

Part III

Statement of Program Service Accomplishments

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

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1 Briefly describe the organization’s mission:

TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION BY PROMOTING THE ART AND SCIENCE OF MEDICINE AND THE BETTERMENT OF PUBLIC HEALTH.

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 \$ including grants of \$) (Revenue \$)

SCIENTIFIC PUBLICATIONS - THE AMA PUBLISHED THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, JAMA NETWORK OPEN, AND 11 SPECIALTY JOURNALS. THESE JOURNALS ARE DISTRIBUTED WORLDWIDE TO MORE THAN 348,700 INDIVIDUAL RECIPIENTS IN PRINT AND TO MORE THAN 2,900 INSTITUTIONS THROUGH ONLINE ACCESS. THE JOURNALS INCLUDED DEFINITIVE, PEER REVIEWED CLINICAL AND INVESTIGATIVE REPORTS SPANNING MAJOR MEDICAL DISCIPLINES TO SUPPORT INFORMED CLINICAL DECISION-MAKING AND TO ENABLE PHYSICIANS TO REMAIN CURRENT PROFESSIONALLY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE AMA IS COMMITTED TO SEEKING CHANGE IN THE FEDERAL AND STATE LEGISLATIVE/REGULATORY ENVIRONMENTS TO PROTECT THE NEEDS OF PATIENTS AND ENABLE PHYSICIANS TO PROVIDE OPTIMAL CARE. PREDOMINANT AREAS OF FOCUS ARE RESPONDING TO THE COVID-19 PANDEMIC, REDUCING HEALTH CARE DISPARITIES, PROMOTING MEDICARE PAYMENT REFORM; EXPANDING CARE FOR THE UNINSURED; REMOVING OBSTACLES IN THE HEALTH SECTOR; PUSHING FOR REGULATORY RELIEF; ENDING THE DRUG MISUSE EPIDEMIC; AND PREVENTING GUN VIOLENCE. THE AMA ALSO COMMITS TO HELPING PHYSICIANS OVERCOME SYSTEMIC BARRIERS, PARTICULARLY THOSE THAT INTERFERE WITH THE PATIENT-PHYSICIAN RELATIONSHIP OR IMPEDE THE ECONOMIC VIABILITY OF THE PHYSICIAN PRACTICE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THE AMA IS RESPONSIBLE FOR THE DEVELOPMENT AND SALES OF MEDICAL INFORMATION BOOKS AND CONTENT DESIGNED TO MEET THE NEEDS OF MEMBERS, POTENTIAL MEMBERS, CONSUMERS, AND OTHERS. THIS INCLUDES MEDICAL PRACTICE INFORMATION AND ETHICS TEXTS, CURRENT PROCEDURAL TERMINOLOGY AND OTHER MEDICAL CODING TEXTS, AS WELL AS MANY OTHER RELEVANT TOPICS FOR THE MEDICAL PROFESSION.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

I. IMPROVING HEALTH OUTCOMES, QUALITY OF CARE AND PUBLIC HEALTHII. ACCELERATING CHANGE IN MEDICAL EDUCATION. ADVANCING IMPROVEMENTS IN UNDERGRADUATE MEDICAL EDUCATION AND GRADUATE MEDICAL EDUCATION, HEALTH SYSTEM SCIENCE.III. IMPROVING PROFESSIONAL SATISFACTION AND PRACTICE SUSTAINABILITY FOR PHYSICIANS IN ALL PRACTICE TYPESIV. PROFESSIONALISM AND ETHICSV. UNDERGRADUATE, GRADUATE AND CONTINUING MEDICAL EDUCATION POLICY & RESEARCHVI. SCIENCE, RESEARCH & TECHNOLOGYVII. POLITICAL EDUCATIONVIII. JUDICIAL ADVOCACYIX. INTERNATIONAL MEDICINEX. HEALTH POLICY RESEARCH & DEVELOPMENTXI. MEDICAL PRACTICE BOOKS AND CONTENTXII. STRENGTHENING, AMPLIFYING AND SUSTAINING AMA'S WORK TO ELIMINATE HEALTH INEQUITIES - IMPROVING HEALTH OUTCOMES AND CLOSING DISPARITY GAPSXIII. INTEREST GROUP RESEARCH AND SUPPORT FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS; YOUNG PHYSICIANS; WOMEN PHYSICIANS; SENIOR PHYSICIANS; INTEGRATED PHYSICIAN PRACTICES; ORGANIZED MEDICAL STAFF; ACADEMIC PHYSICIANS; INTERNATIONAL MEDICAL GRADUATES; MINORITY AFFAIRS; ADVISORY COMMITTEE ON LGBTQ ISSUES

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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	No
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	
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 Yes	
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	No
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 Yes	
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	No
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	No
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 Yes	
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 Yes	
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	No
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	No
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	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	
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	
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	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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	Yes
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	
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	761
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	1,260			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes			
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes			
b		If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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	Yes			
b		If "Yes," enter the name of the foreign country: <u>UK</u> <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts</i>						
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				
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c				
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				
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f				
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12		10a				
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11		Section 501(c)(12) organizations. Enter:						
a		Gross income from members or shareholders		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a				
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b				
c		Enter the amount of reserves on hand		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		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	Yes			
16		If the organization is a trust, did it file Form 706 or Form 709, and is the Section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17				

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?	No
10b	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?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes
	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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	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?	
15a	The organization's CEO, Executive Director, or top management official	Yes
15b	Other officers or key employees of the organization	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?	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	

Section C. Disclosure

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

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:

DENISE HAGERTY 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 (312) 464-5000

