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DLN: 93493022008030

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Department of the Treasury

Internal	Revenue	Service	► The or	ganization may have to u	se a сору	of this return to satisfy	state reporting	requirements	Inspection		
A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 0	7-01-2008	and ending 06-30-20	09	D Sumlavanidas	ntification number		
_		pplicable	Please	C Name of organization ASSOCIATION OF AMERICAN	MEDICAL C	OLLEGES					
Address change label or Doing Business As								36-2169124 E Telephone number			
Nar	ne char	nge	print or type. See	being basiness /is							
Initial return Specific Number and street (or P O box if mail is not delivered to street address)								(202) 828-0400 Room/suite G Gross receipts \$ 191,4			
Ter	mınatıo	n	tions.	2450 N STREET NW				d dross recapts	φ 151, 104, 100		
☐ Am	ended i	return		City or town, state or count	ry, and ZIP +	+ 4		1			
☐ App	lication	pending		WASHINGTON, DC 20037							
		Ī	F Nam	ne and address of Princip	al Officer		H(a) Is the	s a group return 1	for		
				LL G KIRCH md I STREET NW			affılıa		┌ Yes ┌ No		
				NGTON,DC 20037			H(b) Are al	l affiliates included	ı? □Yes □No		
I Ta	x-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	7(a)(1) or	□ 527			See instructions)		
J W	eb sit	e: ► www	aamc org					p Exemption Nun			
							 	1			
К Тур	e of org	janization	 ✓ Corporati	ion	other ►		L Year of Fo	rmation 1955 M S	State of legal domicile IL		
Pa	rt I	Sumr	nary								
		•		e organization's mission o	-						
3		AAMC	arries on e	extensive programs suppo	orting U S	medical schools and r	nedical educati	on			
Ē											
Governance	2	Check+	his box —	ıf the organızatıon dıscon	tinued its	operations or disposed	of more than 2	5% of its assets			
<u> </u>			,	nembers of the governing					17		
			_	dent voting members of t					16		
<u>ies</u>				nployees (Part V, line 2a)			,		598		
Activities &				lunteers (estimate if nece				6 _	0		
¥	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)							7a	147,464		
	ь	Net unre	elated busi	ness taxable income from		7b	-346,493				
							Pric	or Year	Current Year		
_	8	Contrib	outions and	i grants (Part VIII, line 1	h)			16,593,115	16,332,899		
Revenue	9	Progra	m service i	revenue (Part VIII, line 2	(g)		-	72,414,936	86,835,250		
e Je Je	10			ne (Part VIII, column (A)		•		6,590,327	-3,445,412		
_	11		-	art VIII, column (A), line				9,920,966	1,694,743		
	12	Total r 12)	evenue—a	dd lines 8 through 11 (mu	ist equal P	art VIII, column (A), l	ine	105,519,344	101,417,480		
	13		and simila	r amounts paid (Part IX,	column (A), lines 1-3)			165,000		
	14	Benefit	s paid to o	r for members (Part IX, c	olumn (A)	, line 4)			0		
co.	15		s, other co	mpensation, employee be	enefits (Pa	rt IX, column (A), lines	; 5 <i>-</i>	42.602.070	51 110 126		
Expenses	46-	10)			(4)		43,683,079	51,110,426			
<u>Φ</u>	16a			raising fees (Part IX, colu					0		
五	17	•		oenses, Part IX, column (D), lin Part IX, column (A), lines		<u>'</u>		45,383,600	49 419 101		
	18			add lines 13–17 (must e				89,066,679	48,418,101 99,693,527		
	19			enses Subtract line 18 f				16,452,665	1,723,953		
<u>ያ</u>							Beainni	ng of Year	End of Year		
9 gg	20	Totala	ssets (Par	t X, line 16)				218,823,319	187,577,973		
Ass Ba	21			art X, line 26)				90,073,089	89,320,420		
Net Assets or Fund Balances	22		-	d balances Subtract line	21 from le	ne 20		128,750,230	98,257,553		
	t II		ature Blo					,,,	55,257,555		
	T	Under pe	enalties of pe	ருபாy, I declare that I have exa							
D '-		and belie	ef, it is true, o	correct, and complete Declarat							
Plea Sign			****** Signature of officer Date								
Here		[, *					Date				
		Bernard K Jarvis cfo Type or print name and title									
		Drenaror'	c h			Date	Check If	Preparer's PTIN (S	See Gen Inst)		
Paid		sanature Bill Turco self-							,		
Prepa	arer's	Firm's name (or yours & RSM MCGLADREY INC						-			
Use (ıf self-em		9737 WASHINGTONIAN BL	VD 400			EIN Þ			
	-	auuless,	ana ZIP + 4					Phone no ▶ (30	1) 296-3600		
		<u> </u>		GAITHERSBURG, MD 208	/87340						

May the IRS discuss this return with the preparer shown above? (See instructions) . .

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission THE ASSOCIATION OF AMERICAN MEDICAL COL AND THE ADVANCEMENT OF MEDICAL EDUCATION			
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?			Yes ✓ No
	If "Yes," describe these new services	on Schedule O		
3	Did the organization cease conducting services?	g or make significant changes in how		Yes 🔽 No
	If "Yes," describe these changes on S	chedule O		
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revent	ns and 4947(a)(1) trusts are require	d to report the amount of grants an	•
4a	(Code) (Expenses \$ Mission Support This cluster coordinates the and analysis of data that support policy resea College Admission Test, the Electronic Reside contract from the National Residency Matchir	arch in medical education Service programs in ency Application Service, the Visiting Student A	rograms provided for the benefit of memb nclude the American Medical College Applic	ation Services, the Medical
4b	(Code) (Expenses \$ Academic Affairs This cluster helps member better meet the changing needs of the public Accrediation	institutions improve the education of physicia	ns across the continuum of their profession	
4c	(Code) (Expenses \$ Advocacy and Voice This cluster helps meml members and constituents by monitoring legi on involvement in legislative activity and par develops information, educational programs, issues, this unit builds and supports coalitions	islation and regulations that affect academic r ticipating in coalitions with other members of and publications for members, the public and	communications The governmental relation nedicine, medical research and patient care the academic and scientific communities the media While advancing the association	e as well as advising members The communications unit
	(Code) (Expenses \$	28,529,649 including grants of	\$) (Revenue \$	9,711,241)
	, (Expenses \$, , , , , , , , , , , , , , , , , , ,	-,·-+, - ·+ ,
4d	Other program services (Describe ii	•	\	
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	86,173,602 Must equal Pa	rt IX, Lıne 25, column (B).	

art IV	Chec	klist of	Require	d Sc	hedules
		AIISL OI	IXC quii C	u J	cuuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🤨	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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, 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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI , VII , VIII , IX , or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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	Yes	
37	Did the organization conduct more than 5 percent 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

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	223			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
2-	gaming (gambling) winnings to prize winners?	 I		1 c	Yes	
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	598			
ь	If at least one is reported in 2a, did the organization file all required federal employn	nent t	ax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more during		ľ			
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch		ľ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement th		ľ			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo con	+	on of #75 or	7a		N.
	more?					<u>No</u>
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers		ŀ	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f		ľ	_		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l I			L I
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?		ľ	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	7.		9b		
10	Section $501(c)(7)$ organizations. Enter	ــا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	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	ı lıeu d	of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing B	ody and I	Management

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 17							
Ь	Enter the number of voting members that are independent 16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
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		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 IL, NY, DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ☐ own website ☐ another's website ☐ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Daniel Berringer 2450 N STREET NW WASHINGTON, DC 20037 (202) 828-0400

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		Posi t				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							\vdash			
1b Total			•				>	5,901,888	S C	554,569

