Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

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

C Name of organization
AMERICAN MEDICAL ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 330 N WABASH AVENUE 39300

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 606115885

D Employer identification number
36-0727175

E Telephone number
(312) 464-5000

G Gross receipts $ 1,272,105,410

F Name and address of principal officer:
JAMES L MADARA MD
330 N WABASH AVENUE 39300
CHICAGO,IL 606115885

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

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

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AMA-ASSN.ORG

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

L Year of formation: 1847

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	1,369
6	Total number of volunteers (estimate if necessary)	**6**	278
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,504,035
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	330,949

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,269,022	37,004,540
9	Program service revenue (Part VIII, line 2g)	84,175,450	83,777,422
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,412,130	30,997,379
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	304,862,597	316,629,074
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,719,199	468,408,415
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,244,666	9,834,039
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	210,102,746	235,900,415
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	150,569,901	157,523,814
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	369,917,313	403,258,268
19	Revenue less expenses. Subtract line 18 from line 12	76,801,886	65,150,147

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,164,748,719	1,364,147,649
21	Total liabilities (Part X, line 26)	278,232,910	340,720,768
22	Net assets or fund balances. Subtract line 21 from line 20	886,515,809	1,023,426,881

Part II Signature Block

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

Sign Here

Signature of officer
JAMES L MADARA MD EVP/CEO
Type or print name and title

2024-11-08
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00741382

Firm's name DELOITTE TAX LLP — Firm's EIN 86-1065772

Firm's address 1001 WOODWARD SUITE 700
DETROIT, MI 482261904 — Phone no. (313) 396-3000

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 INDIVIDUAL RECIPIENTS IN PRINT AND TO MORE THAN 2,980 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 SEEKING MEDICARE PAYMENT REFORM; ELIMINATING PRACTICE BARRIERS; PROMOTING PHYSICIAN-LED TEAM-BASED CARE; INCREASING PHYSICIAN WELLNESS; REDUCING HEALTH CARE DISPARITIES; AND ADVOCATING FOR PUBLIC HEALTH MEASURES.

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

THE AMA IS RESPONSIBLE FOR THE DEVELOPMENT AND SALES OF MEDICAL INFORMATION BOOKS AND DIGITAL 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; PRIVATE PRACTICE 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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	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	1,014		
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** 1,369				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: U K See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
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? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	Yes		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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.	**1a**	21		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID H AIZUSS MD TRUSTEE	11.00 0.00	X						75,400	0	0
(2) TOLUWALASE A AJAYI MD TRUSTEE	10.00 0.00	X						66,600	0	6,700
(3) JOHN H ARMSTRONG MD HOD VICE SPEAKER (BEG. JULY 2023)	12.00 0.00	X						21,875	0	22,500
(4) MADELYN E BUTLER MD TRUSTEE	9.00 0.00	X						80,350	0	0
(5) ALEXANDER DING MD TRUSTEE	12.00 0.00	X						80,710	0	0
(6) WILLARDA V EDWARDS MD TRUSTEE	10.00 0.00	X						72,916	0	22,500
(7) LISA BOHMAN EGBERT MD HOD VICE SPEAKER/HOD SPEAKER	19.00 0.00	X						112,598	0	22,500
(8) JESSE M EHRENFELD MD PRESIDENT-ELECT/PRESIDENT	32.00 0.00	X						287,560	0	0
(9) E SCOTT FERGUSON MD TRUSTEE	9.00 0.00	X						60,366	0	22,500
(10) SANDRA ADAMSON FRYHOFER MD CHAIR/PAST CHAIR	19.00 0.00	X						213,987	0	0
(11) GERALD E HARMON MD PAST PRESIDENT (THRU JUNE 2023)	18.00 0.00	X						146,358	0	18,000
(12) DRAYTON CHARLES HARVEY STUDENT TRUSTEE (THRU JUNE 2023)	10.00 0.00	X						33,500	0	0
(13) MARILYN J HEINE MD TRUSTEE	12.00 0.00	X						83,150	0	0
(14) PRATISTHA KOIRALA MD RESIDENT TRUSTEE	8.00 0.00	X						67,000	0	0
(15) ILSE R LEVIN DO TRUSTEE	10.00 0.00	X						82,775	0	0
(16) THOMAS J MADEJSKI MD TRUSTEE	11.00 0.00	X						79,076	0	13,400
(17) S BOBBY MUKKAMALA MD TRUSTEE	11.00 0.00	X						66,378	0	22,500