Part VII

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

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

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, 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) SUSAN R BAILEY MD PRESIDENT/PAST PRESIDENT	20.00 0.00	X						292,132	0	0
(2) GERALD E HARMON MD PRESIDENT-ELECT/PRESIDENT	24.00 0.00	X						285,476	0	19,500
(3) S BOBBY MUKKAMALA MD CHAIR-ELECT/CHAIR	17.00 0.00	X						230,208	0	19,500
(4) JACK RESNECK JR MD TRUSTEE/PRESIDENT-ELECT	19.00 0.00	X						192,155	0	0
(5) RUSSELL WH KRIDEL MD CHAIR/PAST CHAIR	14.00 0.00	X						164,431	0	19,500
(6) SANDRA ADAMSON FRYHOFFER MD TRUSTEE/CHAIR-ELECT	23.00 0.00	X						169,187	0	0
(7) PATRICE A HARRIS MD PAST PRESIDENT (THRU JUNE 2021)	23.00 0.00	X						144,980	0	0
(8) LISA BOHMAN EGBERT MD HOD VICE SPEAKER	32.00 0.00	X						125,348	0	19,500
(9) BRUCE A SCOTT MD HOD SPEAKER	30.00 0.00	X						116,800	0	19,500
(10) JESSE M EHRENFELD MD PAST CHAIR/TRUSTEE	25.00 0.00	X						127,250	0	0
(11) MICHAEL SUK MD TRUSTEE	16.00 0.00	X						64,100	0	19,000
(12) WILLARDA V EDWARDS MD TRUSTEE	14.00 0.00	X						62,716	0	18,000
(13) MARIO E MOTTA MD TRUSTEE	13.00 0.00	X						78,572	0	0
(14) THOMAS J MADEJSKI MD TRUSTEE	14.00 0.00	X						58,976	0	19,500
(15) E SCOTT FERGUSON MD TRUSTEE	15.00 0.00	X						57,766	0	19,500
(16) WILLIE UNDERWOOD III MD TRUSTEE	15.00 0.00	X						75,400	0	0
(17) ILSE R LEVIN DO TRUSTEE	12.00 0.00	X						67,750	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) HARRIS PASTIDES PHD PUBLIC TRUSTEE	11.00 0.00	X						67,750	0	0
(19) DAVID H AIZUSS MD TRUSTEE	14.00 0.00	X						67,000	0	0
(20) PRATISTHA KOIRALA MD PHD RESIDENT TRUSTEE (BEG. JULY 2021)	11.00 0.00	X						33,500	0	0
(21) MADELYN E BUTLER MD TRUSTEE (BEG. JULY 2021)	13.00 0.00	X						33,500	0	0
(22) GRAYSON W ARMSTRONG MD RESIDENT TRUSTEE (THRU JUNE 2021)	13.00 0.00	X						33,500	0	0
(23) DRAYTON CHARLES HARVEY STUDENT TRUSTEE (BEG. JULY 2021)	14.00 0.00	X						33,500	0	0
(24) BLAKE ELIZABETH MURPHY STUDENT TRUSTEE (THRU JUNE 2021)	12.00 0.00	X						33,500	0	0
(25) JAMES L MADARA MD EVP & CEO	60.00 0.00			X				2,445,529	0	200,663
(26) DENISE M HAGERTY SVP & CHIEF FINANCIAL OFFICER	60.00 0.00			X				908,975	0	36,487
(27) KENNETH J SHARIGIAN CHIEF STRATEGY OFFICER	60.00 0.00				X			1,506,746	0	34,466
(28) THOMAS J EASLEY SVP, PUBLISHING & MISSION OPERATIONS	60.00 0.00				X			1,213,712	0	30,837
(29) LAURIE A S MCGRAW SVP, HEALTH SOLUTIONS	60.00 0.00				X			1,107,689	0	58,696
(30) TODD D UNGER SVP & CHIEF EXPERIENCE OFFICER	60.00 0.00				X			978,371	0	59,135
(31) HOWARD C BAUCHNER MD SVP & EDITOR IN CHIEF, JAMA NETWORK	60.00 0.00					X		1,095,173	0	68,729
(32) PHIL B FONTANAROSA MD VP & ACTING EDITOR IN CHIEF, JAMA NW	60.00 0.00					X		1,065,292	0	63,739
(33) THOMAS C GIANNULLI MD SVP/CHIEF MEDICAL INFO OFFICER	60.00 0.00					X		1,060,893	0	56,234
(34) BRIAN D VANDENBERG SVP & GENERAL COUNSEL	60.00 0.00					X		944,237	0	36,129
(35) RODRIGO A SIERRA SVP & CHIEF COMMUNICATIONS OFFICER	60.00 0.00					X		728,270	0	46,510
(36) BARBARA L MCANENY MD FORMER TRUSTEE	0.00 0.00						X	206,510	0	0
(37) GEORGIA A TUTTLE MD FORMER TRUSTEE	0.00 0.00						X	43,887	0	0
(38) KARTHIK V SARMA FORMER TRUSTEE	0.00 0.00						X	28,122	0	0
(39) WILLIAM E KOBLER MD FORMER TRUSTEE	0.00 0.00						X	18,266	0	0
(40) ROBERT M WAH MD FORMER TRUSTEE	0.00 0.00						X	35,340	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								16,002,509	0	865,125

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	589
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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		Yes	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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>			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
SILVERCHAIR 316 EAST MAIN STREET SUITE 300 CHARLOTTESVILLE, VA 22902	PROVIDED IT SERVICES	2,579,928
CITY STAFFING 211 WEST WACKER DRIVE SUITE 700 CHICAGO, IL 60606	PROVIDED STAFFING SERVICES	1,224,325
FORWARD HEALTH GROUP INC 1 SOUTH PINCKNEY ST STE 301 MADISON, WI 53703	PROVIDED IT SERVICES	1,035,150
HUMACH 131 WEST 10TH STREET DUBUQUE, IA 52001	PROVIDED MARKETING & CONSULTING SERVICES	945,346
EJOURNALPRESS 5508 GREENTREE ROAD BETHESDA, MD 20817	MANUSCRIPT PROCESSING SERVICES	932,154
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	117

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	1a Federated campaigns . . . b Membership dues . . . c Fundraising events . . . d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f . . . ▶	1a		
Amt Similar Amounts		1b	35,084,139	
		1c		
		1d		
		1e	2,398,048	
		1f	493,025	
		1g		
				37,975,212

