83-0598989	501(C)(3)	12,500	0			COVID-19 IMMUNIZATION
(74) CREEK VALLEY HEALTH CLINIC 20 S COLVIN ST PO BOX 418 COLORADO CITY, AZ 86021	83-3039533	501(C)(3)	12,500	0			COVID-19 IMMUNIZATION
(75) PACKARD HEALTH INC 5200 VENTURE DRIVE ANN ARBOR, MI 48108	38-2269817	501(C)(3)	12,500	0			COVID-19 IMMUNIZATION
(76) CAMAK MEDICAL CARE FOUNDATION 405 BELCHER STREET CENTREVILLE, AL 35042	27-3605364	501(C)(3)	12,000	0			EKGAGING PEDIATRICIANS IN EFFECTIVE COVID-19 CONVERSATIONS
(77) CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBOURNE ROAD SUITE 300 SHELBOURNE, VT 05482	81-3991100	GOV'T	12,000	0			CHRONIC CONDITION MGMT
(78) CITY OF WORCESTER 455 MAIN STREET WORCESTER, MA 01608	04-6001418	GOV'T	12,000	0			CHRONIC CONDITION MGMT
(79) HENRY COUNTY GOVERNMENT 1201 RACE STREET SUITE 108 NEW CASTLE, IN 47362	35-6000155	GOV'T	12,000	0			CHRONIC CONDITION MGMT
(80) UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	GOV'T	12,000	0			CHRONIC CONDITION MGMT
(81) UNIVERSITY OF PITTSBURGH 116 ATWOOD ST SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	12,000	0			CHRONIC CONDITION MGMT
(82) ALASKA ACADEMY OF FAMILY PHYSICIANS 458 NORTH LAKE DR WATERTOWN, SD 57201	23-7149286	501(C)(6)	11,982	0			PEDIATRIC MENTAL HEALTH CARE ACCESS (PMHCA)
(83) JOHNS HOPKINS UNIVERSITY 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	11,750	0			2023 MARSHALL KLAUS AWARD; HEALTH EQUITY GRANT
(84) ANN & ROBERT LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(C)(3)	11,450	0			2023 MARSHALL KLAUS AWARD; HEALTH EQUITY GRANT
(85) CHILDRENS HOSPITAL OF PHILADELPHIA 34TH ST CIVIC CENTER BLVD ACCOUNTS PAYABLE DEPT PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	10,444	0			2023 MARSHALL KLAUS AWARD; ADVANCES IN NPM
(86) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ANDREW WUTCH BUILDING-FLOOR 7 51 NORTH 39TH STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,225	0			2023 MARSHALL KLAUS AWARD; IMPROVING STATE-LEVEL PREPAREDNESS
(87) BRIGHT BEGINNINGS PO BOX 7038 DENVER, CO 80207	84-1382420	501(C)(3)	10,000	0			2024 CATCH RES
(88) CENTRO BINACIONAL PARA EL DESARROLLO 2911 TULARE STREET FRESNO, CA 93721	77-0337939	501(C)(3)	10,000	0			2024 CATCH
(89) CODMAN ACADEMY FOUNDATION 637 WASHINGTON STREET DORCHESTER, MA 02124	04-3559945	501(C)(3)	10,000	0			2024 CATCH
(90) COMPLETE CHILDREN'S HEALTH CHARITABLE TRUST 8201 NORTHWOODS DRIVE LINCOLN, NE 68505	26-0274559	501(C)(3)	10,000	0			2024 CATCH FOC
(91) DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093 DENVER, CO 802170093	84-1343242	GOV'T	10,000	0			2024 CATCH
(92) EDWARD R. VIRGINIA COLLEGE 2265 KRAFT DRIVE BLACKSBURG, VA 24060	54-						

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 GRANTEEES ABSENT COMPLETION OF THESE REQUIREMENTS.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
AMERICAN ACADEMY OF PEDIATRICS

Employer identification number
36-2275597

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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)		