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	7.00	x						69,800	0	0
PUBLIC TRUSTEE	0.00									
(19) JACK RESNECK JR MD	25.00	x						297,560	0	0
PRESIDENT/PAST PRESIDENT	0.00									
(20) BRUCE A SCOTT MD	20.00	x						192,755	0	22,500
HOD SPEAKER/PRESIDENT-ELECT	0.00									
(21) ALIYA SIDDIQUI	17.00	x						48,797	0	3,350
STUDENT TRUSTEE (BEG. JULY 2023)	0.00									
(22) MICHAEL SUK MD	15.00	x						120,340	0	22,500
TRUSTEE/CHAIR-ELECT	0.00									
(23) WILLIE UNDERWOOD III MD	22.00	x						248,880	0	0
CHAIR-ELECT/CHAIR	0.00									
(24) JAMES L MADARA MD	60.00			X				2,516,084	0	217,431
EVP & CEO	0.00									
(25) DENISE M HAGERTY	60.00			X				956,604	0	40,159
SVP & CHIEF FINANCIAL OFFICER	0.00									
(26) THOMAS J EASLEY	60.00				X			1,236,179	0	34,503
CHIEF MISSION OFFICER	0.00									
(27) JON L GIACOMIN	60.00				X			990,496	0	58,959
CHIEF OPERATING OFFICER	0.00									
(28) TODD D UNGER	60.00				X			941,390	0	66,416
SVP & CHIEF EXPERIENCE OFFICER	0.00									
(29) KENNETH J SHARIGIAN	60.00					X		1,456,337	0	38,063
CHIEF STRATEGY OFFICER	0.00									
(30) THOMAS C GIANNULLI MD	20.00					X		257,325	783,954	694,870
SVP/CHIEF MEDICAL INFO OFFICER	40.00									
(31) KIRSTEN BIBBINS-DOMINGO MD	60.00					X		986,119	0	52,031
SVP & EDITOR IN CHIEF, JAMA NW	0.00									
(32) KAREN A MAYBANK MD	60.00					X		831,404	0	32,821
SVP & CHIEF HLTH EQUITY OFFICER	0.00									
(33) C TODD ASKEW	60.00					X		809,797	0	41,733
SVP, ADVOCACY	0.00									
(34) GEORGIA A TUTTLE MD	0.00						X	40,826	0	0
FORMER TRUSTEE	0.00									
(35) ALBERT T OSBAHR MD	0.00						X	19,393	0	0
FORMER TRUSTEE	0.00									
(36) WILLIAM E KOBLER MD	0.00						X	17,088	0	0
FORMER TRUSTEE	0.00									
(37) RUSSELL WH KRIDEL MD	0.00						X	12,394	0	0
FORMER TRUSTEE	0.00									
(38) HOWARD C BAUCHNER MD	0.00						X	1,063,205	0	0
FORMER SVP/EDITOR IN CHIEF, JAMA NW	0.00									
(39) LAURIE A S MCGRAW	0.00						X	160,648	0	9,116
FORMER SVP, HEALTH SOLUTIONS	0.00									
(40) PHIL B FONTANAROSA MD	0.00						X	375,504	0	29,588
FORMER VP/ACTING EIC, JAMA NW	0.00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								15,279,524	783,954	1,514,640

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 698

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SILVERCHAIR SCI & COMM LLC 316 E MAIN ST STE 300 CHARLOTTESVILLE, VA 22902	PROVIDED IT SERVICES	2,532,745
CITY STAFFING 211 WEST WACKER DRIVE SUITE 700 CHICAGO, IL 60606	PROVIDED STAFFING SERVICES	1,775,264
MATHEMATICA INC 600 ALEXANDER PARK PRINCETON, NJ 08540	PROVIDED SURVEY SERVICES	1,729,671
JOHN WILEY & SONS INC 111 RIVER STREET HOBOKEN, NJ 07030	PROVIDED IT SERVICES	1,190,348
FORWARD HEALTH GROUP INC 1 SOUTH PINCKNEY ST STE 301 MADISON, WI 53703	PROVIDED IT SERVICES	1,061,400

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 136

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b	33,946,952		
c Fundraising events . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e	2,381,638		
f All other contributions, gifts, grants, and similar amounts not included above	1f	675,950		
g Noncash contributions included in lines 1a - 1f:$	1g			
h Total. Add lines 1a-1f		37,004,540		
Program Service Revenue	Business Code			
2a SUBSCRIPTION	513120	40,241,778	40,241,778	
b CREDENTIALING	541900	15,054,878	15,054,878	
c REPRINT/OPENACCESS FEE	513190	11,998,643	11,998,643	
d EDUCATIONAL PROD. REV.	611710	8,106,906	8,106,906	
e GENERIC DRUG NAMES	541900	3,431,000	3,431,000	
f All other program service revenue.		4,944,217	4,944,217	
g Total. Add lines 2a–2f.	83,777,422			
3 Investment income (including dividends, interest, and similar amounts)		18,025,654		18,025,654
4 Income from investment of tax-exempt bond proceeds				
5 Royalties		284,842,564		284,842,564
	(i) Real	(ii) Personal		
6a Gross rents 6a	829,941			
b Less: rental expenses 6b	829,941			
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	811,422,992			
b Less: cost or other basis and sales expenses 7b	796,980,794	1,470,473		
c Gain or (loss) 7c	14,442,198	-1,470,473		
d Net gain or (loss)		12,971,725		12,971,725
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	22,387,962			
b Less: cost of goods sold . . 10b	4,415,787			
c Net income or (loss) from sales of inventory . .		17,972,175	17,972,175	
Other Revenue	Business Code			
11a ADVERTISING	541800	12,130,502		12,130,502
b SUBSIDIARY SERVICE FEE	561000	860,239	860,239	
OtherRevenueMiscAmt **c** VENDOR & MISC. REFUNDS	900009	219,292	219,292	
d All other revenue		604,302	155,475	373,533	75,294
e Total. Add lines 11a–11d		13,814,335			
12 Total revenue. See instructions		468,408,415	102,984,603	12,504,035	315,915,237