Program Service Revenue		Business Code				
	2a SUBSCRIPTION	511120	40,466,157	40,466,157		
	b CREDENTIALING	541900	14,171,759	14,171,759		
	c REPRINT/OPENACCESS FEE	511190	12,091,490	12,091,490		
	d EDUCATIONAL PROD. REV.	611710	8,327,482	8,327,482		
	e EDUCATIONAL PROGRAMS	611710	1,948,703	1,948,703		
	f All other program service revenue.		6,102,816	6,102,816		
	g Total. Add lines 2a–2f.	83,108,407				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,264,793			11,264,793
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		247,966,417			247,966,417
		(i) Real	(ii) Personal			
	6a Gross rents	6a 782,971				
	b Less: rental expenses	6b 782,971				
	c Rental income or (loss)	6c 0				
	d Net rental income or (loss) ▶		0			
		(i) Securities ▶	(ii) Other ▶			
	7a Gross amount from sales of assets other than inventory	7a 592,976,081				
	b Less: cost or other basis and sales expenses	7b 518,138,734	824			
	c Gain or (loss)	7c 74,837,347	-824			
	d Net gain or (loss) ▶		74,836,523			74,836,523
	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 24,122,065				
	b Less: cost of goods sold	10b 4,003,531				
	c Net income or (loss) from sales of inventory . . ▶		20,118,534	20,118,534		
Miscellaneous Revenue		Business Code				
11a ADVERTISING	541800	16,078,658		16,078,658		
b SUBSIDIARY SERVICE FEE	561000	925,498	925,498			
c VENDOR & MISC. REFUNDS	900009	153,284	153,284			
d All other revenue		720,503	119,097	516,589	84,817	
e Total. Add lines 11a–11d ▶		17,877,943				
12 Total revenue. See instructions ▶		493,147,829	104,424,820	16,595,247	334,152,550	

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	6,943,641			
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.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,370,303			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	332,125			
7 Other salaries and wages	164,727,758			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,437,092			
9 Other employee benefits	19,344,075			
10 Payroll taxes	10,397,834			
11 Fees for services (non-employees):				
a Management				
b Legal	2,402,082			
c Accounting	299,632			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	153,000			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,663,780			
12 Advertising and promotion	10,468,867			
13 Office expenses	2,217,454			
14 Information technology	18,161,340			
15 Royalties	43,435			
16 Occupancy	14,651,757			
17 Travel	1,366,643			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,988,039			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,795,033			
23 Insurance	958,815			
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 PUBLICATION COSTS	16,641,509			
b MEMBERSHIP SOLICITATION	7,692,344			
c SUBSCRIPTIONS	3,618,822			
d MARKET RESEARCH	1,831,546			
e All other expenses	6,155,693			
25 Total functional expenses. Add lines 1 through 24e	346,662,619			
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		3,977,643	1	2,871,664	
	2	Savings and temporary cash investments		7,657,380	2	4,321,756	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		80,492,184	4	86,619,855	
	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		2,326,038	8	1,748,157	
	9	Prepaid expenses and deferred charges		10,914,373	9	11,900,557	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	153,883,832			
	b	Less: accumulated depreciation	10b	123,540,930	36,191,735	10c	30,342,902
	11	Investments—publicly traded securities		818,843,924	11	943,335,456	
	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		140,871,340	15	157,819,822	
16	Total assets. Add lines 1 through 15 (must equal line 33)		1,101,274,617	16	1,238,960,169		
Liabilities	17	Accounts payable and accrued expenses		54,806,449	17	60,009,698	
	18	Grants payable			18		
	19	Deferred revenue		71,799,084	19	70,558,591	
	20	Tax-exempt bond liabilities			20		
	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			23		
	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		242,677,105	25	213,445,530	
	26	Total liabilities. Add lines 17 through 25		369,282,638	26	344,013,819	
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		731,897,372	27	894,918,926	
	28	Net assets with donor restrictions		94,607	28	27,424	
	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		731,991,979	32	894,946,350	
	33	Total liabilities and net assets/fund balances		1,101,274,617	33	1,238,960,169	

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	493,147,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	346,662,619
3	Revenue less expenses. Subtract line 2 from line 1	3	146,485,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	731,991,979
5	Net unrealized gains (losses) on investments	5	-7,124,947
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	23,594,108
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	894,946,350

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 Single Audit Act and OMB Circular A-133?	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

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 MEDICAL ASSOCIATION	Employer identification number 36-0727175
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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)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<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)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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.

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	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

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	34,825,550
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	19,234,574
b	Carryover from last year	2b	
c	Total	2c	19,234,574
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	20,895,330
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	-1,660,750

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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Software ID:

Software Version:

Name of the organization AMERICAN MEDICAL ASSOCIATION	Employer identification number 36-0727175
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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 7/25/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ (ii) Assets included in Form 990, Part X ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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)		
3a(ii)		
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				
b Buildings				
c Leasehold improvements		35,918,678	20,683,228	15,235,450
d Equipment		5,208,580	4,587,485	621,095
e Other		112,756,574	98,270,217	14,486,357
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				30,342,902

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)INVESTMENT IN 100% OWNED SUBSIDIARIES	112,189,645
(2)OPERATING LEASE RIGHT OF USE ASSET	44,545,511
(3)NOTES RECEIVABLE FROM AN UNAFFILIATED ORGANIZATION	1,000,000
(4)INCOME TAX RECEIVABLE	84,666
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	157,819,822

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	213,445,530

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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
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		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		

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		
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		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		

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	
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

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) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	3	PROGRAM SERVICES	SUBSCRIPTIONS	284,037
(2) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	2	PROGRAM SERVICES	SUBSCRIPTIONS	62,927
(3) EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	SUBSCRIPTIONS	139,043
(4) NORTH AMERICA	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	9,453
(5) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		61,852,750
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	10			62,348,210
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	10			62,348,210

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(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

3 Enter total number of other organizations or entities

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)							
(2)							
(3)							
(4)							
(5)							
(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)