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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK DEL MONTE JD CEO/EXECUTIVE VICE PRESIDENT	(i)	685,088	0	2,622	14,288	2,319	704,317	0
	(ii)	0	0	0	0	- 0	- 0	0
2 ANNE EDWARDS CHIEF MEDICAL OFFICER	(i)	460,206	0	3,066	14,288	1,569	479,129	0
	(ii)	0	0	0	0	- 0	- 0	0
3 ROBERTA BOSAK CHIEF ADMINISTRATIVE OFFICER	(i)	371,360	0	5,611	14,288	7,567	398,826	0
	(ii)	0	0	0	0	- 0	- 0	0
4 HILARY HAFTEL SR VP, EDUCATION SCIENCE	(i)	366,434	0	5,571	14,288	10,617	396,910	0
	(ii)	0	0	0	0	- 0	- 0	0
5 MARY LOU WHITE CHIEF PRODUCT & SERVICES OFFICER	(i)	366,431	0	11,646	14,288	1,229	393,594	0
	(ii)	0	0	0	0	- 0	- 0	0
6 DEBRA B WALDRON SR VP, HLTHY RESLNT CHLDRN, YTH, & F	(i)	369,312	0	5,500	14,288	2,819	391,919	0
	(ii)	0	0	0	0	- 0	- 0	0
7 JANNA C PATTERSON CHIEF EDUCATION & GLOBAL HEALTH OFFI	(i)	364,386	0	2,025	14,288	7,567	388,266	0
	(ii)	0	0	0	0	- 0	- 0	0
8 JOHN J MILLER CHIEF FINANCIAL OFFICER	(i)	356,012	0	3,479	14,288	5,848	379,627	0
	(ii)	0	0	0	0	- 0	- 0	0
9 CHERYL DUNCAN DE PINTO SR VP, PRIMARY CARE & SUBSPECIALTY P	(i)	341,221	0	5,182	14,288	10,617	371,308	0
	(ii)	0	0	0	0	- 0	- 0	0
10 ROBERT M KATCHEN SR VP, INFORMATION TECHNOLOGY	(i)	301,153	0	2,939	13,233	8,567	325,892	0
	(ii)	0	0	0	0	- 0	- 0	0
11 CHRISTINE BORK CHIEF DEVELOPMENT OFFICER	(i)	290,326	0	2,819	13,367	7,567	314,079	0
	(ii)	0	0	0	0	- 0	- 0	0
12 BEENA DEVI KAMATH-RAYNE SR VP, GLOBAL HEALTH & CLINICAL SKIL	(i)	272,593	0	1,687	12,832	12,567	299,679	0
	(ii)	0	0	0	0	- 0	- 0	0
13 LYNN M OLSON VP, RESEARCH	(i)	239,092	0	8,373	10,886	2,815	261,166	0
	(ii)	0	0	0	0	- 0	- 0	0
14 TAMAR HARO SR DIR, FEDERAL & STATE ADVOCACY	(i)	223,057	0	2,159	10,723	15,233	251,172	0
	(ii)	0	0	0	0	- 0	- 0	0
15 ALISON E BAKER VP, CHILD & COMMUNITY HEALTH	(i)	225,248	7,500	3,595	10,528	1,197	248,068	0
	(ii)	0	0	0	0	- 0	- 0	0
16 MARK T GRIMES VP, PUBLISHING	(i)	226,617	0	3,318	10,538	7,563	248,036	0
	(ii)	0	0	0	0	- 0	- 0	0
17 SUNNAH KIM SR DIR, PED PRACTICE & HEALTH CARE D	(i)	194,265	7,500	1,754	9,647	12,609	225,775	0
	(ii)	0	0	0	0	- 0	- 0	0
18 JAMES BAUMBERGER CHIEF OF STAFF	(i)	196,337	0	1,436	4,216	14,441	216,430	0
	(ii)	0	0	0	0	- 0	- 0	0
19 MARIROSE RUSSO VP, MARKETING & SALES	(i)	195,952	0	2,823	9,128	6,890	214,793	0
	(ii)	0	0	0	0	- 0	- 0	0
20 MICHAEL S RAIMONDI SR DIR, TECHNOLOGY SERVICES & IT GOV	(i)	185,426	0	8,411	8,766	9,378	211,981	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. THE VALUE OF THESE PAYMENTS ARE INCLUDED IN THE INDIVIDUAL'S INCOME AND APPROPRIATELY TAXED. - TAX INDEMNIFICATION IS PROVIDED TO ALL EMPLOYEES FOR SERVICE AWARDS AND OTHER SMALL GIFT CARDS. - AIRLINE CLUB MEMBERSHIP MAY BE PROVIDED TO EXECUTIVES WHO TRAVEL AT LEAST TEN ROUNDTrips PER YEAR ON A ROLLING 12 MONTH BASIS. THE BENEFIT IS PROVIDED AT THE DISCRETION OF THE CHIEF ADMINISTRATIVE OFFICER IF THE EXECUTIVE IS EXPECTED TO CONTINUE TRAVELING FREQUENTLY. AIRLINE CLUB MEMBERSHIP IS REPORTED AS A TAXABLE FRINGE BENEFIT.
PART I, LINE 7	ALL EMPLOYEES ARE ELIGIBLE FOR A DISCRETIONARY INCENTIVE PAYMENT BASED IN PART ON THE FINANCIAL RESULTS OF THE ORGANIZATION. A DISCRETIONARY INCENTIVE PAYMENT WAS ACCRUED DURING THE FISCAL YEAR TO BE PAID OUT AFTER THE END OF THE FISCAL YEAR. ALL EMPLOYEES, INCLUDING SENIOR MANAGEMENT, WERE ELIGIBLE FOR A DISCRETIONARY INCENTIVE PAYMENT BASED IN PART ON THE FINANCIAL RESULT OF THE ORGANIZATION. A DISCRETIONARY INCENTIVE PAYMENT WAS ACCRUED DURING THE PREVIOUS FISCAL YEAR AND WAS PAID OUT TO EMPLOYEES DURING THE CURRENT FISCAL YEAR.