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	9,834,039			
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	9,865,902			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	184,202,150			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,443,861			
9 Other employee benefits	21,640,801			
10 Payroll taxes	11,747,701			
11 Fees for services (non-employees):				
a Management				
b Legal	1,088,362			
c Accounting	341,022			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	189,750			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,202,666			
12 Advertising and promotion	11,328,816			
13 Office expenses	2,748,773			
14 Information technology	24,208,872			
15 Royalties	76,033			
16 Occupancy	15,285,938			
17 Travel	9,366,894			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,439,356			
20 Interest	27,625			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,417,491			
23 Insurance	991,570			
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	18,530,402			
b MEMBERSHIP SOLICITATION	9,039,849			
c SUBSCRIPTIONS	1,765,466			
d EMPL.RECRUIT/AGENCY FEE	1,751,357			
e All other expenses	8,723,572			
25 **Total functional expenses.** Add lines 1 through 24e	403,258,268			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,482,486	1	2,444,476
	2	Savings and temporary cash investments		2,827,116	2	2,388,539
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		98,817,446	4	100,629,497
	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		2,754,569	8	2,068,836
	9	Prepaid expenses and deferred charges		10,536,862	9	9,744,384
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,634,443			
	b	Less: accumulated depreciation	10b 127,702,840	27,824,727	10c	22,931,603
	11	Investments—publicly traded securities		848,207,211	11	978,994,181
	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		171,298,302	15	244,946,133
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,164,748,719	16	1,364,147,649
Liabilities	17	Accounts payable and accrued expenses		49,827,658	17	54,826,099
	18	Grants payable			18	
	19	Deferred revenue		68,834,801	19	74,987,513
	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		159,570,451	25	210,907,156
	26	**Total liabilities.** Add lines 17 through 25		278,232,910	26	340,720,768
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		886,455,603	27	1,023,416,292
	28	Net assets with donor restrictions		60,206	28	10,589
		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		886,515,809	32	1,023,426,881
	33	Total liabilities and net assets/fund balances		1,164,748,719	33	1,364,147,649

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	468,408,415
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,258,268
3	Revenue less expenses. Subtract line 2 from line 1	3	65,150,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	886,515,809
5	Net unrealized gains (losses) on investments	5	79,537,143
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	-7,776,218
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,023,426,881

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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

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

Name of organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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

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

Name of organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ________________

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
AMERICAN MEDICAL ASSOCIATION	36-0727175

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.		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(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.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		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	Yes	

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	33,341,304
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	20,533,476
b	Carryover from last year	2b	3,581,636
c	Total	2c	24,115,112
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	21,671,848
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	2,443,264
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

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

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		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:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements		35,139,881	24,318,439	10,821,442
d Equipment		4,050,399	3,318,196	732,203
e Other		111,444,163	100,066,205	11,377,958
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				22,931,603

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	190,624,672
(2)OPERATING LEASE RIGHT OF USE ASSET	51,290,902
(3)NOTES RECEIVABLE FROM AN UNAFFILIATED ORGANIZATION	3,006,250
(4)INCOME TAX RECEIVABLE	24,309
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	244,946,133

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
POST RETIREMENT HEALTHCARE LIABILITY	95,596,839
DEFERRED COMPENSATION	9,759,704
STATE INCOME TAX PAYABLE	111,438
OPERATING LEASE LIABILITY	71,043,265
NOTES PAYABLE - HEALTH2047, INC.	34,395,910
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	210,907,156

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 lV, 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	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	3	PROGRAM SERVICES	SUBSCRIPTIONS	258,269
(2)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	2	PROGRAM SERVICES	SUBSCRIPTIONS	56,118
(3)	EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	SUBSCRIPTIONS	155,883
(4)	NORTH AMERICA	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	11,773
(5)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		109,048,688
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	10			109,530,731
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	10			109,530,731