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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 III 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 III 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) A T STILL UNIVERSITY OF HEALTH SCIENCES 800 W JEFFERSON KIRKSVILLE, MO 63501	43-0356250	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(2) ALABAMA COLLEGE OF OSTEOPATHIC INC 445 HEALTH SCIENCES BLVD DOTHAN, AL 36303	27-3339185	501(C)(3)	19,776	0			MAP BP RESEARCH GRANT
(3) ALLIANCE CHICAGO 215 W OHIO STREET FLOOR 10 CHICAGO, IL 606544415	81-5434098	501(C)(3)	35,000	0			VAL-U-SCREEN RESEARCH PROJECT
(4) AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS 9400 W HIGGINS RD ROSEMONT, IL 60018	36-2110592	501(C)(3)	20,000	0			SCOPE OF PRACTICE GRANT
(5) AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES 555 E WELLS ST SUITE 1100 MILWAUKEE, WI 53202	36-2915937	501(C)(6)	50,000	0			EDUCATIONAL GRANT
(6) AMERICAN HOSPITAL ASSOCIATION 155 N WACKER DR SUITE 400 CHICAGO, IL 60606	36-0726140	501(C)(6)	10,000	0			VIRTUAL LEADERSHIP SUMMIT SPONSORSHIP
(7) AMERICAN SOCIETY OF MEDICAL ASSOCIATION COUNSEL PO BOX 190 MANCHESTER, ME 04351	31-1612781	501(C)(6)	7,500	0			SILVER FALL CONFERENCE SPONSORSHIP
(8) ASSOCIATION OF AMERICAN INDIAN PHYSICIANS INC 1225 SOVEREIGN ROW OKLAHOMA CITY, OK 73108	23-7296826	501(C)(3)	50,000	0			HEALTH EQUITY STRATEGIC DEVELOPMENT GRANT
(9) ASSOCIATION OF AMERICAN INDIAN PHYSICIANS INC 1225 SOVEREIGN ROW SUITE 103 OKLAHOMA CITY, OK 73108	23-7296826	501(C)(3)	20,000	0			MARGINALIZED/MINORITIZED PHYSICIAN GROUP GRANT
(10) ASSOCIATION OF PROFESSORS OF GYNECOLOGY AND OBSTETRICS 2130 PRIEST BRIDGE DRIVE NO 7 CROFTON, MD 21114	47-6057648	501(C)(3)	375,000	0			REIMAGINING RESIDENCY GRANT
(11) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE N/C 9002 CINCINNATI, OH 45229	31-0833936	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(12) DAVID A WINSTON HEALTH POLICY FELLOWSHIP 1341 G STREET NW 11TH FLOOR WASHINGTON, DC 20004	52-1492039	501(C)(3)	15,000	0			DAVID A. WINSTON HEALTH POLICY SPONSORSHIP
(13) GIRLTREK INCORPORATED 1800 WYOMING AVE NW WASHINGTON, DC 20009	06-1811886	501(C)(3)	10,000	0			2021 BLACK FAMILY 5K SPONSORSHIP
(14) GLMA HEALTH PROFESSIONALS ADVANCING LGBTQ EQUALITY 1629 K ST NW SUITE 300 WASHINGTON, DC 20006	94-2901694	501(C)(3)	50,000	0			HEALTH EQUITY STRATEGIC DEVELOPMENT GRANT
(15) HEALTH LEVEL SEVEN INTERNATIONAL 3300 WASHTENAW AVENUE SUITE 227 ANN ARBOR, MI 48104	22-0311321	501(C)(6)	25,000	0			GRAVITY HL7 ACCELERATOR PROJECT
(16) HENRY FORD HEALTH SYSTEM 1 FORD PL SF DETROIT, MI 48202	38-1357020	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(17) HOFSTRA UNIVERSITY 101 HOFSTRA UNIVERSITY HOFSTRA HEMPSTEAD, NY 11549	11-1630906	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(18) HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	7,500	0			MIDWEST LGBTQ HEALTH SYMPOSIUM
(19) INNOVATION DEVELOPMENT INSTITUTE INC 222 W MERCHANDISE MART PLAZA CHICAGO, IL 60654	46-3253782	501(C)(3)	100,000	0			MATTER CHICAGO PROGRAM
(20) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO 84327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(21) KAISER FOUNDATION HOSPITALS 1 KAISER PLAZA OAKLAND, CA 94612	94-1105628	501(C)(3)	50,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(22) LOUISIANA STATE MEDICAL SOCIETY 6767 PERKINS RD BATON ROUGE, LA 708084257	72-0386637	501(C)(6)	19,000	0			SCOPE OF PRACTICE GRANT
(23) LOYOLA UNIVERSITY 820 NORTH MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(C)(3)	10,000	0			AMERICAN MEDICAL ASSOCIATION FELLOWSHIP FUND
(24) M D ANDERSON SERVICES CORPORATION 7007 BERTNER AVE SUITE 10 HOUSTON, TX 77030	76-0300816	501(C)(3)	49,966	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(25) MAINE MEDICAL ASSOCIATION PO BOX 190 MANCHESTER, ME 04351	01-0216933	501(C)(6)	65,000	0			SCOPE OF PRACTICE GRANT
(26) MAINEHEALTH 110 FORE STREET PORTLAND, ME 04101	01-0431680	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(27) MEDICAL ASSOCIATION OF THE STATE OF ALABAMA 19 S JACKSON ST MONTGOMERY, AL 36104	63-0268042	501(C)(6)	35,000	0			SCOPE OF PRACTICE GRANT
(28) MEDICAL SOCIETY OF THE STATE OF NEW YORK 865 MERRICK AVE WESTBURY, NY 11590	13-1030760	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(29) MEDTECH COLOR 1684 MARGATE ST ENCINO, CA 91436	83-0543603	501(C)(3)	25,000	0			PLATINUM SPONSORSHIP - COLLABORATIVE COMMUNITY