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►119

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROMETRICS PO BOX 223608 PITTSBURGH, PA 152512688	TESTING SERVICES	7,347,192
AMERICAN INSTITUTE FOR RESEARCH 1000 THOMAS JEFFERSON ST NW WASHINGTON, DC 200073835	TEST DEVELOPMENT SERVICES	1,780,739
QWEST PO BOX 856169 LOUISVILLE, KY 402856169	IT CONSULTING SERVICES	1,266,783
INTERNET TESTING SYSTEM 45 SARATOGA DRIVE BALTIMORE, MD 21210	IT CONSULTING SERVICES	835,515
BIZ4MATION 7601 LEWISVILLE ROAD MCLEAN, VA 22102	IT CONSULTING SERVICES	820,677
2 Total number of independent contractors (including those in 1) who rec from the organization		76

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revenue		512, 515, 01 514
数数	ь	Membership d	ues	12,124,493				
直流			1b					
s,g	С	Fundraising ev	vents 1c					
無無	d	Related organ	izations1d					
ي E	e	Government gran	its (contributions) 1e	1,961,201				
Contributions, gifts, grants and other similar amounts	f	All other contribut	ions, gifts, grants, and	2,247,205		İ		
造業		similar amounts r	not included above					
Ęž	g		ributions included in					
ಶಹ	h	lines 1a-1f \$ Total (Add line	 es 1a-1f)		16,332,899			
				Business Code	-			
<u>e</u>	2a	ERAS		Business Code 900,099	39,873,616	39,873,616		
¥e T	ь	AMCAS		900,099	20,443,639	20,443,639		
<u> 29</u>	c	MCAT		900,099	13,847,708	13,847,708		
45.e	d	PUBLICATIONS		900,099	5,103,154	5,103,154		
33	e	MEETINGS AND W	VORKSHOPS	900,099	4,608,091	4,608,091		
E	f		ram service revenue	300,033	2,959,042	2,959,042		
Program Serwce Revenue			a.ii saivice levellue		2,339,042	2,555,042		
Δ	g	Total. Add line ► \$ 86,835,25	es 2a-2f					
	3		come (including divi	dends, interest				
		other sımılar a	imounts)		3,958,323			3,958,323
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	_	Davaltica		▶				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Keal	(II) F ersonar				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss)	ome or (loss)					
		Traction and the		▶				
	7a	Gross amount	(ı) Securities 82,583,185	(II) O ther				
	"	from sales of assets other	,,					
		than inventory Less cost or	89,986,920					
	b	other basis and sales expenses	05,300,320					
	С	Gain or (loss)	-7,403,735					
	d	Net gaın or (lo	ss)		-7,403,735			-7,403,735
	8a		from fundraising cluding					
ine			ns reported on line					
Other Revenue		1c) See Part: Attach Schedul \$15,000	e G ıf total exceeds					
<u>上</u>	ь		xpensesb					
ŧ	С		(loss) from fundrais	ing events				
0	9a	Gross income activities See	from gaming part IV, line 19	•				
		Complete Schedexceeds \$15,00						
	ь	Less directe	xpensesb					
	С		(loss) from gaming a	activities .				
	10a	Gross sales or returns and al	f inventory, less lowances	▶				
	ь	Less cost of	a goods sold b					
	c		(loss) from sales of	ınventory				
		Miscellaneou	s Revenue	Business Code				
	11a	other income		900,099	1,547,279	1,547,279		
	b	JOB PLACEM	ENT	900,004	147,464		147,464	
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 1,694,743				
	12		. Add lines 1h, 2g, 3		101,417,480	88,382,529	147,464	-3,445,412
		8c, 9c, 10c, and 1	.1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do r	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 governments and organizations in the U.S. See Part IV, line 21	165,000	165,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,080,748	3,624,975	422,244	33,529
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	37,094,847	31,951,033		331,306
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,444,011	2,977,868	437,845	28,298
9	Other employee benefits	3,584,292	3,099,162	455,680	29,450
10	Payroll taxes	2,906,528	2,513,133	369,514	23,881
11	Fees for services (non-employees)				
а	Management				
b	Legal	633,142	547,447	80,493	5,202
С	Accounting	112,879	97,601	14,351	927
d	Lobbying	453,878	392,446	57,703	3,729
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	341,912	295,635	43,468	2,809
g	Other	2,698,305	2,333,092	343,042	22,171
12	Advertising and promotion	403,093	348,535	51,246	3,312
13	Office expenses	1,913,271	1,654,312	243,238	15,721
14	Information technology	3,515,417	3,039,609	446,923	28,885
15	Royalties				
16	Occupancy	2,629,461	2,273,567	334,290	21,604
17	Travel	8,191,995	7,083,218	1,041,468	67,309
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				_
19	Conferences, conventions and meetings	1,212,549	1,026,099	175,131	11,319
20	Interest	2,088,448	1,805,779	265,509	17,160
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,612,945	5,717,890	840,720	54,335
23	Insurance	232,710	201,213	29,585	1,912
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTED SERVICES	9,457,009	8,177,013	1,202,292	77,704
b	EQUIPMENT RENTAL & MAIN	3,415,730	2,953,415	434,250	28,065
c	BANK SERVICES	2,103,254	1,818,579	267,393	17,282
d	PRINTING	1,218,959	1,053,974	154,969	10,016
e	OTHER PROFESSIONAL SERV	1,183,144	1,023,007	150,416	9,721
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	99,693,527	86,173,602	12,674,278	845,647
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning or year	1	Lild of year
	2	Savings and temporary cash investments			1,682,012	2	2,709,874
	3	Pledges and grants receivable, net	194,325	3	395,712		
	4	Accounts receivable, net	4,809,827	4	1,978,114		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	1,012,806		785,107		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
92	9	Prepaid expenses and deferred charges			1,419,953	9	1,269,952
ĕ	10a						
Assets		Land, buildings, and equipment cost basis	10a	85,599,705			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	44,047,669	41,632,218	10c	41,552,036
	11	Investments—publicly traded securities			164,422,293		134,475,412
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of	, ,	12	, ,
	13	Investments—program-related See Part IV, line 11 Complete F	art VI 1	I		13	
	14	of Schedule D Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			3,649,885		4,411,766
	13	D			3,043,003	15	4,411,700
	16	Total assets. Add lines 1 through 15 (must equal line 34)			218,823,319	16	187,577,973
	17	Accounts payable and accrued expenses .			12,374,760	17	11,935,379
	18	Grants payable				18	
	19	Deferred revenue			25,738,603	19	26,662,425
	20	Tax-exempt bond liabilities			39,694,961	20	38,602,213
<u>, o</u>	21	Escrow account liability $\ \textit{Complete Part IV of Schedule D} \ . \ .$				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			12,000,000	23	12,000,000
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			264,765	25	120,403
	26	Total liabilities. Add lines 17 through 25			90,073,089	26	89,320,420
ý		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			127,454,393	27	96,728,545
8	28	Temporarily restricted net assets				28	17,860
Ξ	29	Permanently restricted net assets			1,295,837	29	1,511,148
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete			
S O.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			128,750,230		98,257,553
Z	34	Total liabilities and net assets/fund balances			218,823,319		187,577,973
	I						· · ·

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	b Were the organization's financial statements audited by an independent accountant?			Νο
c	If "Yes" to lines 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493022008030