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) ALLIANCE FOR HEALTH POLICY 1444 EYE STREET NW SUITE 910 WASHINGTON,DC 20005	52-1746328	501(C)(3)	15,000	0			2023 LEADER FUNDRAISER DINNER SPONSORSHIP
(2) ALLIANCECHICAGO 215 W OHIO STREET FLOOR 4 CHICAGO,IL 606544415	81-5434098	501(C)(3)	134,500	0			MAP BP RESEARCH GRANT
(3) AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES 555 E WELLS ST SUITE 1100 MILWAUKEE,WI 53202	36-2915937	501(C)(6)	50,000	0			GENERAL SUPPORT
(4) AMERICAN BOARD OF INTERNAL MEDICINE PO BOX 826039 PHILADELPHIA,PA 19182	39-0866228	501(C)(3)	20,000	0			MITIGATING MISINFORMATION COORDINATING COMMITTEE
(5) AMERICAN BOARD OF MEDICAL SPECIALTIES 353 NORTH CLARK STREET NO 1400 CHICAGO,IL 60654	41-0847713	501(C)(6)	10,000	0			AMERICAN BOARD OF MEDICAL SPECIALTIES CONFERENCE SPONSORSHIP
(6) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(C)(3)	42,500	0			MAP BP RESEARCH GRANT
(7) AMERICAN SOCIETY FOR BIOETHICS PO BOX 3781 OAK BROOK,IL 60522	36-4211258	501(C)(3)	11,000	0			SPONSORSHIP OF OPENING LUNCHEON RECEPTION AT ANNUAL CONFERENCE
(8) AMERICAN SOCIETY OF MEDICAL ASSOCIATION COUNSEL PO BOX 190 MANCHESTER,ME 04351	31-1612781	501(C)(6)	17,500	0			GENERAL SUPPORT
(9) ARIZONA MEDICAL ASSOCIATION 2401 W PEORIA AVE STE 315 PHOENIX,AZ 85029	86-0095708	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(10) ASIAN AMERICAN JOURNALISTS ASSOCIATION 1301 K ST NW SUITE 300W PHILADELPHIA,PA 19106	95-3755203	501(C)(3)	15,000	0			2023 ASIAN AMERICAN JOURNALIST ASSN CONVENTION SPONSORSHIP
(11) 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
(12) BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM,MA 02453	04-2103552	501(C)(3)	12,500	0			2023 PRINCETON CONFERENCE SPONSORSHIP
(13) BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	59,988	0			EHR RESEARCH PROJECTS
(14) BRIGHAM AND WOMEN'S HOSPITAL INC 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	25,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(15) BRYCE HARLOW FOUNDATION 1700 NEW YORK AVENUE NW SUITE 400 WASHINGTON,DC 20006	52-1266620	501(C)(3)	10,000	0			BRYCE HARLOW FOUNDATION 42ND ANNUAL AWARDS DINNER SPONSORSHIP
(16) CALIFORNIA MEDICAL ASSOCIATION 1201 K STREET SUITE 800 SACRAMENTO,CA 95814	94-0359340	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(17) CALIFORNIA UNIVERSITY OF SCIENCE AND MEDICINE 217 E CLUB CENTER DRIVE SUITE A SAN BERNARDINO,CA 92408	46-4141445	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(18) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE MLC 9002 CINCINNATI,OH 45229	31-0833936	501(C)(3)	50,000	0			TRAINEE ATTRIBUTABLE AND AUTOMATED CARE EVALUATIONS GRANT
(19) CHRISTIANA CARE HEALTH 4755 OGLETOWN-STANTON RD NEWARK,DE 197180002	51-0103684	501(C)(3)	50,000	0			PRACTICE TRANSFORMATION INNOVATION RESEARCH GRANT
(20) COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION 11312 US 15-501 N SUITE 107-154 CHAPEL HILL,NC 27517	13-3832381	501(C)(3)	25,000	0			COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION CONFERENCE - PRINCIPAL SPONSOR
(21) DAVID A WINSTON HEALTH POLICY FELLOWSHIP 1341 G STREET NW 11TH FLOOR WASHINGTON,DC 20004	52-1492039	501(C)(3)	15,000	0			WINSTON HEALTH POLICY BALL - GOLD LEVEL SPONSORSHIP
(22) GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX,VA 22030	54-1603842	501(C)(3)	55,000	0			CLIMATE AND HEALTH EQUITY FELLOWSHIP
(23) HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 6720A ROCKLEDGE DR SUITE 100 BETHESDA,MD 20817	52-1317896	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(24) INDIANA STATE MEDICAL ASSOCIATION 322 CANAL WALK INDIANAPOLIS,IN 46202	35-0411650	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(25) INNOVATION DEVELOPMENT INSTITUTE INC 222 W MERCHANDISE MART PLAZA CHICAGO,IL 60654	46-3253782	501(C)(3)	100,000	0			MATTER CHICAGO PROGRAM
(26) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE,MD 21211	52-0595110	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(27) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE,MD 21211	52-0595110	501(C)(3)	19,955	0			STUDENT BP MEASUREMENT MODULE IMPLEMENTATION PROGRAM
(28) KAISER FOUNDATION HOSPITALS 1 KAISER PLZ OAKLAND,CA 94612	94-1105628	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(29) KENTUCKY MEDICAL ASSOCIATION 9300 SHELBYVILLE RD NO 850 LOUISVILLE,KY 40222	61-0246800	501(C)(6)	15,000	0			SCOPE OF PRACTICE GRANT
(30) MAINEHEALTH 110 FREE STREET PORTLAND,ME 04101	01-0431680	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(31) MARCH OF DIMES 2120 WASHINGTON BLVD SUITE 325 ARLINGTON,VA 22204	13-1846366	501(C)(3)	10,000	0			GOURMET GALA WASHINGTON, DC SPONSORSHIP
(32) MASSCHALLENGE INC 10 FAN PIER BLVD SUITE 300 BOSTON,MA 02210	27-0382989	501(C)(3)	25,000	0			2023 AMA MASSCHALLENGE CORP SPONSORSHIP
(33) MEDICAL ASSOCIATION OF GEORGIA 1330 WEST PEACHTREE ST NW STE 500 ATLANTA,GA 30309	58-0605267	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(34) MEDICAL SOCIETY OF NEW YORK 865 MERRICK AVE WESTBURY,NY 11590	13-1030760	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(35) MEDSTAR HEALTH 3007 TILDEN ST NW SUITE 7L WASHINGTON,DC 20008	52-2087445	501(C)(3)	30,000	0			EHR RESEARCH PROJECTS
(36) MEDTECH COLOR 16844 MARGATE ST ENCINO,CA 91436	83-0543603	501(C)(3)	50,000	0			PLATINUM SPONSORSHIP - COLLABORATIVE COMMUNITY