Additional Data

Return to Form

Software ID:
Software Version:

Department of the Treasury
Internal Revenue Service

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

2023

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	9,200,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	46,800,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	116,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	46,684,000							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, 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 2020, 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						
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	3.940 %							
6	Total of lines 4 and 5	3.940 %							
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						

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation 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
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Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047 2023 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 1A		THE CEO/EXECUTIVE VICE PRESIDENT HAS THE RIGHT TO VOTE IN THE EVENT OF A TIE. AS SUCH, THE CEO/EXECUTIVE VICE PRESIDENT IS INCLUDED IN THE COUNT ON FORM 990, PART VI, LINE 1A AND B, EVEN THOUGH THEY ARE NOT REPORTED AS A DIRECTOR ON FORM 990, PART VII, SECTION A.			
FORM 990, PART VI, SECTION A, LINE 6		THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND ITS MEMBER PEDIATRICIANS DEDICATE THEIR EFFORTS AND RESOURCES TO THE HEALTH, SAFETY AND WELL-BEING OF INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS. THE AAP HAS APPROXIMATELY 66,000 MEMBERS IN THE UNITED STATES, CANADA, MEXICO, AND MANY OTHER COUNTRIES. MEMBERS INCLUDE PEDIATRICIANS, PEDIATRIC MEDICAL SUBSPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS. MORE THAN 45,000 MEMBERS ARE BOARD-CERTIFIED AND CALLED FELLOWS OF THE AMERICAN ACADEMY OF PEDIATRICS (FAAP). THE AAP IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF 17 MEMBERS. TEN OF THE MEMBERS OF THE BOARD ARE ELECTED BY MEMBERS IN THEIR REGIONAL DISTRICTS AND ALSO SERVE AS DISTRICT CHAIRPERSONS. THREE MEMBERS OF THE BOARD ARE ELECTED BY THE AAP'S MEMBERSHIP ON AN AT-LARGE BASIS. THE REMAINING FOUR MEMBERS OF THE BOARD ARE THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, AND THE AAP'S CEO/EXECUTIVE VICE PRESIDENT 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 A, LINE 7B		AMENDMENTS TO THE AAP'S CONSTITUTION AND BYLAWS REQUIRE APPROVAL OF THE MEMBERS OF THE AAP. FORM 990, PART VI, SECTION B, LINE 10A: THE AAP HAS 66 CHAPTERS THAT ARE ALL INDIVIDUALLY INCORPORATED ORGANIZATIONS.			
FORM 990, PART VI, SECTION B, LINE 11B		THE 990 WAS DISTRIBUTED ELECTRONICALLY TO THE FINANCE COMMITTEE, AND THEN TO THE ENTIRE BOARD FOR THEIR REVIEW BEFORE THE 990 WAS FILED.			
FORM 990, PART VI, SECTION B, LINE 12C		BOARD IS REQUIRED TO DISCLOSE AT ALL BOARD MEETINGS ANY CONFLICTS OF INTEREST. IF THERE ARE ANY DISCLOSED, THEY ARE DOCUMENTED IN THE MINUTES OF THE MEETING. STAFF ARE REQUIRED TO DOCUMENT BY SIGNATURE ANNUALLY AT THE TIME OF THEIR REVIEW ANY CONFLICTS OF INTEREST THEY MAY HAVE. THESE ARE REVIEWED AND FILED IN HUMAN RESOURCES.			
FORM 990, PART VI, SECTION B, LINE 15		CEO: THE AMERICAN ACADEMY OF PEDIATRICS REGULARLY REVIEWS THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR TO ENSURE THAT IT IS REASONABLE. EACH YEAR, THE ACADEMY PARTICIPATES IN A SURVEY OF COMPENSATION PAID TO KEY EMPLOYEES AT SIMILARLY-SITUATED ORGANIZATIONS, INCLUDING INDIVIDUALS SERVING AS CEOS OR EXECUTIVE DIRECTORS, OR IN POSITIONS WITH EQUIVALENT FUNCTIONS AND 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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