(30) MICHIGAN STATE MEDICAL SOCIETY 120 W SAGINAW ST EAST LANSING, MI 48823	38-0830717	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(31) MILITARY VETERANS IN JOURNALISM INC 10824 MARGATE ROAD SILVER SPRING, MD 20901	83-4253287	501(C)(3)	7,000	0			MILITARY VETERANS IN JOURNALISM CONVENTION SPONSORSHIP
(32) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 104672401	13-1740114	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(33) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 104672401	13-1740114	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(34) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501(C)(3)	13,140	0			MAP BP RESEARCH GRANT
(35) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON, DC 200012721	53-0196932	501(C)(3)	100,000	0			NATIONAL ACADEMY OF MEDICINE ACTION COLLABORATIVE
(36) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON, DC 200012721	53-0196932	501(C)(3)	30,000	0			INNOVATION IN HEALTH PROFESSIONAL EDUCATION
(37) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON, DC 200012721	53-0196932	501(C)(3)	10,000	0			LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE DRIVEN HEALTH SYSTEM
(38) NATIONAL ASSOCIATION OF BLACK JOURNALISTS 1104 KNIGHT HALL SUITE 3100 COLLEGE PARK, MD 20742	52-1266959	501(C)(3)	15,000	0			CONVENTION & CAREER FAIR PROFESSIONAL DEVELOPMENT SPONSORSHIP
(39) NATIONAL COUNCIL OF ASIAN PACIFIC ISLANDER PHYSICIANS 1190 MISSION STREET SAN FRANCISCO, CA 94103	27-3429376	501(C)(3)	50,000	0			HEALTH EQUITY STRATEGIC DEVELOPMENT GRANT
(40) NATIONAL COUNCIL OF ASIAN PACIFIC ISLANDER PHYSICIANS 1190 MISSION STREET SAN FRANCISCO, CA 94103	27-3429376	501(C)(3)	20,000	0			MARGINALIZED/MINORITIZED PHYSICIAN GROUP GRANT
(41) NATIONAL HISPANIC MEDICAL ASSOCIATION 1920 L ST NW WASHINGTON, DC 20036	52-1884446	501(C)(6)	50,000	0			HEALTH EQUITY STRATEGIC DEVELOPMENT GRANT
(42) NATIONAL HISPANIC MEDICAL ASSOCIATION 1920 L ST NW WASHINGTON, DC 20036	52-1884446	501(C)(6)	20,000	0			MARGINALIZED/MINORITIZED PHYSICIAN GROUP GRANT
(43) NATIONAL MEDICAL ASSOCIATION INC 8403 COLESVILLE ROAD NO 820 SILVER SPRING, MD 209106331	53-6010805	501(C)(3)	50,000	0			HEALTH EQUITY STRATEGIC DEVELOPMENT GRANT
(44) NATIONAL MEDICAL ASSOCIATION INC 8403 COLESVILLE ROAD NO 820 SILVER SPRING, MD 209106331	53-6010805	501(C)(3)	20,000	0			MARGINALIZED/MINORITIZED PHYSICIAN GROUP GRANT
(45) NATIONAL MEDICAL FELLOWSHIPS 12 EAST 46TH STREET NO 5E NEW YORK, NY 10017	01-0963657	501(C)(3)	21,500	0			CHICAGO CHAMPIONS OF HEALTH AWARDS
(46) NEW YORK UNIVERSITY 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(47) NORTH CAROLINA MEDICAL SOCIETY PO BOX 27167 RALEIGH, NC 27611	56-0320130	501(C)(6)	60,134	0			DIABETES PREVENTION RESEARCH GRANT
(48) NORTH CAROLINA MEDICAL SOCIETY PO BOX 27167 RALEIGH, NC 27611	56-0320130	501(C)(6)	50,000	0			TYPE 2 DIABETES PREVENTION RESEARCH GRANT
(49) OHIO STATE UNIVERSITY 2200 OLENTANGY RIVER RD COLUMBUS, OH 43210	31-6401596	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(50) OREGON HEALTH SCIENCES UNIVERSITY 690 SW BANCROFT ST PORTLAND, OR 972393098	93-1176109	STATE OF OR	385,000	0			REIMAGINING RESIDENCY GRANT
(51) PARTNERS HEALTHCARE SYSTEM INC 399 REVOLUTION DRIVE NO 645 SOMERVILLE, MA 02145	04-3230035	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(52) PENNSYLVANIA MEDICAL SOCIETY 777 EAST PARK DRIVE HARRISBURG, PA 17111	23-2219516	501(C)(3)	75,000	0			SCOPE OF PRACTICE GRANT
(53) PENNSYLVANIA STATE UNIVERSITY 44 EAST GRANADA AVE SUITE 1100 HERSHEY, PA 17033	24-6000376	STATE OF PA	375,000	0			REIMAGINING RESIDENCY GRANT
(54) REGENTS OF THE UNIVERSITY OF CALIFORNIA - DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	STATE OF CA	20,000	0			MAP BP RESEARCH GRANT
(55) REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94103	94-6036493	STATE OF CA	85,000	0			EHR RESEARCH PROJECTS
(56) REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94103	94-6036493	STATE OF CA	35,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(57) RESEARCH AMERICA 1101 KING STREET SUITE 520 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	75,000	0			RESEARCH AMERICA'S ADVOCACY AWARDS
(58) ROCS FOUNDATION INC 2411 E SNOW MOUNTAIN DR SANDY, UT 84093	84-4320099	501(C)(3)	10,000	0			SNOWBIRD HEALTH SUMMIT SPONSORSHIP
(59) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET NO 153 CHICAGO, IL 60612	36-2174823	501(C)(3)	21,406	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(60) SOUTH DAKOTA STATE MEDICAL ASSOCIATION 2600 W 49TH ST SIOUX FALLS, SD 57105	46-0213945	501(C)(6)	30,000	0			SCOPE OF PRACTICE GRANT