(37) MICHIGAN STATE MEDICAL SOCIETY 120 W SAGINAW ST EAST LANSING,MI 48823	38-0830717	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(38) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD ROOM 2 EAST LANSING,MI 48824	38-6005984	STATE OF MI	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(39) MISSISSIPPI STATE MEDICAL ASSOCIATION PO BOX 2548 RIDGELAND,MS 391582548	64-0317537	501(C)(3)	25,000	0			SCOPE OF PRACTICE GRANT
(40) MONTANA MEDICAL ASSOCIATION 2021 ELEVENTH AVENUE HELENA,MT 59601	81-0215638	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(41) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX,NY 104672401	13-1740114	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(42) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(C)(3)	224,590	0			HEALTH EQUITY ADVOCACY AND LEADERSHIP FELLOWSHIP
(43) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(44) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	30,000	0			GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION
(45) 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
(46) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	75,000	0			NATIONAL ACADEMY OF MEDICINE ACTION COLLABORATIVE
(47) NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	12,000	0			ROUNDTABLE ON GENOMICS
(48) NATIONAL ASSOCIATION OF ACCOUNTABLE CARE ORGANIZATIONS 2001 L STREET NW SUITE 500 WASHINGTON,DC 20036	46-1581524	501(C)(6)	30,000	0			FALL 2023 CONFERENCE - DIAMOND LEVEL SPONSORSHIP
(49) NATIONAL HEALTH IT COLLABORATIVE FOR THE UNDERSERVED 42918 PARK BROOKE COURT WASHINGTON,DC 20006	47-1678972	501(C)(3)	50,000	0			GENERAL SUPPORT
(50) NEW MEXICO MEDICAL SOCIETY 316 OSUNA RD NE SUITE 501 ALBUQUERQUE,NM 87107	85-0096808	501(C)(6)	40,000	0			SCOPE OF PRACTICE GRANT
(51) NEW VOICES FOUNDATION 600 THIRD AVE 42ND FL NEW YORK,NY 10016	82-3672345	501(C)(3)	300,000	0			NEW VOICES FOUNDATION AND IN FULL HEALTH INNOVATORS HUB AT ESSENCE FEST
(52) NEW YORK UNIVERSITY 550 FIRST AVENUE NEW YORK,NY 10016	13-5562308	501(C)(3)	107,100	0			EQUITY AND INCLUSION IN MEDICAL SCHOOLS GRANT
(53) NEW YORK UNIVERSITY 550 FIRST AVENUE NEW YORK,NY 10016	13-5562308	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(54) NORTH CAROLINA MEDICAL SOCIETY PO BOX 27167 RALEIGH,NC 27611	56-0320130	501(C)(6)	20,000	0			DIABETES PREVENTION RESEARCH GRANT
(55) NORTH CAROLINA MEDICAL SOCIETY PO BOX 27167 RALEIGH,NC 27611	56-0320130	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(56) NORTHSHORE UNIVERSITY HEALTH SYSTEM 1301 CENTRAL STREET EVANSTON,IL 60201	36-2167060	501(C)(3)	24,899	0			PRACTICE TRANSFORMATION INNOVATION RESEARCH GRANT
(57) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON,IL 60208	36-2167817	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(58) NOVA SOUTHEASTERN UNIVERSITY 3300 S UNIVERSITY DRIVE FT LAUDERDALE,FL 33328	59-1083502	501(C)(3)	19,988	0			CONSORTIUM ADOPTING STUDENT ESSENTIALS TO MAP HEALTHY OUTCOMES
(59) OREGON HEALTH SCIENCES UNIVERSITY 690 SW BANCROFT ST L106SPA PORTLAND,OR 972393098	93-1176109	STATE OF OR	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(60) OREGON HEALTH SCIENCES UNIVERSITY 690 SW BANCROFT ST L106SPA PORTLAND,OR 972393098	93-1176109	STATE OF OR	385,000	0			REIMAGINING RESIDENCY GRANT
(61) PARTNERS HEALTHCARE SYSTEM INC 399 REVOLUTION DRIVE NO 645 SOMERVILLE,MA 02145	04-3230035	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(62) PENNSYLVANIA STATE UNIVERSITY 44 EAST GRANADA AVE SUITE 1100 HERSHEY,PA 17033	24-6000376	STATE OF PA	375,000	0			REIMAGINING RESIDENCY GRANT
(63) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVENUE 5TH FLOOR CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(64) REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 94103	94-6036493	STATE OF CA	123,856	0			EHR RESEARCH PROJECTS
(65) REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 94103	94-6036493	STATE OF CA	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(66) REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE 600 DENVER,CO 80203	84-6000555	STATE OF CO	30,000	0			EHR RESEARCH PROJECTS
(67) REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT STREET SUITE 600 DENVER,CO 80203	84-6000555	STATE OF CO	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(68) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR,MI 481091274	39-6006309	STATE OF MI	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(69) RESEARCH AMERICA 1101 KING STREET SUITE 520 ALEXANDRIA,VA 22314	52-1609875	501(C)(3)	50,000	0			2023 POLL DATA REPORT SPONSORSHIP
(70) RESEARCH AMERICA 1101 KING STREET SUITE 520 ALEXANDRIA,VA 22314	52-1609875	501(C)(3)	25,000	0			RESEARCH AMERICA'S ADVOCACY AWARDS EVENT
(71) RESEARCH FOUNDATION OF CUNY (CITY UNIVERSITY OF NY) 230 WEST 41ST STREET NEW YORK,NY 10036	13-1988190	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(72) RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE,RI 02903	05-0258954	501(C)(3)	5,959	0			COVID-19 PANDEMIC'S IMPACT ON OUTPATIENT MEDICINE RESEARCH GRANT
(73) ROCK HEALTH FOUNDATION 301 HOWARD STREET SUITE 950 SAN FRANCISCO,CA 94105	45-1204321	501(C)(3)	35,000	0			ROCK HEALTH FOUNDATION SUMMIT SPONSORSHIP
(74) ROCS FOUNDATION INC 2411 E SNOW MOUNTAIN DR SANDY,UT 84093	84-4320099	501(C)(3)	2,100	0			HEALTH SUMMIT AT SUNDANCE SPONSORSHIP
(75) ROCS FOUNDATION INC 2411 E SNOW MOUNTAIN DR SANDY,UT 84093	84-4320099	501(C)(3)	10,000	0			SUPPORT FOR HEALTH SUMMIT AT SUNDANCE
(76) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET NO 153 CHICAGO,IL 60612	36-2174823	501(C)(3)	150,000	0			WEST SIDE UNITED SPONSORSHIP