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ASSOC:	IATION	OF AMERICAN	MEDICAL COLLEGI	ES				126	246042				
Par	4 T	Boscon	for Dublic C	harity Status (to be co	malatad	by all or	aanizatio		-216912				
				ation because it is (Please					msuucu	10115)			
1				nurches, or association of ch					Δ)(i).				
2	,	•		tion 170(b)(1)(A)(ii). (Attac				-, 0(5)(-)(,(.,.				
3	<u></u>			e hospital service organizati			tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)		
4	<u>'</u>	•	•	zation operated in conjuncti			•	, , , , , , ,	• •		•		
•	'		name, city, and	•	on with a	nospital a	eseribea i	ii occiioii	1,0(5)(1)	(~)()	inter the		
5	г			or the benefit of a college or	universit	v owned o	r operated	l hy a nove	rnmental	unit desc	rihed in		
_	'			(Complete Part II)	4111761516	, omica o	, operates	. <i>D</i> , a gov.		aint acoc			
6	г			overnment or governmental	unit descr	ribed in Se	ction 170	(b)(1)(A)	(v).				
7	<u></u>	-	-	ally receives a substantial p						n the aene	eral public	-	
-	'	_		o)(1)(A)(vi) (Complete Par		- чрроп п	, u go.o			9	a. pas	-	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)						
9	<u></u>		•	ally receives (1) more than		•	•	ontribution	ıs. membe	rship fees	s. and aro	SS	
	•	-		ated to its exempt functions						•			
		•		estment income and unrelate	-		•		•				
			-	on after June 30, 1975 See						,			
10	\sqcap	An organiz	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)		
11	Γ			and operated exclusively fo								ses of	
								1) or section 509(a)(2) See Section 509(a)(3). Check					
				type of supporting organiza					_			l	
_	_	•	ype I b			- Function	-		d	, ,,	e III - Otl		
e	ı	•	-	rtify that the organization is agers and other than one or			•			•	•		
		section 50		agers and other than one or	more pub	iici, supp	ortou orga			5000.01	. 505 (4)(_, 0.	
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	zatio <u>n,</u>	
		check this			J £ t.		.					ı	
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	1				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a family	y member of a p	erson described in (i) above	?					11g((ii)		
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)		
h		Provide the	following infori	nation about the organizatio	ns the org	janızatıon	supports						
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	1	nount of	
,		orted		(described on lines 1 - 9	_	ation in		inization		ation in	supp	ort?	
(rgar	nization		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?			
				(See Instructions))		ment?	Jupi	7016	111 6116	0 5 .			
					Yes	No	Yes	No	Yes	No	1		
						1							

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check						
	ction A. Public Support	() 2004	(1) 2005	() 2006	/ D 2007	() 2000	/6) T + 1
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	15,260,519	12,992,073	17,520,971	16,593,115	16,332,899	78,699,577
	include any "unusual grants ")	,,	,		,		, ,
2	Gross receipts from admissions,						
_	merchandise sold or services performed,						
	or facilities furnished in any activity that	56,974,373	58,570,966	71,063,311	83,454,549	88,382,525	358,445,724
	ıs related to the organızatıon's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
4	section 513 Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5	72,234,892	71,563,039	88,584,282	100,047,664	104,715,424	437,145,301
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
0	line 6)						437,145,301
To	tal Support				l.	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	······································				100,047,664		
	A mounts from line 6	72,234,892	71,563,039	88,584,282	100,047,004	104,715,424	437,145,301
9	A mounts from line 6 Gross income from interest, dividends.	72,234,892	71,563,039	88,584,282	100,047,004	104,715,424	437,145,301
	Gross income from interest, dividends,						··
9	.	72,234,892	71,563,039 3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9	Gross income from interest, dividends, payments received on securities loans,						··
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less						··
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						··
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b						··
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995 19,259,995 456,405,296
9 10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	2,424,714	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995 19,259,995 456,405,296
9 10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,424,714 2,424,714 rganization's firs	3,160,147	4,470,604	5,246,207	3,958,323	19,259,995 19,259,995 456,405,296
9 10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,424,714 2,424,714 rganization's firs	3,160,147 3,160,147	4,470,604 4,470,604 , fourth, or fifth t	5,246,207	3,958,323 3,958,323 01(c)(3) organiza	19,259,995 19,259,995 456,405,296 ation,
9 10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,424,714 2,424,714 rganization's first	3,160,147 3,160,147 it, second, third	4,470,604 4,470,604 , fourth, or fifth t	5,246,207	3,958,323	19,259,995 19,259,995 456,405,296
9 10a b c 11 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8)	2,424,714 2,424,714 2,424,714 rganization's first	3,160,147 3,160,147 it, second, third	4,470,604 4,470,604 , fourth, or fifth t	5,246,207	3,958,323 3,958,323 01(c)(3) organiza	19,259,995 19,259,995 456,405,296 ation, 95 780 %
9 10a b c 11 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Scheden mputation of Investment Income	z,424,714 z,424,714 z,424,714 rganization's first entage column (f) divid ule A, Part IV-A Percentage	3,160,147 3,160,147 3,160,147 it, second, third ed by line 13 co	4,470,604 4,470,604 , fourth, or fifth t	5,246,207 5,246,207	3,958,323 3,958,323 01(c)(3) organiza	19,259,995 19,259,995 456,405,296 ation, 95 780 % 96 080 %
9 10a b c 11 12 13 14 Co 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8)	z,424,714 z,424,714 z,424,714 z,424,714 zentage column (f) dividule A , Part IV - A Percentage ne 10c column (f)	3,160,147 3,160,147 3,160,147 at, second, third ed by line 13 co , line 27g	4,470,604 4,470,604 , fourth, or fifth t	5,246,207 5,246,207	3,958,323 3,958,323 01(c)(3) organiza	19,259,995 19,259,995 456,405,296 ation, 95 780 %

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

▶▽

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	ime of the organization	zations complete Part III		Employer ide	ntıfıcatıon numbeı	r
ASS	SOCIATION OF AMERICAN MEDICAL COL					
a r	t I-A To be completed b	527				
		e the instructions for Schedule		i sor(e) and section	327	
	Provide a description of the org	ganization's direct and indirect poli	tıcal campaıgn act	rivities in Part IV		
2	Political expenditures				\$	
	Volunteer hours					
aı	To be completed b for Schedule C for de	y all organizations exempt	t under section	n 501(c)(3). (See the	instructions	
		tax incurred by the organization u	nder section 4955	į	\$	
2	Enter the amount of any excise	tax incurred by organization mana	gers under section	n 4955	\$	
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	-7	☐ Yes	┌ No
la	Was a correction made?	☐ Yes	┌ No			
b	If "Yes," describe in Part IV					
aı		y all organizations exempt for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
L	Enter the amount directly expe	nded by the filing organization for s	ection 527 exemp	ot function activities	\$	
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lin	es 1 and 2 and ent	er here and on Form	\$	
ļ	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes	┌ No
•	were made Enter the amount p political contributions received	d Employer Identification Number aid and indicate if the amount was I and promptly and directly delivere ction committee (PAC) If addition	paid from the filinged to a separate po	g organization's own interna Olitical organization, such a	al funds or were as a separate	ents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of contributions read promptl directly delive separate poorganization in enter - 0	receive ly and red to a litical If none
_						
				+		
_						

section 4911 tax for this year?