(61) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	275,000	0			REIMAGINING RESIDENCY GRANT
(62) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	20,000	0			EHR RESEARCH PROJECTS
(63) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	20,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(64) TEXAS TECH PHYSICIANS ASSOCIATES 3601 4TH ST LUBBOCK, TX 79430	75-2624210	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(65) THE NATIONAL LESBIAN AND GAY JOURNALISTS ASSOCIATION 2120 L STREET NW NO 850 WASHINGTON, DC 20037	94-3177380	501(C)(3)	7,500	0			ASSOCIATION OF LGBTQ JOURNALISTS NATIONAL CONVENTION SPONSORSHIP
(66) THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(67) THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	25,000	0			DIABETES PREVENTION CONCEPT CITY PROGRAM
(68) UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 857190521	74-2652689	STATE OF AZ	30,000	0			INNOVATION GRANT AWARD
(69) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	10,000	0			SPONSORSHIP FOR SOLVE SUMMIT: ACCELERATING HEALTH EQUITY
(70) UNIVERSITY OF CINCINNATI PHYSICIANS INC 260 STETSON ST SUITE 4204 CINCINNATI, OH 45219	31-1246809	501(C)(3)	46,000	0			RESIDENT DIVERSITY LEADERSHIP PROGRAM GRANT
(71) UNIVERSITY OF HOUSTON 4543 POST OAK PLACE DR SUITE 250 HOUSTON, TX 77027	74-6041411	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(72) UNIVERSITY OF MINNESOTA PHYSICIANS 720 WASHINGTON AVE SE SUITE 200 MINNEAPOLIS, MN 55414	41-1843943	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(73) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 1350 CHAPEL HILL, NC 275991350	56-6001393	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(74) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DRIVE STOP 8356 GRAND FORKS, ND 58202	45-6002491	STATE OF ND	385,000	0			REIMAGINING RESIDENCY GRANT
(75) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DRIVE STOP 8356 GRAND FORKS, ND 58202	45-6002491	STATE OF ND	20,000	0			MAP BP RESEARCH GRANT
(76) UNIVERSITY OF SOUTHERN CALIFORNIA 3505 S FIGUEROA STREET SUITE 102 LOS ANGELES, CA 900898001	95-1642394	STATE OF CA	19,875	0			MAP BP RESEARCH GRANT
(77) UNIVERSITY OF WISCONSIN FOUNDATION 21 N PARK STREET MADISON, WI 537151218	39-0743975	501(C)(3)	24,905	0			EHR RESEARCH PROJECTS
(78) UNIVERSITY OF WISCONSIN FOUNDATION 21 N PARK STREET MADISON, WI 537151218	39-0743975	501(C)(3)	15,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(79) VANDERBILT UNIVERSITY 1501 NORTH PLANO ROAD RICHARDSON, TX 75081	62-0476822	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(80) VANDERBILT UNIVERSITY 1501 NORTH PLANO ROAD RICHARDSON, TX 75081	62-0476822	501(C)(3)	38,285	0			HEALTH SYSTEMS SCIENCE RESEARCH GRANT
(81) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501(C)(3)	30,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(82) WASHINGTON UNIVERSITY MEDICAL CENTER 1408 TOWER GROVE AVE SAINT LOUIS, MO 63110	23-7060605	501(C)(3)	30,000	0			INNOVATION GRANT AWARD
(83) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	21,875	0			EHR RESEARCH PROJECTS
(84) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	19,239	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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:	THE AMA PROVIDES GRANTS AND ASSISTANCE PRIMARILY TO ORGANIZATIONS THAT ARE RECOGNIZED PUBLIC CHARITIES, RECOGNIZED PROFESSIONAL ASSOCIATIONS PRIMARILY ASSOCIATED WITH THE MEDICAL FIELD, INSTITUTIONS PROVIDING MEDICAL EDUCATION AND TRAINING, AND GOVERNMENTAL EDUCATIONAL INSTITUTIONS. THE AMA MAINTAINS CONTACT WITH THE GRANTEES THROUGH THE PERFORMANCE OF ITS EXEMPT ACTIVITIES.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization AMERICAN MEDICAL ASSOCIATION	Employer identification number 36-0727175
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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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Yes	No
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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				
1JAMES L MADARA MD EVP & CEO	(i)	1,218,630	1,171,835	55,064	98,400	102,263	2,646,192	0
	(ii)	- 0	0	0	0	- 0	- 0	0
2KENNETH J SHARIGIAN CHIEF STRATEGY OFFICER	(i)	793,703	684,339	28,704	17,400	17,066	1,541,212	0
	(ii)	- 0	0	0	0	- 0	- 0	0
3THOMAS J EASLEY SVP, PUBLISHING & MISSION OPERATIONS	(i)	686,374	515,854	11,484	17,400	13,437	1,244,549	0
	(ii)	- 0	0	0	0	- 0	- 0	0
4LAURIE A S MCGRAW SVP, HEALTH SOLUTIONS	(i)	595,806	506,381	5,502	17,400	41,296	1,166,385	0
	(ii)	- 0	0	0	0	- 0	- 0	0