(77) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET NO 153 CHICAGO,IL 60612	36-2174823	501(C)(3)	5,000	0			WEST SIDE WALK FOR WELLNESS
(78) RUTGERS UNIVERSITY STATE UNIVERSITY OF NJ 65 DAVIDSON ROAD ROOM 306 PISCATAWAY,NJ 088545602	46-2354111	STATE OF NJ	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(79) SOUTH CAROLINA MEDICAL ASSOCIATION 3210 FERNANDINA RD COLUMBIA,SC 29210	57-0248750	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(80) SOUTH DAKOTA STATE MEDICAL ASSOCIATION 2600 W 49TH ST SIOUX FALLS,SD 57105	46-0213945	501(C)(6)	62,500	0			SCOPE OF PRACTICE GRANT
(81) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838 REDWOOD CITY,CA 94063	94-1156365	501(C)(3)	275,000	0			REIMAGINING RESIDENCY GRANT
(82) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838 REDWOOD CITY,CA 94063	94-1156365	501(C)(3)	35,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(83) TEXAS MEDICAL ASSOCIATION 401 WEST 15TH STREET AUSTIN,TX 78701	74-1078510	501(C)(6)	50,000	0			SCOPE OF PRACTICE GRANT
(84) THE CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(85) 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
(86) THE TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS,IN 45202	35-6001673	STATE OF IN	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(87) THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(88) TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET SUITE 302 HANOVER,NH 037551417	02-0222111	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(89) UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON,AZ 857190521	74-2652689	STATE OF AZ	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(90) UNIVERSITY OF CINCINNATI 260 STETSON ST CINCINNATI,OH 452190641	31-6000989	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(91) UNIVERSITY OF CINCINNATI 260 STETSON ST CINCINNATI,OH 452190641	31-6000989	501(C)(3)	109,339	0			RESEARCH FOR AI GUIDED ASSESSMENT AND COACHING GRANT
(92) UNIVERSITY OF CINCINNATI PHYSICIANS INC 260 STETSON ST STE 4204 CINCINNATI,OH 45219	31-1246809	501(C)(3)	80,000	0			RESIDENT DIVERSITY LEADERSHIP PROGRAM GRANT
(93) UNIVERSITY OF ILLINOIS 506 S WRIGHT ST MC339 URBANA,IL 61801	37-6000511	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(94) UNIVERSITY OF ILLINOIS 506 S WRIGHT ST MC339 URBANA,IL 61801	37-6000511	501(C)(3)	66,523	0			INTERRUPTED PATHWAYS IN GRADUATE MEDICAL EDUCATION
(95) UNIVERSITY OF ILLINOIS 506 S WRIGHT ST MC339 URBANA,IL 61801	37-6000511	501(C)(3)	4,500	0			MATCH DAY SPONSORSHIP
(96) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE SUITE 2200 CB 1350 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(97) UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH,PA 15260	25-0965591	STATE OF PA	20,000	0			STUDENT BP MEASUREMENT MODULE IMPLEMENTATION PROGRAM
(98) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA STREET SUITE 102 LOS ANGELES,CA 900898001	95-1642394	STATE OF CA	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(99) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN,TX 787137159	74-6000203	STATE OF TX	7,481	0			CONTINUING MEDICAL EDUCATION STUDY
(100) UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE SALT LAKE CITY,UT 84112	87-6000525	STATE OF UT	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(101) UNIVERSITY OF VIRGINIA 1001 N EMMET ST CHARLOTTESVILLE,VA 22903	54-1682176	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(102) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET BOX 356521 SEATTLE,WA 981956521	91-6001537	STATE OF WA	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(103) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET BOX 356521 SEATTLE,WA 981956521	91-6001537	STATE OF WA	18,500	0			STUDENT BP MEASUREMENT MODULE IMPLEMENTATION PROGRAM
(104) UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY 7974 UW HEALTH COURT MIDDLETON,WI 53562	39-1835630	501(C)(3)	39,964	0			EHR RESEARCH PROJECTS
(105) VANDERBILT UNIVERSITY 1501 NORTH PLANO ROAD RICHARDSON,TX 75081	62-0476822	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(106) VANDERBILT UNIVERSITY 1501 NORTH PLANO ROAD RICHARDSON,TX 75081	62-0476822	501(C)(3)	385,000	0			REIMAGINING RESIDENCY GRANT
(107) VIRGINIA COMMONWEALTH UNIVERSITY 912 W FRANKLIN ST RICHMOND,VA 232849040	54-6001758	STATE OF VA	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(108) VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 330 TURNER ST NW STE 3300 BLACKSBURG,VA 24061	54-6001805	STATE OF VA	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(109) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	35,000	0			EHR RESEARCH PROJECTS
(110) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	20,000	0			SOLUTIONS TO INCREASE JOY IN MEDICINE GRANT
(111) WASHINGTON STATE MEDICAL ASSOCIATION 2001 6TH AVENUE SUITE 2700 SEATTLE,WA 98121	91-0462170	501(C)(6)	30,000	0			SCOPE OF PRACTICE GRANT
(112) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT,MI 48202	38-3555142	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(113) WOMEN BUSINESS LEADERS OF THE US HEALTH CARE INDUSTRY FOUNDATION 1201 WILSON BLVD SUITE 2700 ARLINGTON,VA 22209	51-0410145	501(C)(3)	40,000	0			GENERAL SUPPORT
(114) WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION 501 MADISON AVENUE 2ND FL SCRANTON,PA 18510	23-2007832	501(C)(3)	25,000	0			INNOVATION GROUNDWORK TEAMS GRANT TO IMPROVE MEDICAL EDUCATION
(115) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	58,125	0			EHR RESEARCH PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 76