┌ Yes ┌ No

	,			
P		organizations exempt under section 501('68
	(election under sec	tion 501(h)). (See the instructions for Schedule	e C for details.)	
		belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	7,388	
b	Total lobbying expenditures to influe	446,490		
c	: Total lobbying expenditures (add line	es 1a and 1b)	453,878	
d	Other exempt purpose expenditures	100,074,017		
е	Total exempt purpose expenditures	100,527,895		
f	Lobbying nontaxable amount Enter t	1,000,000		
	If the amount on line 1e, column (a)			
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
	Subtract line 1 f from line 1 c Enter - i	0		

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 instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
_с	Total lobbying expenditures	226,685	350,187	258,041	453,878	1,288,791	
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000	
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000	
f	Grassroots lobbying expenditures		51,120	29,463	7,388	87,971	

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
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					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization ASSOCIATION OF AMERICAN MEDICAL COLLEGES 36-2169124

Ра		ganizations Maintaining Donor Ad Janization answered "Yes" to Form 990		other Similar Fi	unds or Accou	nts. Complete if th	
			(a) Donor adv	ısed funds	(b) Funds a	nd other accounts	
1	Total numb	per at end of year					
2	Aggregate	Contributions to (during year)					
3	Aggregate	Grants from (during year)					
4	Aggregate	value at end of year					
5		ganization inform all donors and donor advis the organization's property, subject to the o			oradvised	┌ Yes ┌ No	
6	used only	ganization inform all grantees, donors, and o for charitable purposes and not for the bene ible private benefit?			•	┌ Yes ┌ No	
Par	till Co	nservation Easements. Complete ı	f the organization a	inswered "Yes" t	o Form 990, Par	t IV, line 7.	
2	Prese Protec Prese Complete) of conservation easements held by the org rvation of land for public use (e g , recreation ction of natural habitat rvation of open space lines 2a-2d if the organization held a qualif t day of the tax year	on or pleasure)	Preservation of an Preservation of ce	rtified historic stru	icture	
					Held	at the End of the Yea	
а	Total nun	nber of conservation easements			2a		
b	Total acr	eage restricted by conservation easements	;		2b		
С	Numbero	of conservation easements on a certified his	storic structure includ	ed ın (a)	2c		
d	it and on a constant of a continual motion o						
3		conservation easements modified, transfer	•		d by the organizat	ion durina	
	the taxable		, , ,	,	, ,	J	
4	Number of	states where property subject to conserva	tion easement is loca	ted b -			
5	Does the o	organization have a written policy regarding int of the conservation easements it holds?	the periodic monitorii		ations, and	┌ Yes ┌ No	
6	Staff or vo	lunteer hours devoted to monitoring, inspec	ting and enforcing ea	sements during the	year 🗠		
7	A mount of	expenses incurred in monitoring, inspectin	g, and enforcing ease	ments during the ye	ear ► \$		
8		n conservation easement reported on line 20 (B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the r	equirements of sec	tion	┌ Yes ┌ No	
9	balance sh	V , describe how the organization reports co neet, and include, if applicable, the text of th zation's accounting for conservation easem	ne footnote to the orga		•	•	
Par		ganizations Maintaining Collection mplete if the organization answered ""			or Other Simil	ar Assets.	
1a	art, histori	nization elected, as permitted under SFAS ical treasures, or other similar assets held f i Part XIV, the text of the footnote to its fina	for public exhibition, e	ducation or researd	ch in furtherance o		
b	historical	nization elected, as permitted under SFAS treasures, or other similar assets held for p e following amounts relating to these items				•	
	(i) Revenu	ues included in Form 990, Part VIII, line 1			► \$		
	(ii) _{Assets}	s included in Form 990, Part X			► \$		
2	If the orga	nization received or held works of art, histo mounts required to be reported under SFAS	· ·		,	ovide the	
а	Revenues	included in Form 990, Part VIII, line 1			► \$		
b	Nevendes included in Form 550, Fair VIII, fine I						

Cat No 52283D

3	Using the organization's accession and othe	•				•			continuea)
•	items (check all that apply)	records, check any	or the	101	owing that ar	e a significant c	ise of its conection	711	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	O ther				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how	the	y further the	organization's ex	kempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	□No
Par	t IV Trust, Escrow and Custodial	· · · · · · · · · · · · · · · · · · ·					<u> </u>		,
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary f	or c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e				Γ		
							A mo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	1							
Pai	rt V Endowment Funds. Complete								
_		(a)Current Year	(b)F	Prior	Year (c)Tv	wo Years Back (d)	Three Years Back (e) Four `	Years Back
1a	Beginning of year balance	1,295,837							
Ь	Contributions	215,311							
С	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	1,511,148							
2	Provide the estimated percentage of the year	r end balance held as	s						
а	Board designated or quasi-endowment 🕨								
Ь	Permanent endowment 🕨 100 000 %								
c	Term endowment ▶								
За	Are there endowment funds not in the posses	ssion of the organiza	tion th	nata	are held and a	administered for	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i)	+	No
	(ii) related organizations						3a(ii))	No_
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second organization organization or second organization						3b		
	t VI Investments—Land, Buildings					art V. line 10			
Fai	t vi investments—Land, Bundings	s, and Equipmen	16. 36		Cost or other	(b)Cost or other			
	Description of investment				s (investment)	basis (other)	(c) Depreciation	(d) B	ook value
	_and					13,378,202			
1a	-and		L			· · ·	۱ ،		13,378,202
	Buildings		. [39,143,856	19,269,801		
b I			. [. [19,269,801		
b	Buildings								13,378,202 19,874,055 4,249,789
b c d	Buildings		· .			39,143,856	6,870,494		19,874,055

Part VIII Investments—Other Securities. S	See Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 ,) 🕨	
art VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨	
Part IX Other Assets. See Form 990, Part X	•	
(a) Des	scription	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) I.	une 15)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	.,	
DEFERRED COMPENSATION AND SUPPLEMENTAL		
RETIREMENT BENEFITS	28,800	
MOUNTS HELD FOR OTHERS	91,603	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ,) ▶ 120,403	

Par	XII Reconciliation of Cl	hange in Net Assets from Fori	m 990	<u>to F</u>	<u>inancial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	101,417,480
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	99,693,527
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	1,723,953
4	Net unrealized gains (losses) or					4	-32,216,630
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8						8	
9	Other (Describe in Part XIV)	4 0				9	-32,216,630
	Total adjustments (net) Add IIr		_			<u> </u>	
10		per financial statements Combine line			a With Davidson	10	-30,492,677
Part	Total revenue, gains, and othe	evenue per Audited Financial	State	men	s with Revenue	регк	68,885,938
_	statements	· · · ·				1	00,005,930
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	.	2a	-32,216,630		
b	Donated services and use of fa	acılıtıes		2b			
С	Recoveries of prior year grants		. \lceil	2c			
d	Other (Describe in Part XIV)		🗆	2d			
e	Add lines 2a through 2d .		–			2e	-32,216,630
3	Subtract line 2e from line 1 .					3	101,102,568
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a	314,912		
b	Other (Describe in Part XIV)			4b			
с	Add lines 4a and 4b		–			4c	314,912
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, lıne	12)		5	101,417,480
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Stat	emer	its With Expense	s per	Return
1	Total expenses and losses per	audited financial statements				1	99,378,615
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	icilities	[2a			
b	Prior year adjustments			2b			
c	Losses reported on Form 990,	Part IX, line 25		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	99,378,615
4	A mounts included on Form 990	O, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	ıded on Form 990, Part VIII, line 7b	[4a	314,912		
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	314,912
5	Total expenses Add lines 3 an	d 4c. (This should equal Form 990, Pa	rt I, lın	e 18)		5	99,693,527
Par	XIV Supplemental Inf	ormation					
		scriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
					-		
				_		_	
					-		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493022008030