5HOWARD C BAUCHNER MD SVP & EDITOR IN CHIEF, JAMA NETWORK	(i)	582,045	0	513,128	17,400	51,329	1,163,902	0
	(ii)	- 0	0	0	0	- 0	- 0	0
6PHIL B FONTANAROSA MD VP & ACTING EDITOR IN CHIEF, JAMA NW	(i)	817,797	183,000	64,495	17,400	46,339	1,129,031	0
	(ii)	- 0	0	0	0	- 0	- 0	0
7THOMAS C GIANNULLI MD SVP/CHIEF MEDICAL INFO OFFICER	(i)	570,734	484,123	6,036	17,400	38,834	1,117,127	0
	(ii)	- 0	0	0	0	- 0	- 0	0
8TODD D UNGER SVP & CHIEF EXPERIENCE OFFICER	(i)	574,550	394,712	9,109	17,400	41,735	1,037,506	0
	(ii)	- 0	0	0	0	- 0	- 0	0
9BRIAN D VANDENBERG SVP & GENERAL COUNSEL	(i)	552,010	378,243	13,984	0	36,129	980,366	0
	(ii)	- 0	0	0	0	- 0	- 0	0
10DENISE M HAGERTY SVP & CHIEF FINANCIAL OFFICER	(i)	574,304	321,222	13,449	17,400	19,087	945,462	0
	(ii)	- 0	0	0	0	- 0	- 0	0
11RODRIGO A SIERRA SVP & CHIEF COMMUNICATIONS OFFICER	(i)	428,950	290,464	8,856	17,400	29,110	774,780	0
	(ii)	- 0	0	0	0	- 0	- 0	0
12GERALD E HARMON MD PRESIDENT-ELECT/PRESIDENT	(i)	268,060	0	17,416	19,500	0	304,976	0
	(ii)	- 0	0	0	0	- 0	- 0	0
13SUSAN R BAILEY MD PRESIDENT/PAST PRESIDENT	(i)	287,560	0	4,572	0	0	292,132	0
	(ii)	- 0	0	0	0	- 0	- 0	0
14S BOBBY MUKKAMALA MD CHAIR-ELECT/CHAIR	(i)	224,380	0	5,828	19,500	0	249,708	0
	(ii)	- 0	0	0	0	- 0	- 0	0
15BARBARA L MCANENY MD FORMER TRUSTEE	(i)	0	0	206,510	0	0	206,510	206,510
	(ii)	- 0	0	0	0	- 0	- 0	0
16JACK RESNECK JR MD TRUSTEE/PRESIDENT-ELECT	(i)	189,280	0	2,875	0	0	192,155	0
	(ii)	- 0	0	0	0	- 0	- 0	0
17RUSSELL WH KRIDEL MD CHAIR/PAST CHAIR	(i)	154,140	0	10,291	19,500	0	183,931	0
	(ii)	- 0	0	0	0	- 0	- 0	0
18SANDRA ADAMSON FRYHOFFER MD TRUSTEE/CHAIR-ELECT	(i)	161,740	0	7,447	0	0	169,187	0
	(ii)	- 0	0	0	0	- 0	- 0	0
19GEORGIA A TUTTLE MD FORMER TRUSTEE	(i)	0	0	43,887	0	0	43,887	43,887
	(ii)	- 0	0	0	0	- 0	- 0	0
20ROBERT M WAH MD FORMER TRUSTEE	(i)	0	0	35,340	0	0	35,340	35,340
	(ii)	- 0	0	0	0	- 0	- 0	0
21KARTHIK V SARMA FORMER TRUSTEE	(i)	0	0	28,122	0	0	28,122	28,122
	(ii)	- 0	0	0	0	- 0	- 0	0
22WILLIAM E KOBLER MD FORMER TRUSTEE	(i)	0	0	18,266	0	0	18,266	18,266
	(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	ALL EXECUTIVES ARE REIMBURSED FOR HEALTH CLUB DUES WHICH ARE REPORTED AS COMPENSATION TO THE INDIVIDUAL, TO THE EXTENT REIMBURSED. IN RARE INSTANCES FOR MEMBERS OF THE BOARD, IT IS RECOGNIZED THAT SHORT NOTICE ASSIGNMENTS MAY REQUIRE FIRST CLASS TRAVEL BECAUSE OF THE LACK OF AVAILABILITY OF COACH SEATING. THIS MUST BE AUTHORIZED WHEN NECESSARY BY THE BOARD CHAIR, PRIOR TO TRAVEL. THE PRESIDENTS (PRESIDENT, IMMEDIATE PAST PRESIDENT AND PRESIDENT ELECT) WILL EACH HAVE ACCESS TO AN INDIVIDUAL \$5,000 MAXIMUM ALLOWANCE (PER TERM) TO USE FOR UPGRADES AS EACH DEEMS APPROPRIATE, TYPICALLY WHEN TRAVELING ON AN AIRLINE WITH NON-PREFERRED STATUS. A PILOT PROGRAM THAT EXTENDS FROM NOVEMBER 2021 TO APRIL 2022 WILL PROVIDE ALL OTHER OFFICERS WITH A \$1,250 ALLOWANCE TO USE FOR UPGRADES AS EACH DEEMS APPROPRIATE, TYPICALLY WHEN TRAVELING ON AN AIRLINE WITH NON-PREFERRED STATUS. THE CEO MAY UPGRADE TO THE LESSER OF FIRST CLASS OR BUSINESS CLASS TRAVEL FOR FLIGHTS OF THREE (3) HOURS OR MORE.
PART I, LINE 4A:	CONTRACTUAL SEPARATION PAYMENTS TOTALING \$496,934 WERE MADE DURING THE YEAR TO HOWARD C. BAUCHNER, M.D. UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION.
PART I, LINE 4B:	THE AMA HAS A DEFERRED COMPENSATION PLAN AS DEFINED IN SECTION 457(B) OF THE INTERNAL REVENUE CODE WHICH IS AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT OF THE AMA. UNDER THIS PLAN, INDIVIDUALS MAY DEFER UP TO THE ANNUAL AMOUNT PERMITTED BY THE INTERNAL REVENUE CODE. THE AMA MAKES NO CONTRIBUTIONS TO THIS PLAN. CONTRIBUTIONS BY THE PARTICIPANTS ARE INCLUDED IN THE COMPENSATION INFORMATION ABOVE; EMPLOYEE CONTRIBUTIONS ARE INCLUDED IN COLUMN B(I) AND BOARD OF TRUSTEE CONTRIBUTIONS ARE INCLUDED IN COLUMN C. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A DEFERRED COMPENSATION PLAN AFTER LEAVING THE AMA, WHICH ARE INCLUDED IN COLUMN B(III) AND COLUMN F: BARBARA L. MCANENY, M.D. \$206,510 GEORGIA A. TUTTLE, M.D. \$43,887 ROBERT M. WAH, M.D. \$35,340 KARTHIK V. SARMA \$28,122 WILLIAM E. KOBLER, M.D. \$18,266 IN 2011, AMA AND JAMES L. MADARA ENTERED INTO A DEFERRED COMPENSATION AGREEMENT SUBJECT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE, CALLING FOR ANNUAL CONTRIBUTIONS BY THE AMA TO THE DEFERRED ACCOUNT. THE ACCOUNT VESTS OVER TIME AND PAYMENT OF UNDISTRIBUTED AMOUNTS WILL OCCUR ON THE VESTING DATES. THE ANNUAL CONTRIBUTION IS INCLUDED IN COLUMN C ABOVE. NO PAYMENTS WERE MADE IN 2021.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization

AMERICAN MEDICAL ASSOCIATION

Employer identification number

36-0727175

Return Reference	Explanation
FORM 990, PART I, LINE 1:	TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION BY PROMOTING THE ART AND SCIENCE OF MEDICINE AND THE BETTERMENT OF PUBLIC HEALTH.
FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN MEDICAL ASSOCIATION (AMA) IS COMPOSED OF INDIVIDUAL MEMBERS WHO ARE REPRESENTED IN THE HOUSE OF DELEGATES, A POLICY MAKING BODY, THROUGH STATE ASSOCIATIONS AND OTHER CONSTITUENT ASSOCIATIONS, NATIONAL MEDICAL SPECIALTY SOCIETIES AND OTHER ENTITIES TO WHICH THEY BELONG. MEMBERS MUST POSSESS THE UNITED STATES DEGREE OF DOCTOR OF MEDICINE (MD) OR DOCTOR OF OSTEOPATHIC MEDICINE (DO), OR A RECOGNIZED INTERNATIONAL EQUIVALENT OR BE MEDICAL STUDENTS IN EDUCATIONAL PROGRAMS PROVIDED BY A COLLEGE OF MEDICINE OR OSTEOPATHIC MEDICINE ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION OR THE AMERICAN OSTEOPATHIC ASSOCIATION LEADING TO THE MD OR DO DEGREE.
FORM 990, PART VI, SECTION A, LINE 7A	ALL TWENTY-ONE MEMBERS OF THE AMA BOARD OF TRUSTEES, THE GOVERNING BODY, ARE ELECTED BY THE AMA HOUSE OF DELEGATES. THE HOUSE OF DELEGATES INCLUDES DELEGATES FROM STATE, TERRITORIAL, NATIONAL SPECIALTY OR PROFESSIONAL INTEREST MEDICAL ASSOCIATIONS THAT QUALIFY UNDER THE AMA BY-LAWS, PLUS THE FIVE FEDERAL SERVICES AND CERTAIN INTERNAL SECTIONS AND CONSORTIUMS.
FORM 990, PART VI, SECTION B, LINE 11B	AMA'S 2021 FORM 990 WAS PREPARED BY DELOITTE TAX LLP USING THE INFORMATION PROVIDED BY AMA. THE COMPLETED FORM 990 WAS REVIEWED BY AMA'S FINANCE MANAGEMENT BEFORE BEING REVIEWED BY THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES. THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES REVIEWED THE 2021 FORM 990 AT A REGULARLY SCHEDULED BOARD MEETING. ALL 21 BOARD MEMBERS RECEIVED A COPY OF THE RETURN AND THE COMMITTEE REPORTED ON THE REVIEW OF THE FORM 990 TO THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 12C	THE OFFICE OF GENERAL COUNSEL AND THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES THROUGHOUT THE COURSE OF THE YEAR REVIEW BOARD MEMBER AND KEY EMPLOYEE DISCLOSURES OF ACTIVITIES AND AFFILIATIONS FROM A CONFLICT OF INTEREST STANDPOINT. WRITTEN ANALYSES ARE PREPARED AND RECOMMENDATIONS MADE TO THE BOARD AS TO WHETHER CONFLICTS EXIST. ANNUALLY, THE OFFICE OF GENERAL COUNSEL REVIEWS AND ANALYZES ALL BOARD AND KEY EMPLOYEE CONFLICT OF INTEREST DISCLOSURES AND PREPARES A WRITTEN ANALYSIS OF SAME.
FORM 990, PART VI, SECTION B, LINE 15	BASE SALARY AND INCENTIVE OPPORTUNITY OF THE CEO IS ESTABLISHED BY THE COMPENSATION COMMITTEE OF THE AMA BOARD OF TRUSTEES AFTER REVIEW OF INFORMATION PROVIDED BY INDEPENDENT THIRD-PARTY COMPENSATION CONSULTING/SURVEY FIRMS. EXTERNAL COMPENSATION BENCHMARKS ARE UPDATED AS NECESSARY. THE COMPENSATION COMMITTEE'S RECOMMENDATION FOR THE CEO IS SUBJECT TO APPROVAL BY THE FULL BOARD. BASE SALARY AND INCENTIVES FOR ALL SENIOR VICE PRESIDENTS ARE ALSO REVIEWED BY THE COMPENSATION COMMITTEE ON AN ANNUAL BASIS. COMPENSATION OF KEY EMPLOYEES IS ALSO MATCHED TO MARKET USING INDEPENDENT COMPENSATION SURVEY DATA. THIS DATA IS UPDATED AS MARKET CONDITIONS DICTATE. THE INDEPENDENT COMPENSATION CONSULTANT EMPLOYED BY THE COMPENSATION COMMITTEE ASSISTS THE COMMITTEE IN REVIEWING EXECUTIVE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE AMA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL REPORT TO THE PUBLIC BY POSTING THE ABOVE ITEMS ON THE AMA'S WEBSITE.
FORM 990, PART XI, LINE 9:	EQUITY IN INCOME OF SUBSIDIARY 3,318,758. DEFINED BENEFIT POSTRETIREMENT HEALTH PLANS OTHER THAN EXPENSE 5,309,372. EQUITY IN EARNINGS OF ADAM STREET 1847 FUND LP 14,943,117. REVERSAL OF GRANT EXPENSES 22,861.

Additional Data

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

36-0727175

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership.

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprrtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust.

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) AMERICAN MEDICAL ASSURANCE COMPANY 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 36-2874262	BUSINESS SERVICES REINSURANCE COMPANY	IL	AMERICAN MEDICAL ASSOCIATION	C	22,561	2,930,737	100.000 %	Yes	
(2) HEALTH2047 INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 47-4308879	PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C	1,896,682	31,522,919	100.000 %	Yes	
(3) FIRST MILE CARE INC 3000 SAND HILL ROAD 3-210 MENLO PARK, CA 940257119 83-1699015	PREVENTIVE CHRONIC CARE COMPANY	CA	N/A	C				Yes	
(4) ADAMS STREET 1847 FUND LP UGLAND HOUSE SOUTH CHURCH STREET GEORGETOWN CJ 98-1287229	INVESTING	CJ	AMERICAN MEDICAL ASSOCIATION	C	17,646,926	68,532,398	99.980 %	Yes	
(5) AMA INSURANCE AGENCY INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 36-3305962	INSURANCE BROKERAGE	IL	N/A	C				Yes	
(6) AMA SERVICES INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 36-3229022	HOLDING COMPANY - BUSINESS AND PERSONAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C	37,551,442	61,282,884	100.000 %	Yes	
(7) AMA INNOVATIONS INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 27-3034169	DIRECT LICENSING OF PHYSICIAN MASTERFILE	IL	N/A	C				Yes	
(8) AKIRI INC 4100 E 3RD AVENUE SUITE 150 FOSTER CITY, CA 94404 82-2991217	SOFTWARE DEVELOPMENT	CA	N/A	C				Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

~~**m** Performance of services or membership or fundraising solicitations by related organization(s)~~

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b

1c

1d

1e

1f Yes

1g

1h

1i

1j

1k

1l Yes

1m

1n

1o

1p

1q Yes

1r Yes

1s Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AMA INSURANCE AGENCY INC	Q	3,558,281	COST/FAIR MARKET VALUE
(2)AMA INSURANCE AGENCY INC	A	944,393	COST/FAIR MARKET VALUE
(3)AMA INSURANCE AGENCY INC	L	713,760	COST/FAIR MARKET VALUE
(4)AMA INNOVATIONS INC	Q	631,642	COST/FAIR MARKET VALUE
(5)AMA INNOVATIONS INC	A	397,200	COST/FAIR MARKET VALUE
(6)AMA INNOVATIONS INC	L	162,345	COST/FAIR MARKET VALUE
(7)AMA SERVICES INC	Q	4,829	COST/FAIR MARKET VALUE
(8)AMA SERVICES INC	F	6,900,000	COST/FAIR MARKET VALUE
(9)AMERICAN MEDICAL ASSURANCE COMPANY	Q	1,273	COST/FAIR MARKET VALUE
(10)AMERICAN MEDICAL ASSURANCE COMPANY	L	18,432	COST/FAIR MARKET VALUE
(11)HEALTH2047 INC	Q	477,928	COST/FAIR MARKET VALUE
(12)HEALTH2047 INC	L	50,885	COST/FAIR MARKET VALUE
(13)ADAMS STREET 1847 FUND LP	R	21,068,523	COST/FAIR MARKET VALUE
(14)ADAMS STREET 1847 FUND LP	S	10,798,101	COST/FAIR MARKET VALUE

Schedule R (Form 990) 2021

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Schedule R (Form 990) 2021

Additional Data

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