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 18

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:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JAMES L MADARA MD EVP & CEO	(i)	1,343,773	1,117,107	55,204	100,300	117,131	2,733,515	0
	(ii)	- 0	0	0	0	- 0	- 0	0
2 THOMAS C GIANNULLI MD SVP/CHIEF MEDICAL INFO OFFICER	(i)	257,325	0	0	0	0	257,325	0
	(ii)	- 265,605	392,355	125,994	691,350	- 3,520	- 1,478,824	0
3 KENNETH J SHARIGIAN CHIEF STRATEGY OFFICER	(i)	858,953	565,000	32,384	19,300	18,763	1,494,400	0
	(ii)	- 0	0	0	0	- 0	- 0	0
4 THOMAS J EASLEY CHIEF MISSION OFFICER	(i)	742,255	480,000	13,924	19,300	15,203	1,270,682	0
	(ii)	- 0	0	0	0	- 0	- 0	0
5 HOWARD C BAUCHNER MD FORMER SVP/EDITOR IN CHIEF, JAMA NW	(i)	0	0	1,063,205	0	0	1,063,205	1,063,205
	(ii)	- 0	0	0	0	- 0	- 0	0
6 JON L GIACOMIN CHIEF OPERATING OFFICER	(i)	735,684	250,000	4,812	13,200	45,759	1,049,455	0
	(ii)	- 0	0	0	0	- 0	- 0	0
7 KIRSTEN BIBBINS-DOMINGO MD SVP & EDITOR IN CHIEF, JAMA NW	(i)	977,575	0	8,544	19,300	32,731	1,038,150	0
	(ii)	- 0	0	0	0	- 0	- 0	0
8 TODD D UNGER SVP & CHIEF EXPERIENCE OFFICER	(i)	619,824	306,058	15,508	19,300	47,116	1,007,806	0
	(ii)	- 0	0	0	0	- 0	- 0	0
9 DENISE M HAGERTY SVP & CHIEF FINANCIAL OFFICER	(i)	620,126	322,000	14,478	19,300	20,859	996,763	0
	(ii)	- 0	0	0	0	- 0	- 0	0
10 KAREN A MAYBANK MD SVP & CHIEF HLTH EQUITY OFFICER	(i)	554,186	275,000	2,218	17,653	15,168	864,225	0
	(ii)	- 0	0	0	0	- 0	- 0	0
11 C TODD ASKEW SVP, ADVOCACY	(i)	532,915	270,000	6,882	19,300	22,433	851,530	0
	(ii)	- 0	0	0	0	- 0	- 0	0
12 PHIL B FONTANAROSA MD FORMER VP/ACTING EIC, JAMA NW	(i)	0	39,236	336,268	6,100	23,488	405,092	0
	(ii)	- 0	0	0	0	- 0	- 0	0
13 JACK RESNECK JR MD PRESIDENT/PAST PRESIDENT	(i)	287,560	0	10,000	0	0	297,560	0
	(ii)	- 0	0	0	0	- 0	- 0	0
14 JESSE M EHRENFELD MD PRESIDENT-ELECT/PRESIDENT	(i)	287,560	0	0	0	0	287,560	0
	(ii)	- 0	0	0	0	- 0	- 0	0
15 WILLIE UNDERWOOD III MD CHAIR-ELECT/CHAIR	(i)	243,880	0	5,000	0	0	248,880	0
	(ii)	- 0	0	0	0	- 0	- 0	0
16 BRUCE A SCOTT MD HOD SPEAKER/PRESIDENT-ELECT	(i)	189,880	0	2,875	22,500	0	215,255	0
	(ii)	- 0	0	0	0	- 0	- 0	0
17 SANDRA ADAMSON FRYHOFER MD CHAIR/PAST CHAIR	(i)	206,540	0	7,447	0	0	213,987	0
	(ii)	- 0	0	0	0	- 0	- 0	0
18 LAURIE A S MCGRAW FORMER SVP, HEALTH SOLUTIONS	(i)	0	0	160,648	0	9,116	169,764	0
	(ii)	- 0	0	0	0	- 0	- 0	0
19 GERALD E HARMON MD PAST PRESIDENT (THRU JUNE 2023)	(i)	124,480	0	21,878	18,000	0	164,358	15,052
	(ii)	- 0	0	0	0	- 0	- 0	0
20 GEORGIA A TUTTLE MD FORMER TRUSTEE	(i)	0	0	40,826	0	0	40,826	40,826
	(ii)	- 0	0	0	0	- 0	- 0	0
21 ALBERT T OSBAHR MD FORMER TRUSTEE	(i)	0	0	19,393	0	0	19,393	19,393
	(ii)	- 0	0	0	0	- 0	- 0	0
22 WILLIAM E KOBLER MD FORMER TRUSTEE	(i)	0	0	17,088	0	0	17,088	17,088
	(ii)	- 0	0	0	0	- 0	- 0	0
23 RUSSELL WH KRIDEL MD FORMER TRUSTEE	(i)	0	0	12,394	0	0	12,394	12,394
	(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. THE PRESIDENTS (PRESIDENT, IMMEDIATE PAST PRESIDENT AND PRESIDENT ELECT) WILL EACH HAVE ACCESS TO AN INDIVIDUAL $5,000 TERM ALLOWANCE (JULY 1 TO JUNE 30) AND ALL OTHER OFFICERS WILL EACH HAVE ACCESS TO $2,500 TERM ALLOWANCE (JULY 1 TO JUNE 30) TO USE FOR UPGRADES AS EACH DEEMS APPROPRIATE, TYPICALLY WHEN TRAVELING ON AN AIRLINE WITH NON-PREFERRED STATUS. BUSINESS CLASS AIRFARE IS AUTHORIZED FOR FOREIGN TRAVEL ON AMA BUSINESS. 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 WERE MADE TO THE FOLLOWING INDIVIDUALS DURING THE YEAR UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEES AND THE ORGANIZATION AND ARE INCLUDED IN COLUMN B(III): HOWARD C. BAUCHNER, M.D. $1,037,259 LAURIE A. S. MCGRAW $160,648 PHIL B. FONTANAROSA, M.D. $326,100 THOMAS C. GIANNULLI, M.D. $122,649
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: HOWARD C. BAUCHNER, M.D. $25,945 GEORGIA A. TUTTLE, M.D. $40,826 ALBERT T. OSBAHR, M.D. $19,393 WILLIAM E. KOBLER, M.D. $17,088 RUSSELL W.H. KRIDEL, M.D. $12,394 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 2023.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMERICAN 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 2023 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 2023 FORM 990 AT A REGULARLY SCHEDULED BOARD MEETING. ALL 21 BOARD MEMBERS RECEIVED A COPY OF THE RETURN AND THE AUDIT 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. 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. THE WRITTEN ANALYSES ARE PREPARED AND RECOMMENDATIONS MADE TO THE BOARD AS TO WHETHER CONFLICTS EXIST.
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	FORM 990, PART VI, SECTION C, LINE 19: THE AMA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL REPORT AVAILABLE TO THE PUBLIC BY POSTING THE ABOVE ITEMS ON THE AMA'S WEBSITE.
FORM 990, PART XI, LINE 9:	EQUITY IN LOSSES OF SUBSIDIARIES -3,728,715. DEFINED BENEFIT POSTRETIREMENT HEALTH PLANS OTHER THAN EXPENSE -15,874,022. EQUITY IN EARNINGS OF ADAM STREET 1847 FUND LP 11,661,641. REVERSAL OF GRANT EXPENSES 164,878.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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	82,762	2,795,356	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	5,570,055	59,713,970	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	14,866,454	113,352,118	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	36,888,210	59,362,386	100.000 %	Yes	
(7)AMA INNOVATIONS INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 27-3034169	HOLDING COMPANY - BUSINESS AND PERSONAL SERVICES	IL	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.