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number ASSOCIATION OF AMERICAN MEDICAL COLLEGES 36-2169124 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed........ (c) IRC section 1(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant valuation (book, FMV, non-cash assistance orassistance cash appraisal, other) or government assistance FMV CHARITABLE Bldg Futures AIDS Hsing Inc 52-1742956 501(C)(3) 6,500 CONTRIBUTIONS 1440 Meridian Pl WASHINGTON, DC 20010 501(C)(3) DC Primary Care Assoc 52-1999196 25,000 FMV CHARITABLE 1411 K ST NWSte 300 CONTRIBUTIONS WASHINGTON, DC 20009 HMSA - Bus Advisory Cmt 52-2296578 501(C)(3) 25,000 **FMV** CHARITABLE 1700 E CAPITAL ST NE CONTRIBUTIONS WASHINGTON, DC 20003 Friendship Public Charter 58-2389864 501(C)(3) 25,000 **FMV** CHARITABLE Sch120 Q ST NE CONTRIBUTIONS WASHINGTON, DC 20002 KIPP DC910 17TH ST NW 74-2974642 501(C)(3) 25,000 FMV CHARITABLE WASHINGTON, DC 20006 CONTRIBUTIONS OFFICE OF CAREER 53-6001131 501(C)(3) 25,000 **FMV** CHARITABLE PTHWYS - DCPS825 N CONTRIBUTIONS CAPITOL ST NE WASHINGTON, DC 20002 SO OTHERS MAY EAT71 O FMV CHARITABLE 23-7098123 501(C)(3) 15,000 ST NW CONTRIBUTIONS WASHINGTON, DC 20001 THE WASHINGTON HOME 53-0196647 501(C)(3) 15,000 FMV CHARITABLE CONTRIBUTIONS 3720 UPTON ST NW WASHINGTON, DC 20016 Enter total number of section 501(c)(3) and government

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The organization established the AAMC Contribution Committee which is tasked with developing grant proposals, and selecting recipients. As a condition of the award we reqeust interim progress reports that are reviewed by the committee members.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493022008030

Employer identification number

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

ASSOCIATION OF AMERICAN MEDICAL COLLEGES 36-2169124 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	_ [(B) Breakdown of	W-2 and/or 1099-	MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DARRELL G KIRCH MD	(ı) (ıı)	810,638			23,000	14,656	848,294	
CAROL ASCHENBRENER MD	(1) (11)	526,067			23,000	14,752	563,819	
ROBERT F JONES PHD	(ı) (ıı)	384,759			23,000	13,943	421,702	
ATUL GROVER MD PHD	(ı) (ıı)	242,304			23,000	9,962	275,266	
RICHARD M KNAPP PHD	(ı) (ıı)	469,265			23,000	14,311	506,576	
JOSEPH A KEYES JR JD	(ı) (ıı)	351,991			23,000	13,584	388,575	
KATHLEEN S TURNER	(ı) (ıı)	294,678			23,000	13,266	330,944	
ELISA K SIEGEL	(ı) (ıı)	286,937			23,000	12,432	322,369	
JEANNE L MELLA	(ı) (ıı)	251,221			23,000	12,836	287,057	
CHARLES TERRELL EDD	(ı) (ıı)	208,795			23,000	12,123	243,918	
DAVID KORN MD	(ı) (ıı)	433,520			23,000	7,262	463,782	
ROBERT M DICKLER	(ı) (ıı)	410,229			23,000	13,038	446,267	
BARBARA S FRIEDMAN	(ı) (ıı)	387,496			23,000	12,879	423,375	
DAVID DAVIS MD	(ı) (ıı)	308,757			23,000	8,994	340,751	
DANIEL HUNT MD	(ı) (ıı)	281,139			23,000	8,926	313,065	
	(ii)							
							Schodule	a 1 (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanat ion
	Part I, Line 4a	BARBARA FRIEDMAN RECEIVED A SEVERANCE OF \$93,418
•		

Software ID: Software Version:

EIN: 36-2169124

Name: ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Form 990, Schedule J, Part	t II	[- Officers, Direct	tors, Trustees, Ke	y Employees, an	d Highest Compens	ated Employees		
(A) Name		(B) Breakdown of	fW-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DARRELL G KIRCH MD	(I) (II)	810,638			23,000	14,656	848,294	
CAROL ASCHENBRENER MD	(ı) (ıı)	526,067			23,000	14,752	563,819	
ROBERT F JONES PHD	(ı) (ıı)	384,759			23,000	13,943	421,702	
ATUL GROVER MD PHD	(ı) (ıı)	242,304			23,000	9,962	275,266	
	(ı) (ıı)	469,265			23,000	14,311	506,576	
JOSEPH A KEYES JR JD	(I) (II)	351,991			23,000	13,584	388,575	
KATHLEEN S TURNER	(I) (II)	294,678			23,000	13,266	330,944	
ELISA K SIEGEL	(ı) (ıı)	286,937			23,000	12,432	322,369	
JEANNE L MELLA	(ı) (ıı)	251,221			23,000	12,836	287,057	
CHARLES TERRELL EDD	(ı) (ıı)	208,795			23,000	12,123	243,918	
	(ı) (ıı)	433,520			23,000	7,262	463,782	
ROBERT M DICKLER	(I) (II)	410,229			23,000	13,038	446,267	
BARBARA S FRIEDMAN	(ı) (ıı)	387,496			23,000	12,879	423,375	
	(ı) (ıı)	308,757			23,000	8,994	340,751	
DANIEL HUNT MD	(I) (II)	281,139			23,000	8,926	313,065	

DLN: 93493022008030

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Inspection Employer identification number

	ne of the organization SOCIATION OF AMERICAN MEDICA	AL COLLEGES									identificat	tion num	ber	
										36-2169	9124			
P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	District of Columbia Revenue Bond - 97B	53-6001131	2548394H3	08-01-	2008	7,1	.50,000	BUILDING A	ACQUISIT:	ION		х		×
В	DiStrict of Columbia Revenue Bond - 2007	53-6001131 254839X32 Strict of Columbia Revenue Bond 5007 53-6001131 254839X40		07-01-	2007	Ğ	80,000	BUILDING ACQUISITION				х		х
c	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839X40	07-01-	2007	1,040,000 BUILD		BUILDING A	ACQUISIT:	ION		х		х
D	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839X57	07-01-	2007	1,0	85,000	BUILDING A	ACQUISIT:	ION		х		х
E	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839X65	07-01-	2007	1,1	.35,000	BUILDING A	ACQUISIT:	ION		х		х
P	Proceeds (Optional for	2008)				_					I		1	
					4	E	3	-		С)		E	
1	Total Proceeds of Issue Gross Proceeds in Reserve Funds													
2	Proceeds in Refunding or Defeasar	nce Escrows												
<u>3</u> 4	Other Unspent Proceeds	TCE L3C10W3												
- 5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed													
8	Year of Substantial Completion													
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding is	sue?											
10	Were the bonds issued as part of a	ın advance refundıng	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	final allocation of proceeds?													
Pa	rt III Private Business Use	(Optional for 2008	3)							<u> </u>				
				Yes	No	Yes	No	Yes	No No	Yes	No	Ye	<u>E</u>	No
1	Was the organization a partner in a		ember of an LLC,	163	110	163	110	163	140	163	110	1.6		110
	which owned property financed by A re there any lease arrangements		inanced property										_	
_	which may result in private busine	ss use?												
For	Paperwork Reduction Act Notice, see the	e Instructions for Forn	n 990.			Cat No 501	93E			S	chedule K	(Form 99	0) 2008	

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

DLN: 93493022008030

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Inspection Employer identification number

26 2160124

7,00	JOINT OF MILKIOM HEDION	12 00 222 020								36-2169	124			
Pa	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of l	Purpose	(g) Det	feased	(h) Beha Iss	alfof
											Yes	No	Yes	No
A	DIStrict of Columbia Revenue Bond - 2007	53-6001131	254839X73	07-01-2	2007	1,:	195,000	BUILDING A	CQUISIT	ON		x		×
В	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839X81	07-01-2	2007	1,255,000 BUILDING ACQUI		CQUISITI	[O N		х		Х	
c	DiStrict of Columbia Revenue Bond - 2007	1		07-01-2	2007	1,:	1,315,000 BUILDING ACQUISIT		CQUISIT	ON		x		×
D _	DiStrict of Columbia Revenue Bond - 2007	07 53-6001131 254839Y23		07-01-2	2007	1,:	385,000	BUILDING A	CQUISIT	ON		×		Х
E	DiStrict of Columbia Revenue Bond - 2007 53-6001131 254839Y31		07-01-2	2007	1,455,000		BUILDING ACQUISITION				×		Х	
Pa	rt III Proceeds (Optional for 2	2008)	·											
1	Total Proceeds of Issue		A	4	B C		D		1	E				
2	Gross Proceeds in Reserve Funds					1					+			
3	Proceeds in Refunding or Defeasan	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds											+		
6	Working Capital Expenditures from	n Proceeds										+		
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?	1										
11	Has the final allocation of proceeds	s been made?		†										
12	Does the organization maintain add	equate books and rec	cords to support the											
Pai	TETTE Private Business Use	(Optional for 2008	;)		•									
				A			В		<u> </u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,											
2	Are there any lease arrangements which may result in private busines		inanced property											
For I	Paperwork Reduction Act Notice, see the	e Instructions for Forn	n 990.			Cat No 501	193E			Sch	hedule K ((Form 99	0) 2008	

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

DLN: 93493022008030

OMB No 1545-0047

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule K

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

Employer identification number Name of the organization ASSOCIATION OF AMERICAN MEDICAL COLLEGES 36-2169124 **Bond Issues** (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No DiStrict of Columbia Revenue Bond Х - 2007 53-6001131 254839Y49 07-01-2007 1,525,000 BUILDING ACQUISITION Χ DiStrict of Columbia Revenue Bond Х Х - 2007 53-6001131 254839Y56 07-01-2007 1,600,000 BUILDING ACQUISITION DiStrict of Columbia Revenue Bond Χ - 2007 53-6001131 254839Y64 07-01-2007 1,680,000 BUILDING ACQUISITION Χ DiStrict of Columbia Revenue Bond Χ - 2007 53-6001131 254839Y72 07-01-2007 1,765,000 BUILDING ACQUISITION Χ DiStrict of Columbia Revenue Bond - 2007 53-6001131 254839Y80 07-01-2007 1,850,000 BUILDING ACQUISITION Х Χ Proceeds (Optional for 2008) Part II Α В C D Ε Total Proceeds of Issue 2 Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 4 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion 8 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III С Ε Α Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

DLN: 93493022008030

OMB No 1545-0047

Department of the Treasury

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Open to Public **Inspection**

Internal Revenue Service Name of the organization ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Employer identification number

36-2169124

										36-2169	124				
Р	art I Bond Issues (Required	for 2008)		1							1				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of	Purpose	(g) De	feased	(h) Beha Iss	alfof	
											Yes	No	Yes	No	
A	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839Y98	07-01-	2007	1,9	945,000	BUILDING ACQUISITION				×		X	
В	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839Z22	07-01-	01-2007 2,045,000 BUILDING ACQUISITION			ION		×		Х			
c	OIStrict of Columbia Revenue Bond - 2007 53-6001131 254839Z30		07-01-	2007	2,:	140,000	BUILDING A	ION		×		Х			
D	DiStrict of Columbia Revenue Bond - 2007 53-6001131 254839Z48			07-01-	2007	2,:	250,000	BUILDING A	CQUISIT	ION		×		Х	
E	District of Columbia Revenue Bond - 2007 53-6001131 254839Z55				2007	2,:	355,000	BUILDING A	CQUISIT	ION		х		Х	
Pa	rt II Proceeds (Optional for)	2008)					· ·				1				
1	1 Total Proceeds of Issue				4	ı	В	(D			E		
2	Gross Proceeds in Reserve Funds														
3	Proceeds in Refunding or Defeasar	nce Escrows													
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures from	Proceeds													
7	Capital Expenditures from Proceed	ds													
8	Year of Substantial Completion														
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
9	Were the bonds issued as part of a	current refunding is:	sue?												
10	Were the bonds issued as part of a	n advance refunding	ıssue?												
11	Has the final allocation of proceed:	s been made?													
12															
Pa	rt IIII Private Business Use	(Optional for 2008)			_									
						-	B I	(D			E		
	Was the against a section of			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
1	Was the organization a partner in a which owned property financed by t		mider of an LLC,												
2	Are there any lease arrangements which may result in private busine:		nanced property												
For	Paperwork Reduction Act Notice, see the	Instructions for Form	990.			Cat No 501	193E			Scl	hedule K	(Form 99	0) 2008		

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		C		D		E	
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

DLN: 93493022008030

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Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Bord Tocus (Paguired for 2008)

		(b) Issuer EIN			Issued	(e) Issue Price		(f) Des	cription of	(g) De	(g) Defeased		On alf of suer	
											Yes	No	Yes	No
A	DiStrict of Columbia Revenue Bond - 2007	53-6001131	254839Z63	07-01-	2007	2,4	470,000	BUILDING ACQUISITION		ION		х		х
Pa	rt II Proceeds (Optional for	2008)				_	<u>'</u>				•			
1	Total Proceeds of Issue				4	E	3		<u>c</u>	ı)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion											1		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding is:	sue?											
10	Were the bonds issued as part of a	ın advance refundıng	ıssue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain adfinal allocation of proceeds?	equate books and rec	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	')			_								
							3	C		ļ —)		E	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangements which may result in private busine													
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	n 990.			Cat No 501	.93E			s	chedule K	(Form 99	0) 2008	3

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		C		D		E	
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493022008030

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Name of the organization ASSOCIATION OF AMERICAN MEDICAL COLLEGES							n ploy		ntificat	ion n	umber	-		
Part I Excess Benefit Transact To be completed by organizatio						4) organız	ation	s on	ly).	, Part	V , line	40b		
1 (a) Name of disqualified						n of transa					c) Corr			
			(b)		СПРСК		Ction				Yes	No		
										_				
										_				
										\dashv				
2 Enter the amount of tax imposed on t	the organiz	ation mana	gers or disqualified p	ers	ons d	uring the ye	earun	der						
section 4958				•			•		\$ ——					
3 Enter the amount of tax, If any, on lin				٦.			•	•	\$					
Part II Loans to and/or From					T. / . l	26 5.	0.0		7 D	V 1	- 20-			
To be completed by organiza	tions that a	answered "Y	res" on Form 990, P	art	IV, III 	ie 26, or Fo	rm 99	9U-E2	2, Part (f		e 38a			
	(b) Loan from th						(e)	In	Appr		(g)W	rıtten		
(a) Name of interested person and purpose	organizat		(c)Original princip amount	aı	(d) Ba	(d)Balance due		(d)Balance due		ult?	by boa			ment?
F F	To	From	1				Yes	No	comm Yes	No	Yes	No		
JORDAN J COHEN MD	10	110111					163	140	163	140	165	140		
LIFE INSURANCE POLICY		X	168,8	01		785,107		Νo	Yes		Yes			
												 		
												 		
Total			> \$			785,107								
Part IIII Grants or Assistance B														
To be completed by organ						art IV, lin	e 27.							
(a) Name of interested person	(6)		o between interested the organization	pei	rson	(c)A mo	ount o	fgrar	nt or typ	pe of	assista	nce		
			<u>-</u>											
						+								
Part IV Business Transactions	Involvin	a Intere	sted Dersons											
To be completed by organ				n 9	90, P	art IV, lin	e 28a	a, 28	b, or 2	28c.				
		Relationshij			Ī	· · · · · · · · · · · · · · · · · · ·		•	,		(e) Sha	rıng of		
(a) Name of interested person		en interest	(=,		·	(d) Descri	ption	of tra	insactio	on l'	organiza			
		son and the ganızatıon	transactio	on		- -				-	reven	No.		
	<u> </u>	- `_			\dashv									
					$\neg \dagger$									
	1		I		- 1					- 1				

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SCHEDULE 0

Department of the Treasury

(Form 990)

Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493022008030

Open to Public Inspection

Employer identification number

Name of the organization
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

36-2169124

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d		MEMBERSHIP AND CONSTITUENT SERVICES MAINTAIN THE ASSOCIATIONS MEMBERSHIP & CONSTITUENT DATABASE, PLANS AND PROVIDES LOGISTICAL SUPPORT FOR MEETINGS AND CONFERENCES, OPERATES THE ASSOCIATION'S REFERENCE CENTER AND ARCHIVES, AND MANAGES PUBLICATIONS ORDERING AND FULLFILLMENT Expenses \$ 8620227 including grants of \$ 0 Revenue \$ 9711241

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	HEALTH CARE AFFAIRS THIS CLUSTER DEVELOPS PROGRAMS AND SERVICES TO HELP SUPPORT MEMBER INSTITUTIONS FOCUS ON THE INTERFACE BETWEEN HEALTH CARE DELIVERY SYSTEM AND ACADEMIC MEDICINE, PAYING PARTICULAR ATTENTION TO HOW HEALTH CARE IN ACADEMIC SETTINGS CAN ADDRESS QUALITY OF CARE AND PATIENT-CENTERED CARE Expenses \$ 6126118 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d		Biomedical Research and Health Sciences Research THIS CLUSTER Works to ensure an environment in which biomedical and behavioral research can flourish. The supply of scientific manpower, funding for research, scientific integrity, the responsible and humane use of animals in research and education, and relations with industry are among this CLUSTER's concerns. Expenses \$ 5337098 including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	DIVERSITY POLICY AND PROGRAMS This cluster Helps member institutions build DIVERSE, HIGHLY QUALIFIED, AND CULTURALLY COMPETENT PHYSICIAN AND BIOMEDICAL SCIENTIFIC WORKFORCE TO ADDRESS THE HEALTH NEEDS OF ALL IN AN INCREASINGLY DIVERSE NATION Expenses \$ 4505397 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ORGANIZATIONAL EFFECTIVENESS AND MANAGEMENT STUDIES HELP MEMBER INSTITUTIONS IDENTIFY, IMPLEMENT, AND SUSTAIN ORGANIZATIONAL PERFORMANCE IMPROVEMENTS PROGRAMS INCLUDE FACULTY DEVELOPMENT AND LEADERSHIP DEVELOPMENT Expenses \$ 2483382 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation						
•	Other Program Services	CENTER FOR WORKFORCE STUDIES HELP MEMBER INSTITUTIONS DEVELOP THE CAPACITY TO EFFECTIVELY DOCUMENT AND STUDY PHYSICIAN WORKFORCE ISSUES RELATED TO PHYSICIAN SUPPLY, DEMAND, UTILIZATION, AND DISTRIBUTION ACROSS SPECIALTY AND GEOGRAPHIC REGIONS Expenses \$ 1457427 including grants of \$ 0 Revenue \$ 0						

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section A, line 4		AAMC MADE CHANGES TO ORGANIZATION'S BY LAWS				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		AAMC IS A 501(C)(3) MEMBERSHIP ORGANIZATION FOR MEDICAL EDUCATION

ldentifier Reference		Explanation						
Form 990, Part VI, Section A, line 7a		PREVIOUS BY LAWS HAD EXECUTIVE COUNCIL MEMBERS ELECTED BY SUBCOMMITTEES						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		PREVIOUS BY LAWS HAD EXECUTIVE COUNCIL MEMBERS ELECTED BY SUBCOMMITTEES

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 10		THE AAMC'S FORM 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE DURING THIS REVIEW MANAGEMENT AND THE INDEPENDENT TAX PREPARER DESCRIBE ENTRIES IN EACH SECTION OF THE 990 AND ANSWER ANY QUESTIONS POSED BY THE AUDIT COMMITTEE THE AUDIT COMMITTEE APPROVES THE 990 FOR DISTRIBUTION TO THE FULL BOARD THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER FOR REVIEW AND COMMENT AFTER THE DISTRIBUTION AND UPON EXPIRATION OF THE COMMENT PERIOD THE 990 IS SIGNED BY AN APPROPRIATE AAMC OFFICER AND FILED WITH THE IRS, AND STATE GOVERNMENTS AS REQUIRED							

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE AAMC HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY EACH BOARD MEMBER IS REQUIRED TO ACKNOWLEDGE IN WRITING ANNUALLY THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS ITS CONTENTS, AND AGREES TO COMPLY WITH THE POLICY THE POLICY DESCRIBES PROCEDURES FOR DETERMINING WHEN A CONFLICT EXISTS, PROCEDURES FOR ADDRESSING and AMELIORATING THE CONFLICT, IF ANY, AND PROCEDURES FOR addressing VIOLATIONS OF THE POLICY

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 15		THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES THE COMMITTEE USES INDEPENDENT COMPENSATION CONSULTANTS, MARKET SURVEYS AND DATA FROM OTHER INDEPENDENT SOURCES TO DEVELOP ITS RECOMMENDATIONS						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Identifier	Return Reference	Explanation
form 990 part IV, line 12 and part XI, line 2a	GAAP FINANCIAL STATEMENTS	ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS AFFILIATES

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

DLN: 93493022008030

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

				36-2169124	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity L	(C) egal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	(E) Public charity sta (if section 501(c)	atus (F) Direct controlling entity
24FO N CTREET NW	PROMOTE COOPERATION BETWEEN MEDICAL AND EDUCATIONAL COMMUNITIES	DC 501(C)(2)		N/A	N/A

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	\Box		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
ь	Gıft, grant, or capıtal contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
		П		
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
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			
-	(B)			
	(A) Transaction Name of other organization(s) (C) Variety of the control of the			

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) CENTER FOR EDUCATION AND MEDICINE INC	М	1,141,892
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No								
			•	•		•		Sabadula	D / Form									

Software ID: Software Version:

EIN: 36-2169124

Name: ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Form 990, Part VII - Section Aaa

JOHN FORSYTH, DIRECTOR	Form 990, Part VII - Section Aaa										
(A) Name and Title (B) Name and Title (A) Name and Title (B) Name and Title (A) Name and Title (B) Name and Title (B) Name and Title (C) Na				tion (chec		I			(F)	(F)
ONLY FORSYTH, DIRECTOR		Average hours per	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
KELLI HARDING MD , DIRECTOR 2 00	ROBERT J DESNICK MD , DIRECTOR	2 00	Χ						0	0	0
RANDALL K HOLMES MD , DIRECTOR 2 00 X	JOHN FORSYTH , DIRECTOR	2 00	Х						0	0	0
MARR KLARET, DIRECTOR 200 X 0 0 0 0 C THOMAS JLAWLEY MD, DIRECTOR 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER 2 00 X X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER D, DIRECTOR 2 00 X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY/TREASURER MD, DIRECTOR 2 00 X 0 0 0 0 C C STEVEN LIPSTEIN, SECRETARY MORE MAD JOINT LIPSTEIN, SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 X X S SECRETARY MAD JOINT LIPSTEIN, CHIEF SO 00 MAD JOINT	KELLI HARDING MD , DIRECTOR	2 00	Х						0	0	0
THOMAS J LAWLEY MD , DIRECTOR	RANDALL K HOLMES MD , DIRECTOR	2 00	Х						0	0	0
STEVEN LIPSTEIN	MARK R LARET , DIRECTOR	2 00	Х						0	0	0
SECRETARY/TREASURER	THOMAS J LAWLEY MD , DIRECTOR	2 0 0	X						0	0	0
ANTHONY A MEYER MD , DIRECTOR 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	2 00	Х		х				0	0	0
JILOYD MICHENER MD	JASON P LOTT , DIRECTOR	2 00	Χ						0	0	0
LOIS M NORA MD JD , DIRECTOR	ANTHONY A MEYER MD , DIRECTOR	2 00	Х						0	0	0
DEBORAH E POWELL MD, DIRECTOR 2 00	J LLOYD MICHENER MD , DIRECTOR	2 00	Х						0	0	0
E ALBERT Reace MD, DIRECTOR 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LOIS M NORA MD JD , DIRECTOR	2 00	Х						0	0	0
PETER L SLAVIN MD , DIRECTOR	DEBORAH E POWELL MD , DIRECTOR	2 00	Х						0	0	0
ELLIOT J SUSSMAN MD , DIRECTOR 2 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E ALBERT Reece MD , DIRECTOR	2 00	Х						0	0	0
VALERIE N WILLIAMS PHD , DIRECTOR 2 00	PETER L SLAVIN MD , DIRECTOR	2 00	Х						0	0	0
DARRELL G KIRCH MD , PRESIDENT & 50 00 X X X 810,638 0 37,656 CEO CAROL ASCHENBRENER MD , EXECUTIVE VICE PRESIDENT 50 00 X 526,067 0 37,752 ROBERT F JONES PHD , CHIEF 50 00 X 384,759 0 36,943 John e prescott md , CHIEF ACADEMIC 50 00 X 124,164 0 13,295 JOANNE M CONROY MD , CHIEF 50 00 X 129,928 0 13,316 HEALTH CARE OFFICE 50 00 X 242,304 0 32,962 ATUL GROVER MD PHD , CHIEF 50 00 X 242,304 0 32,962 RICHARD M KNAPP PHD , SENIOR 50 00 X 469,265 0 37,311 JOSEPH A KEYES JR JD , CHIEF LEGAL 50 00 X 294,678 0 36,586 KATHLEEN S TURNER , CHIEF 50 00 X 286,937 0 36,586 ELISA K SIEGEL , CHIEF 50 00 X 286,937 0 35,432 JEANNE L MELLA , CHIEF 10 SO 00 X 208,795 0 35,122 DAVID KORN MD , SENIOR 50 00 X 208,795 0 35,122 DAVID KORN MD , SENIOR STAFF 50 00 X 208,795 0 35,122 DAVID KORN MD , SENIOR STAFF 50 00 X 208,795 0 30,262	ELLIOT J SUSSMAN MD , DIRECTOR	2 00	Х						0	0	0
CEO CAROL ASCHENBRENER MD, EXECUTIVE VICE PRESIDENT ROBERT F JONES PHD, CHIEF MISSION SUPPORT OF JOHN e prescott md, CHIEF ACADEMIC OFFICER JOANNE M CONROY MD, CHIEF HEALTH CARE OFFICE ATUL GROVER MD PHD, CHIEF ADVOCACY OFFICER RICHARD M KNAPP PHD, SENIOR JOSEPH A KEYES JR JD, CHIEF LEGAL OFFICER JOSEPH A KEYES JR JD, CHIEF SO 00 KATHLEEN S TURNER, CHIEF OF STAFF COMMUNICATIONS OFF JEANNE L MELLA, CHIEF JOOO KATHLEEN S TURNER, CHIEF JOOO KATHLEEN S TU	VALERIE N WILLIAMS PHD , DIRECTOR	2 00	Х						0	0	0
EXECUTIVE VICE PRESIDENT S0 00		50 00	Х		х				810,638	0	37,656
MISSION SUPPORT OF S0 00		50 00			х				526,067	0	37,752
OFFICER 50 00 X 124,104 0 13,29 JO ANNE M CONROY MD , CHIEF HEALTH CARE OFFICE 50 00 X 129,928 0 13,310 ATUL GROVER MD PHD , CHIEF ADVOCACY OFFICER 50 00 X 242,304 0 32,962 RICHARD M KNAPP PHD , SENIOR ADVISOR 50 00 X 469,265 0 37,311 JO SEPH A KEYES JR JD , CHIEF LEGAL OFFICER 50 00 X 351,991 0 36,584 KATHLEEN S TURNER , CHIEF OF STAFF 50 00 X 294,678 0 36,266 ELISA K SIEGEL , CHIEF COMMUNICATIONS OFF 50 00 X 286,937 0 35,432 JEANNE L MELLA , CHIEF INFORMATION OFFICE 50 00 X 251,221 0 35,836 CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER 50 00 X 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262		50 00				х			384,759	0	36,943
HEALTH CARE OFFICE		50 00				х			124,164	0	13,295
ADVOCACY OFFICER RICHARD M KNAPP PHD , SENIOR ADVISOR JOSEPH A KEYES JR JD , CHIEF LEGAL OFFICER KATHLEEN S TURNER , CHIEF OF STAFF COMMUNICATIONS OFF JEANNE L MELLA , CHIEF INFORMATION OFFICE CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER DAVID KORN MD , SENIOR STAFF 50 00 X 242,304 X 469,265 0 37,311 X 294,678 0 36,584 X 294,678 0 36,266 X 286,937 0 35,432 0 35,836 AV 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,266	HEALTH CARE OFFICE	50 00				×			129,928	0	13,310
ADVISOR	ADVOCACY OFFICER	50 00				×			242,304	0	32,962
OFFICER 50 00 X 351,991 0 36,364 KATHLEEN S TURNER , CHIEF OF STAFF 50 00 X 294,678 0 36,266 ELISA K SIEGEL , CHIEF COMMUNICATIONS OFF 50 00 X 286,937 0 35,432 JEANNE L MELLA , CHIEF INFORMATION OFFICE 50 00 X 251,221 0 35,836 CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER 50 00 X 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262	ADVISOR	50 00				x			469,265	0	37,311
ELISA K SIEGEL , CHIEF 50 00 X 286,937 0 35,432 COMMUNICATIONS OFF 50 00 X 251,221 0 35,836 JEANNE L MELLA , CHIEF INFORMATION OFFICE 50 00 X 251,221 0 35,836 CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER 50 00 X 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262	OFFICER										,
COMMUNICATIONS OFF 50 00 X 286,937 0 33,432 JEANNE L MELLA , CHIEF INFORMATION OFFICE 50 00 X 251,221 0 35,836 CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER 50 00 X 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262	·	50 00				X			294,678	0	36,266
INFORMATION OFFICE 50 00 X 251,221 0 35,856 CHARLES TERRELL EDD , CHIEF DIVERSITY OFFICER 50 00 X 208,795 0 35,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262	COMMUNICATIONS OFF	50 00				x			286,937	0	35,432
DIVERSITY OFFICER 50 00 X 206,793 33,123 DAVID KORN MD , SENIOR STAFF 50 00 X 433,520 0 30,262	INFORMATION OFFICE	50 00				x			251,221	0	35,836
	DIVERSITY OFFICER					x			,		,
ROBERT M DICKLER, SENIOR STAFF 50 00							_		·		30,262
	ROBERT M DICKLER, SENIOR STAFF	50 00					X		410,229	0	36,038

Form 990, Part VII - Section Aaa

Torin 550, rait VII Section Aut	-									4	
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
BARBARA S FRIEDMAN , SENIOR STAFF	50 00					x		387,496	0	35,879	
DAVID DAVIS MD , SENIOR STAFF	50 00					Х		308,757	0	31,994	
DANIEL HUNT MD , SENIOR STAFF	50 00					X		281,139	0	31,926	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

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	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a ERAS	900,099	39,873,616	39,873,616		
b AMCAS	900,099	20,443,639	20,443,639		
c MCAT	900,099	13,847,708	13,847,708		
d PUBLICATIONS	900,099	5,103,154	5,103,154		
e MEETINGS AND WORKSHOPS	900,099	4,608,091	4,608,091		