		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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	3,547,181	COST/FAIR MARKET VALUE
(2) AMA INSURANCE AGENCY INC	A	841,245	COST/FAIR MARKET VALUE
(3) AMA INSURANCE AGENCY INC	L	831,685	COST/FAIR MARKET VALUE
(4) AMA INNOVATIONS INC	Q	53,200	COST/FAIR MARKET VALUE
(5) AMA INNOVATIONS INC	A	150,191	COST/FAIR MARKET VALUE
(6) AMA SERVICES INC	P	1,140	COST/FAIR MARKET VALUE
(7) AMA SERVICES INC	F	12,900,000	COST/FAIR MARKET VALUE
(8) AMERICAN MEDICAL ASSURANCE COMPANY	Q	1,285	COST/FAIR MARKET VALUE
(9) AMERICAN MEDICAL ASSURANCE COMPANY	L	17,623	COST/FAIR MARKET VALUE
(10) HEALTH2047 INC	Q	405,186	COST/FAIR MARKET VALUE
(11) HEALTH2047 INC	P	4,394,154	COST/FAIR MARKET VALUE
(12) HEALTH2047 INC	A	147,695	COST/FAIR MARKET VALUE
(13) HEALTH2047 INC	L	56,646	COST/FAIR MARKET VALUE
(14) HEALTH2047 INC	B	51,000,000	COST/FAIR MARKET VALUE
(15) ADAMS STREET 1847 FUND LP	R	23,110,000	COST/FAIR MARKET VALUE
(16) ADAMS STREET 1847 FUND LP	S	9,120,000	COST/FAIR MARKET VALUE

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: