

EXTENDED TO MAY 15, 2025

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable:	C Name of organization <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>		D Employer identification number <b>04-2284338</b>
<input type="checkbox"/> Address change	Doing business as		E Telephone number <b>205-978-5000</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>726 7TH ST. SE</b>	Room/suite	G Gross receipts \$ <b>21,877,028.</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20003</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: <b>DAN CARRE SAME AS C ABOVE</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	J Website: <b>WWW.ASRM.ORG</b>		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1944</b> M State of legal domicile: <b>DE</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE (ASRM) IS DEDICATED TO THE ADVANCEMENT OF THE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 47	
	6 Total number of volunteers (estimate if necessary)	6 400	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 3,694.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 2,322.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,190,523.</b>	Current Year <b>6,529,283.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>9,915,585.</b>	<b>10,844,455.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,476,450.</b>	<b>3,188,751.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>10,586.</b>	<b>3,694.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,593,144.</b>	<b>20,566,183.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,144,249.</b>	<b>1,647,418.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,176,158.</b>	<b>5,487,599.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,239,806.</b>	<b>6,859,094.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,560,213.</b>	<b>13,994,111.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>1,032,931.</b>	<b>6,572,072.</b>	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	<b>75,689,894.</b>	<b>88,178,883.</b>	
	<b>8,736,194.</b>	<b>8,811,630.</b>	
	<b>66,953,700.</b>	<b>79,367,253.</b>	

## Part II Signature Block

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

Sign Here	Signature of officer <b>DAN CARRE, CHIEF FINANCIAL OFFICER</b>		Date
	Type or print name and title		
Paid	Print/Type preparer's name <b>MATT L. GRIFFITH</b>	Preparer's signature <b>MATT L. GRIFFITH</b>	Date <b>04/11/25</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00966290</b>
Preparer	Firm's name <b>ML GRIFFITH CPA, LLC</b>		Firm's EIN <b>47-3501036</b>
Use Only	Firm's address <b>4220 CAHABA HEIGHTS COURT, STE 212 BIRMINGHAM, AL 35243</b>		Phone no. (205) <b>440-8273</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

## **Part III Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission:

THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE (ASRM) IS DEDICATED TO THE ADVANCEMENT OF THE SCIENCE AND PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES ITS MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EVIDENCE-BASED LIFE-LONG EDUCATION AND LEARNING, THROUGH THE

- 2** Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? .....

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

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

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code: ) (Expenses \$ 888,925. including grants of \$ ) (Revenue \$ 2,199,927. )

## PRINTING MONTHLY EDUCATIONAL

- PUBLISHING MONTHLY EDUCATIONAL PERIODICAL

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PUBLISHING MONTHLY EDUCATIONAL PERIODICAL

- 4b** (Code: \_\_\_\_\_) (Expenses \$ 2,475,115. including grants of \$ 1,647,418.) (Revenue \$ 1,582,644.)

- 4c (Code:                   ) (Expenses \$ 4,416,454. including grants of \$                   ) (Revenue \$ 6,947,306. )

- 4d** Other program services (Describe on Schedule O.)

(Expenses \$ 968,679. including grants of \$ ) (Revenue \$ 114,578.)

- 4e** Total program service expenses **8,749,173.**

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
11b .....	11b X	
11c .....	11c X	
11d .....	11d X	
11e .....	11e X	
11f .....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a X	
14b .....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a X	
20b .....	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21 X	

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**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	178
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

	Yes	No
<b>2a</b> 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	47
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	3b	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b	
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders .....	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	13b	
<b>c</b> Enter the amount of reserves on hand .....	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
If "Yes," complete Form 4720, Schedule O.		
<b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year .....	1a	18
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	1b	18
<b>2</b>	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	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
<b>6</b>	Did the organization have members or stockholders? .....	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	9	X

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	<b>NONE</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
<b>19</b>	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records	
	<b>DAN CARRE - 205-978-5000</b>	
	<b>1209 MONTGOMERY HIGHWAY, BIRMINGHAM, AL 35216-2809</b>	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JARED ROBINS, M.D., MBA CHIEF EXECUTIVE OFFICER	60.00	X					710,466.	0.	0.
(2) SEAN TIPTON, M.A. CHIEF ADVOCACY, POLICY AND	60.00	X					289,950.	0.	0.
(3) CHEVIS SHANNON, DRPH, MBA CHIEF MEDICAL OFFICER	60.00	X					253,478.	0.	0.
(4) DAN CARRE, C.P.A. CHIEF FINANCIAL OFFICER	60.00	X					244,461.	0.	0.
(5) LEE PEARCE, MSW, MHSA CHIEF OPERATING OFFICER	60.00	X					213,559.	0.	0.
(6) PAULA AMATO, M.D. PRESIDENT	2.00		X				30,000.	0.	0.
(7) ELIZABETH GINSBURG, M.D. PRESIDENT-ELECT	2.00		X				19,000.	0.	0.
(8) MICHAEL THOMAS, M.D. IMMEDIATE PAST PRESIDENT	2.00		X				15,000.	0.	0.
(9) MARCELLE CEDARS, M.D. PAST PRESIDENT	2.00		X				7,000.	0.	0.
(10) ROBERT BRANNIGAN, M.D. VICE PRESIDENT	2.00		X				5,000.	0.	0.
(11) RUBEN ALVERO, M.D. DIRECTOR (FINANCE)	2.00	X					2,000.	0.	0.
(12) EVE FEINBURG, M.D. DIRECTOR (PUBLICATIONS)	2.00	X					2,000.	0.	0.
(13) PAUL LIN, M.D. DIRECTOR (FINANCE)	2.00	X					1,000.	0.	0.
(14) JESSICA SPENCER, M.D. SECRETARY/TREASURER	2.00		X				0.	0.	0.
(15) AKANKSHA MEHTA, M.D. DIRECTOR (FINANCE)	2.00	X					0.	0.	0.
(16) KIM THORNTON, M.D. DIRECTOR (PUBLICATIONS)	2.00	X					0.	0.	0.
(17) SANGITA JINDAL, PH.D. DIRECTOR (PUBLICATIONS)	2.00	X					0.	0.	0.

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Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) MINDY CHRISTIANSON, M.D. SRS REPRESENTATIVE	2.00	X					0.	0.	0.
(19) RANJITH RAMASAMY, M.D. SRS ALTERNATIVE REP	2.00	X					0.	0.	0.
(20) STEVEN SPANDORFER, M.D. SART REPRESENTATIVE	2.00	X					0.	0.	0.
(21) MICAH HILL, M.D. SART ALTERNATIVE REP	2.00	X					0.	0.	0.
(22) KATHLEEN HWANG, M.D. SMRU REPRESENTATIVE	2.00	X					0.	0.	0.
(23) MATT COWARD, M.D. SMRU ALTERNATIVE REP	2.00	X					0.	0.	0.
(24) ERICA MARSH, M.D. SREI REPRESENTATIVE	2.00	X					0.	0.	0.
(25) ERICA JOHNSTONE, M.D. SREI ALTERNATIVE REP	2.00	X					0.	0.	0.
<b>1b Subtotal</b>							<b>1,792,914.</b>	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>1,792,914.</b>	0.	0.

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

8

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3	X	
4	X	
5	X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEMAN AUDIO VISUAL LLC PO BOX 734596, DALLAS, TX 75373-4596	AUDIO VISUAL FOR ANNUAL MEETING	1,094,400.
HILTON NEW ORLEANS RIVERSIDE TWO POYDRAS ST, NEW ORLEANS, LA 70130	SERVICES FOR ANNUAL MEETING	366,766.
FREEMAN DECORATING CO PO BOX 734596, DALLAS, TX 75373-4596	SERVICES FOR ANNUAL MEETING	351,591.
CENTERPLATE @ NOLA E N MORIAL CONV CTR, 900 CONVENTION CTR BLVD, NEW ORLEANS, LA	SERVICES FOR ANNUAL MEETING	237,205.
CENTERPLATE @ SAN DIEGO CONVENTION CENTER 111 WEST HARBOR DR, SAN DIEGO, CA 92101	SERVICES FOR ANNUAL MEETING	237,205.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	8	

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**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues .....	<b>1b</b>			
	<b>c</b> Fundraising events .....	<b>1c</b>			
	<b>d</b> Related organizations .....	<b>1d</b>			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,529,283.		
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$		
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....		6,529,283.		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2 a</b> ANNUAL MEETING .....	541800	6,947,306.	6,947,306.	
	<b>b</b> JOURNAL .....	541800	2,199,927.	2,199,927.	
	<b>c</b> MEMBERSHIP DUES .....	541800	1,334,030.	1,334,030.	
	<b>d</b> COMMITTEE MEETINGS .....	541800	248,614.	248,614.	
	<b>e</b> PUBLICATIONS .....	541800	114,578.	114,578.	
	<b>f</b> All other program service revenue .....	541800			
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....		10,844,455.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,060,856.		2060856.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....				
	<b>5</b> Royalties .....				
		(i) Real	(ii) Personal		
	<b>6 a</b> Gross rents .....	6a	18,000.		
	<b>b</b> Less: rental expenses ...	6b	14,306.		
	<b>c</b> Rental income or (loss) .....	6c	3,694.		
	<b>d</b> Net rental income or (loss) .....		3,694.		3,694.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	7a	(i) Securities	(ii) Other	
		7a	2,424,434.		
	<b>b</b> Less: cost or other basis and sales expenses .....	7b	1,296,539.		
	<b>c</b> Gain or (loss) .....	7c	1,127,895.		
	<b>d</b> Net gain or (loss) .....		1,127,895.		1127895.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	8a			
	<b>b</b> Less: direct expenses .....	8b			
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	9a			
	<b>b</b> Less: direct expenses .....	9b			
	<b>c</b> Net income or (loss) from gaming activities .....				
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	10a			
	<b>b</b> Less: cost of goods sold .....	10b			
	<b>c</b> Net income or (loss) from sales of inventory .....				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11 a</b> .....				
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> All other revenue .....				
	<b>e</b> <b>Total.</b> Add lines 11a-11d .....				
	<b>12</b> <b>Total revenue.</b> See instructions .....		20,566,183.	10844455.	3,694.
					3188751.

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	1,647,418.	1,647,418.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,792,914.	1,026,636.	766,278.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	2,558,558.	1,465,049.	1,093,509.	
7 Other salaries and wages .....				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	593,296.	339,726.	253,570.	
9 Other employee benefits .....	266,179.	152,416.	113,763.	
10 Payroll taxes .....	276,652.	158,413.	118,239.	
11 Fees for services (nonemployees):				
a Management .....	56,253.	32,211.	24,042.	
b Legal .....	44,100.	25,252.	18,848.	
c Accounting .....	103,193.	59,089.	44,104.	
e Professional fundraising services. See Part IV, line 17 .....	101,962.		101,962.	
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	125,770.	72,017.	53,753.	
12 Advertising and promotion .....	53,265.	30,500.	22,765.	
13 Office expenses .....	575,721.	329,662.	246,059.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	420,642.	240,863.	179,779.	
17 Travel .....	743,407.	425,680.	317,727.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	1,607,841.	920,662.	687,179.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	212,741.	121,817.	90,924.	
23 Insurance .....	128,610.	73,643.	54,967.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a <b>INCOME TAX-UBT &amp; STATES</b> .....	3,118.	1,785.	1,333.	
b <b>EQUIPMENT RENTAL</b> .....	1,653,488.	946,799.	706,689.	
c <b>OTHER ADMINISTRATIVE</b> .....	582,539.	333,566.	248,973.	
d <b>ALL OTHER EXPENSES</b> .....	235,089.	134,614.	100,475.	
e All other expenses .....	211,355.	211,355.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e .....	13,994,111.	8,749,173.	5,244,938.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....		1	
	2 Savings and temporary cash investments .....	4,591,886.	2	4,999,596.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	1,629,427.	4	1,623,883.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	254,764.	9	397,259.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 7,498,175.		
	b Less: accumulated depreciation .....	10b 5,048,081.	2,274,988.	10c 2,450,094.
	11 Investments - publicly traded securities .....	64,871,972.	11	76,707,866.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....	1,246,901.	14	1,246,901.
	15 Other assets. See Part IV, line 11 .....	819,956.	15	753,284.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	75,689,894.	16	88,178,883.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	2,394,106.	17	2,385,943.
	18 Grants payable .....	648,490.	18	749,480.
	19 Deferred revenue .....	4,471,456.	19	4,536,759.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,222,142.	23	1,139,448.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,736,194.	26	8,811,630.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	50,077,986.	27	53,810,312.
	28 Net assets with donor restrictions .....	16,875,714.	28	25,556,941.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	66,953,700.	32	79,367,253.
	33 Total liabilities and net assets/fund balances .....	75,689,894.	33	88,178,883.

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**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	20,566,183.
2 Total expenses (must equal Part IX, column (A), line 25)	2	13,994,111.
3 Revenue less expenses. Subtract line 2 from line 1	3	6,572,072.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,953,700.
5 Net unrealized gains (losses) on investments	5	5,841,481.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	79,367,253.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2023)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number 04-2284338
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts 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 from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
15 Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2820829.	2444405.	2560532.	3357880.	7863313.	19046959.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	9504161.	4365624.	6553335.	8748228.	9510425.	38681773.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5 .....	12324990.	6810029.	9113867.	12106108.	17373738.	57728732.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....	176,735.	96,240.	347,851.	617,627.	487,618.	1726071.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
c Add lines 7a and 7b .....	176,735.	96,240.	347,851.	617,627.	487,618.	1726071.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						56002661.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6 .....	12324990.	6810029.	9113867.	12106108.	17373738.	57728732.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1428142.	1398543.	1539170.	1611929.	2078856.	8056640.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	1428142.	1398543.	1539170.	1611929.	2078856.	8056640.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....	10,000.	1,000.				11,000.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	13763132.	8209572.	10653037.	13718037.	19452594.	65796372.
14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	15	85.12	%
16 Public support percentage from 2022 Schedule A, Part III, line 15 .....	16	84.98	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	17	12.24	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 .....	18	12.22	%

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

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**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

## Part VI

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

## Schedule A

## **Payments from Disqualified Persons Included on Part III, Line 7a**

2023

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Total to Schedule A,  
Part III, Line 7a .....

**Schedule B**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Employer identification number

04-2284338

Organization type (check one):

**Filers of:**Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AIVF</u>  <u>26B HABARZEL STREET</u>  <u>TEL AVIV, ISRAEL</u>	\$ <u>13,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>ASTELLAS PHARMA US, INC.</u>  <u>1 ASTELLAS WAY</u>  <u>NORTHBROOK, IL 60062</u>	\$ <u>44,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>BOSTON IVF</u>  <u>130 2ND AVE</u>  <u>WALTHAM, MA 02451-1158</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>CANADIAN FERTILITY AND ANDROLOGY SOCIETY</u>  <u>1719 GRAND TURK RUE</u>  <u>MONTREAL, CANADA</u>	\$ <u>9,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>CCRM MANAGEMENT</u>  <u>9380 STATION ST STE 425</u>  <u>LONE TREE, CO 80124</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>COOPERSURGICAL</u>  <u>95 CORPORATE DR</u>  <u>TRUMBULL, CT 06611-1350</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>EMD SERONO, INC.</u> <u>1 TECHNOLOGY PL</u> <u>ROCKLAND, MA 02370-1071</u>	\$ <u>165,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>ENGAGEDMD</u> <u>2610 TUNLAW RD NW APT 204</u> <u>WASHINGTON, DC 20007</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>EUROPEAN SOCIETY OF HUMAN REPRODUCTION AND EMBRYOLOGY (ESHRE)</u> <u>MEERSTRAAT 60</u> <u>GRIMBERGEN, BELGIUM</u>	\$ <u>16,272.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>FELLOW HEALTH, INC.</u> <u>1933 DAVIS ST STE 263</u> <u>SAN LEANDRO, CA 94577</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>FERRING PHARMACEUTICALS, INC.</u> <u>100 INTERPACE PKWY</u> <u>PARSIPPANY, NJ 07054-1149</u>	\$ <u>252,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>FIRST FERTILITY</u> <u>400 CAPITAL BLVD STE 102</u> <u>ROCKY HILL, CT 06067</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GENOMIC PREDICTION 675 US HWY 1 STE 126 NORTH BRUNSWICK, NJ 08902-3378	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
14	INCEPTION FERTILITY 12 GREENWAY PLZ STE 1100 HOUSTON, TX 77046-1201	\$ 40,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
15	JONES FOUNDATION 1340 N GREAT NECK RD STE 1272-400 VIRGINIA BEACH, VA 23454	\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
16	KANEKA NUTRIENTS 6250 UNDERWOOD RD PASADENA, TX 77507	\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
17	KINDBODY 1140 BROADWAY NEW YORK, NY 10001-7504	\$ 10,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
18	MASSACHUSETTS GENERAL HOSPITAL FERTILITY CENTER 32 FRUIT ST BOSTON, MA 02114-2620	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MEDICAL ELECTRONIC SYSTEMS, LLC 5757 W CENTURY BLVD STE 805 LOS ANGELES, CA 90045	\$ 7,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
20	MEDSCAPE 395 HUDSON ST FL 3 NEW YORK, NY 10014	\$ 25,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
21	MEITHEAL PHARMACEUTICALS, INC. 8700 W BRYN MAWR AVE CHICAGO, IL 60631	\$ 10,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
22	NORTH STAR FERTILITY PARTNERS LLC 175 FEDERAL ST STE 725 BOSTON, MA 02110	\$ 6,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
23	ORCHID 160 W 75TH ST NEW YORK, NY 10023	\$ 7,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
24	ORGANON LLC 30 HUDSON ST 33RD FLOOR JERSEY CITY, NJ 07302	\$ 68,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	OVATION FERTILITY  15821 VENTURA BLVD STE 550  ENCINO, CA 91436	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
26	POSTERITY HEALTH  13009 S PARKER RD  PARKER, CO 80134	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
27	PROGYNY  1490 O'BRIEN DR STE A  MENLO PARK, CA 94025-1432	\$ 47,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
28	QUALITY REVIEWS  141 W 28TH ST FL 9  NEW YORK, NY 10001	\$ 11,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
29	REPROLIFE  2-5-5-8F  SHINJUKU, JAPAN	\$ 36,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
30	THERMO FISHER SCIENTIFIC  180 OYSTER POINT BLVD  SOUTH SAN FRANCISCO, CA 94080-1909	\$ 18,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	UNIVERSITY OF MICHIGAN 1500 E. MEDICAL CENTER DR #L3614 ANN ARBOR, MI 48109-5000	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	US FERTILITY 401 WILSHIRE BLVD FL 12 SANTA MONICA, CA 90401-1456	\$ 41,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	WEILL CORNELL MEDICINE-DEPT OF REPRODUCTIVE MEDICINE 1305 YORK AVENUE ROOM 716 NEW YORK, NY 10021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

**Employer identification number**

04-2284338

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

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

Name of organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number

04-2284338

**Part III**

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

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

Name of organization THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

**Employer identification number**  
04-2284338

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
**2** Political campaign activity expenditures ..... \$ \_\_\_\_\_  
**3** Volunteer hours for political campaign activities

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No  
4a Was a correction made? .....  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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Schedule C (Form 990) 2023

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Schedule C (Form 990) 2023

04-2284338 Page 2

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>											
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	103,192.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	103,192.												
<b>d</b>	Other exempt purpose expenditures .....	13,876,612.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,979,804.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	848,990.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left; padding: 2px;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">not over \$500,000,</td> <td style="padding: 2px;">20% of the amount on line 1e.</td> </tr> <tr> <td style="padding: 2px;">over \$500,000 but not over \$1,000,000,</td> <td style="padding: 2px;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="padding: 2px;">over \$1,000,000 but not over \$1,500,000,</td> <td style="padding: 2px;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="padding: 2px;">over \$1,500,000 but not over \$17,000,000,</td> <td style="padding: 2px;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="padding: 2px;">over \$17,000,000,</td> <td style="padding: 2px;">\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	212,248.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No											

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount			828,011.	848,990.	1,677,001.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,515,502.
<b>c</b> Total lobbying expenditures			84,000.	103,192.	187,192.
<b>d</b> Grassroots nontaxable amount			207,003.	212,248.	419,251.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					628,877.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

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

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

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

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

**Part IV** Supplemental Information

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

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**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
InspectionName of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE** Employer identification number **04-2284338****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a	
b Total acreage restricted by conservation easements .....	2b	
c Number of conservation easements on a certified historic structure included on line 2a .....	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....		
4 Number of states where property subject to conservation easement is located .....		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

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

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

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations
- d  Loan or exchange program  
 e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- c Beginning balance .....
- d Additions during the year .....
- e Distributions during the year .....
- f Ending balance .....
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	14,766,531.	21,033,435.	24,288,025.	19,305,307.	16,456,643.
b Contributions .....					
c Net investment earnings, gains, and losses .....	8,996,918.	304,974.	-3,017,495.	4,995,875.	3,131,988.
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	971,648.	202,732.	237,095.	13,157.	283,324.
f Administrative expenses .....					
g End of year balance .....	22,791,801.	21,135,677.	21,033,435.	24,288,025.	19,305,307.

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

- a Board designated or quasi-endowment 68.7300 %  
 b Permanent endowment 12.0900 %  
 c Term endowment 19.1800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? .....
- (ii) Related organizations? .....

Yes	No
3a(i)	X
3a(ii)	X
3b	

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....	1,262,080.			1,262,080.
b Buildings .....	2,904,633.			2,904,633.
c Leasehold improvements .....				
d Equipment .....	3,331,462.			3,331,462.
e Other .....			5,048,081.	-5,048,081.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				2,450,094.

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

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**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</b>		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	

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

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	26,302,008.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,841,481.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,694.
e	Add lines 2a through 2d	2e	5,837,787.
3	Subtract line 2e from line 1	3	20,464,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,962.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	101,962.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,566,183.

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

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

1	Total expenses and losses per audited financial statements	1	13,888,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,888,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,962.
b	Other (Describe in Part XIII.)	4b	3,694.
c	Add lines 4a and 4b	4c	105,656.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,994,111.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

THE BOARD OF DIRECTORS HAS DETERMINED THAT A PORTION OF THE SOCIETY'S NET ASSETS MEET THE DEFINITION OF ENDOWMENT FUNDS UNDER UPMIFA. WHILE THERE IS NO FORMAL ENDOWMENT POLICY, THE SOCIETY'S ENDOWMENTS FOLLOW THE GUIDELINES AND OBJECTIVES FROM THE SOCIETY'S INVESTMENT POLICY.

**PART X, LINE 2:**

THE SOCIETY APPLIES GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELATING TO UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE REQUIRES ENTITIES TO ASSESS THEIR TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE (IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. IN ACCORDANCE WITH THIS

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
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Schedule D (Form 990) 2023

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**Part XIII** **Supplemental Information** *(continued)*

GUIDANCE, THE SOCIETY HAS ASSESSED ITS TAX POSITIONS AND DETERMINED THAT  
IT DOES NOT HAVE ANY POSITIONS AT JUNE 30, 2024 AND 20223, THAT IT WOULD  
BE UNABLE TO SUBSTANTIATE. UNDER STATUTE, THE SOCIETY IS SUBJECT TO IRS  
AND STATE TAXING AUTHORITY REVIEW FOR TAX YEARS 2021 THROUGH 2023. THE  
SOCIETY HAS FILED TAX RETURNS THROUGH 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES NETTED AGAINST EXPENSES ON FINANCIAL STATEMENTS -3,694.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED AGAINST REVENUES ON FINANCIAL STATEMENTS 3,694.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Employer identification number

**04-2284338****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a Subtotal</b> .....	0	0			0.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

Schedule F (Form 990) 2023

## THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

04-2284338

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ARGENTINA	ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE	249,480.		0.		
		BELGIUM	ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE	9,688.		0.		
		SPAIN	ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE	20,000.		0.		

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

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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Schedule F (Form 990) 2023

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**Part IV Foreign Forms**

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- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No
- 

Schedule F (Form 990) 2023

## **Part V      Supplemental Information**

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

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

2023

Open to Public  
Inspection

Name of the organization	THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number 04-2284338
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## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ICMART 20195 STEVENS CREEK BLVD STE 100 CUPERTINO, CA 95014	42-1574782	501(C)(3)	10,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
UNIVERSITY OF TEXAS SW MED CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390		501(C)(3)	250,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
AMERICAN GYNECOLOGICAL & OBSTETRICAL SOCIETY - 14305 SOUTHCROSS DR W STE 100 - BURNNSVILLE, MN 55306	44-0667175	501(C)(3)	10,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
RESOLVE INC 1660 INTERNATIONAL DR STE 600 MCLEAN, VA 22102	23-7413696	501(C)(3)	285,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - PO BOX 741539 - LOS ANGELES, CA 90074	94-3067788	501(C)(3)	70,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
YALE UNIVERSITY 150 MUNSON ST 3RD FL NEW HAVEN, CT 06520-8327	63-0646973	501(C)(3)	260,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE

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

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

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

Schedule I (Form 990) 2023

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MEDICINE

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARINE BIOLOGY LAB 7 MBL STREET WOODS HOLE, MA 02543		501(C)(3)	11,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
ALLIANCE FOR FERTILITY PRESERVATION - PO BOX 535 - LAFAYETTE, CA 94549	46-0832476	501(C)(3)	40,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	501(C)(3)	15,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
WASHINGTON UNIVERSITY 7425 FORSYTH BLVD ST LOUIS, MO 63105	43-0653611	501(C)(3)	115,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
DONOR CONCEIVED COMMUNITY 1300 GRANDVIEW DR KIRKWOOD, MO 63122	88-0779777	501(C)(3)	32,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	7,500.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
JACKSON HEALTH SYSTEMS 1611 NW 12 AVE MIAMI, FL 33136		501(C)(3)	6,700.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - PO BOX 95000 - PHILADELPHIA, PA 19195	11-2673595	501(C)(3)	49,840.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	50,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE

Schedule I (Form 990)

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIV OF PENNSYLVANIA - 3451 WALNUT ST 5TH FL - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	7,500.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
FAMILY EQUALITY 475 PARK AVE S STE 2100 NEW YORK, NY 10016	52-1438455	501(C)(3)	30,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
UNIVERSITY OF IOWA 201 S CLINTON ST IOWA CITY, IA 52242		501(C)(3)	10,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260		501(C)(3)	125,000.	0.			ADVANCEMENT OF THE SCIENCE & PRACTICE OF REPRODUCTIVE MEDICINE

Schedule I (Form 990)

### Part III

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

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of noncash assistance</b>

## Part IV

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

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE** Employer identification number **04-2284338**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2023

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

## Schedule J (Form 990) 2023

04-2284338

Page 2

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

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

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

Schedule J (Form 990) 2023

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4B:**

JARED ROBBINS \$16,000

DANIEL CARRE \$ 5,000

SEAN TIPTON \$ 5,000

LEE PEARCE \$5,000

CHEVIS SHANNON \$5,000

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2023**

Open to Public  
Inspection

Name of the organization

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Employer identification number  
04-2284338

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENCE AND PRACTICE OF REPRODUCTIVE MEDICINE. THE SOCIETY ACCOMPLISHES  
ITS MISSION THROUGH THE PURSUIT OF EXCELLENCE IN EVIDENCE-BASED  
LIFE-LONG EDUCATION AND LEARNING, THROUGH THE ADVANCEMENT AND SUPPORT  
OF INNOVATIVE RESEARCH, THROUGH THE DEVELOPMENT AND DISSEMINATION OF  
THE HIGHEST ETHICAL AND QUALITY STANDARDS IN PATIENT CARE, AND THROUGH  
ADVOCACY ON BEHALF OF PHYSICIANS AND AFFILIATED HEALTH CARE PROVIDERS,  
AND THEIR PATIENTS.

### FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCEMENT AND SUPPORT OF INNOVATIVE RESEARCH, THROUGH THE DEVELOPMENT  
AND DISSEMINATION OF THE HIGHEST ETHICAL AND QUALITY STANDARDS IN  
PATIENT CARE, AND THROUGH ADVOCACY ON BEHALF OF PHYSICIANS AND  
AFFILIATED HEALTH CARE PROVIDERS, AND THEIR PATIENTS.

### FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

#### PUBLICATIONS

EXPENSES \$ 968,679. INCLUDING GRANTS OF \$ 0. REVENUE \$ 114,578.

### FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF ASRM ARE GENERALLY HEALTH CARE PROFESSIONALS.

### FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF ASRM MAY ELECT OTHER HEALTH CARE PROFESSIONAL MEMBERS TO THE  
ORGANIZATION.

Name of the organization	THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE	Employer identification number
		04-2284338

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS ARE APPROVED BY THE BOARD OF DIRECTORS. IN THE ABSENCE OF THE BOARD (MEETS TWO TIMES A YEAR), THE EXECUTIVE COMMITTEE WILL MAKE DECISIONS ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 WILL BE REVIEWED BY THE 5 MEMBERS OF THE PRESIDENTIAL CHAIN AS WELL AS THE TREASURER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

BY DECEMBER 31ST OF EACH YEAR ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE SENT A FORM ON WHICH THEY MUST DISCLOSE ANY RELATIONSHIPS THAT MIGHT BE PERCEIVED AS POTENTIAL CONFLICTS OF INTEREST. THESE DISCLOSURE STATEMENTS WILL BE FILED IN THE HOME OFFICE AND MADE AVAILABLE FOR REVIEW UPON REQUEST. ANNUALLY THE EXECUTIVE COMMITTEE WILL REVIEW THESE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PERFORMANCE REVIEW COMMITTEE EVALUATES AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT EMPLOYEES. THEY REVIEW COMPARABLE COMPENSATION OF SIMILAR POSITIONS IN OTHER ORGANIZATIONS AND MAINTAIN RECORDS OF THESE MEETINGS AND DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE ON WEBSITES AND BY REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

**Attach to Form 990**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY - 63-0941694, 726 7TH ST. SE, WASHINGTON, DC	EXTEND KNOWLEDGE & SUPPORT IN ALL ASPECTS OF ASSISTED REPRODUCTIVE TECHNOLOGY	ALABAMA	501(C)(3)	LINE 7	N/A		X
SOCIETY FOR REPRODUCTIVE ENDOCRINOLOGISTS, INC. - 63-0941692, 726 7TH ST. SE, WASHINGTON, DC 20003	EXTEND KNOWLEDGE & SUPPORT RESEARCH IN HUMAN REPRODUCTIVE ENDOCRINOLOGY	ALABAMA	501(C)(3)	LINE 7	N/A		X
SOCIETY OF REPRODUCTIVE SURGEONS, INC. - 63-0941873, 726 7TH ST. SE, WASHINGTON, DC	EXTEND KNOWLEDGE OF HUMAN REPRODUCTIVE SURGERY	ALABAMA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2023

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

## Schedule R (Form 990) 2023

## MEDICINE

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Page 2

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

Schedule R (Form 990) 2023

04-2284338 Page 3

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

**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)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE

## Schedule R (Form 990) 2023

## MEDICINE

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

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

Schedule R (Form 990) 2023

## **Part VII Supplemental Information**

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

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

Department of the Treasury  
Internal Revenue ServiceName of filer **THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**EIN or SSN  
04-2284338Name and title of officer or person subject to tax **DAN CARRE  
CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

- |   |  |                       |
|---|--|-----------------------|
| <b>1a</b> Form 990 check here <input type="checkbox"/>              | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) <input type="checkbox"/>     | <b>1b</b> _____       |
| <b>2a</b> Form 990-EZ check here <input type="checkbox"/>           | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) <input type="checkbox"/>                          | <b>2b</b> _____       |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>         | <b>b</b> Total tax (Form 1120-POL, line 22) <input type="checkbox"/>                                   | <b>3b</b> _____       |
| <b>4a</b> Form 990-PF check here <input type="checkbox"/>           | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) <input type="checkbox"/>         | <b>4b</b> _____       |
| <b>5a</b> Form 8868 check here <input type="checkbox"/>             | <b>b</b> Balance due (Form 8868, line 3c) <input type="checkbox"/>                                     | <b>5b</b> _____       |
| <b>6a</b> Form 990-T check here <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4) <input type="checkbox"/>                             | <b>6b</b> <b>488.</b> |
| <b>7a</b> Form 4720 check here <input type="checkbox"/>             | <b>b</b> Total tax (Form 4720, Part III, line 1) <input type="checkbox"/>                              | <b>7b</b> _____       |
| <b>8a</b> Form 5227 check here <input type="checkbox"/>             | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) <input type="checkbox"/>                 | <b>8b</b> _____       |
| <b>9a</b> Form 5330 check here <input type="checkbox"/>             | <b>b</b> Tax due (Form 5330, Part II, line 19) <input type="checkbox"/>                                | <b>9b</b> _____       |
| <b>10a</b> Form 8038-CP check here <input type="checkbox"/>         | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) <input type="checkbox"/> | <b>10b</b> _____      |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only** I authorize ML GRIFFITH CPA, LLC

ERO firm name

to enter my PIN **84338**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**63050335243**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ML GRIFFITH CPA, LLC

Date

**04/11/25**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	Taxpayer identification number (TIN) <b>04-2284338</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>726 7TH ST. SE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20003</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....  
Plan Number .....  
Plan Year Ending (MM/DD/YYYY) .....

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **DAN CARRE****1209 MONTGOMERY HIGHWAY - BIRMINGHAM, AL 35216-2809**Telephone No. **205-978-5000**

Fax No. ....

• If the organization does not have an office or place of business in the United States, check this box .....   
 • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box .....  . If it is for part of the group, check this box .....  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ..... or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>783.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>283.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>500.</b>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA  Check box if  
address changed.B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529APrint  
or  
TypeName of organization ( Check box if name changed and see instructions.)  
**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**Number, street, and room or suite no. If a P.O. box, see instructions.  
**726 7TH ST. SE**  
City or town, state or province, country, and ZIP or foreign postal code  
**WASHINGTON, DC 20003**C Book value of all assets at end of year ..... **88,178,883.**D Employer identification number  
**04-2284338**E Group exemption number  
(see instructions)F  Check box if  
an amended return.G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entityH Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T) ..... **1**K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporationL The books are in care of **DAN CARRE** Telephone number **205-978-5000****Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	<b>3,322.</b>
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	<b>3,322.</b>
4	Charitable contributions (see instructions for limitation rules) .....	4	<b>0.</b>
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	<b>3,322.</b>
6	Deduction for net operating loss. See instructions .....	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	<b>3,322.</b>
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	<b>1,000.</b>
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	10	<b>1,000.</b>
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	<b>2,322.</b>

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	<b>488.</b>
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax .....	5	
6	<b>Tax on noncompliant facility income.</b> See instructions .....	6	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	<b>488.</b>

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a	
1b	Other credits (see instructions) .....	1b	
1c	General business credit. Attach Form 3800 (see instructions) .....	1c	
1d	Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	1d	
1e	<b>Total credits.</b> Add lines 1a through 1d .....	1e	
2	Subtract line 1e from Part II, line 7 .....	2	<b>488.</b>
3a	Amount due from Form 4255 .....	3a	
3b	Amount due from Form 8611 .....	3b	
3c	Amount due from Form 8697 .....	3c	
3d	Amount due from Form 8866 .....	3d	
3e	Other amounts due (see instructions) .....	3e	
3f	<b>Total amounts due.</b> Add lines 3a through 3e .....	3f	<b>0.</b>
4	<b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4	<b>488.</b>
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	<b>0.</b>

**Part III Tax and Payments (continued)**

6 a Payments: Preceding year's overpayment credited to the current year .....	6a	283.	
b Current year's estimated tax payments. Check if section 643(g) election applies .....	6b		
c Tax deposited with Form 8868 .....	6c	500.	
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d		
e Backup withholding (see instructions) .....	6e		
f Credit for small employer health insurance premiums (attach Form 8941) .....	6f		
g Elective payment election amount from Form 3800 .....	6g		
h Payment from Form 2439 .....	6h		
i Credit from Form 4136 .....	6i		
j Other (see instructions) .....	6j		
<b>7 Total payments.</b> Add lines 6a through 6j .....	7	783.	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	8		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10	295.	
<b>11 Enter the amount of line 10 you want: Credited to 2024 estimated tax</b> <b>295.</b> <b>Refunded</b> <b>0.</b>	11	0.	

**Part IV Statements Regarding Certain Activities and Other Information (see instructions)**

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....	\$	
4	Enter available pre-2018 NOL carryovers here \$ .....	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<b>CHIEF FINANCIAL OFFICER</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	MATT L. GRIFFITH	MATT L. GRIFFITH	04/11/25		P00966290	
	Firm's name	ML GRIFFITH CPA, LLC		Firm's EIN	47-3501036	
Firm's address	4220 CAHABA HEIGHTS COURT, STE 212			Phone no.	(205) 440-8273	
	BIRMINGHAM, AL 35243					

Form 990-T (2023)

**SCHEDULE A**  
(Form 990-T)Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>MEDICINE</b>	<b>THE AMERICAN SOCIETY FOR REPRODUCTIVE</b>	<b>B</b> Employer identification number <b>04-2284338</b>
<b>C</b> Unrelated business activity code (see instructions)	<b>541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **RESIDENTIAL RENTAL PROPERTY**

<b>Part I</b> <b>Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances	<b>1c</b>		
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)	<b>6</b>	<b>18,000.</b>	<b>14,306.</b>
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b>	Advertising income (Part IX)	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>18,000.</b>	<b>14,306.</b>
				<b>3,694.</b>

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b>	Salaries and wages		<b>2</b>	
<b>3</b>	Repairs and maintenance		<b>3</b>	
<b>4</b>	Bad debts		<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions		<b>5</b>	
<b>6</b>	Taxes and licenses		<b>6</b>	<b>372.</b>
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>	<b>4,226.</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>4,226.</b>	<b>0.</b>
<b>9</b>	Depletion		<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans		<b>10</b>	
<b>11</b>	Employee benefit programs		<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)		<b>13</b>	
<b>14</b>	Other deductions (attach statement)		<b>14</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	<b>372.</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<b>3,322.</b>
<b>17</b>	Deduction for net operating loss. See instructions		<b>17</b>	<b>0.</b>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<b>3,322.</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

- 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  RENTAL PROPERTY 1205 MONTGOMERY HWY, BIRMINGHAM, AL 35216

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued	0.			
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....	18,000.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....	18,000.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				18,000.
Deductions directly connected with the income				
4 in lines 2a and 2b (attach statement) STMT 1	14,306.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				14,306.

**Part V Unrelated Debt-Financed Income** (see instructions)

- 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

**Part VI Interest, Annuities, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>				<b>0.</b>	<b>0.</b>

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		<b>0.</b>		<b>0.</b>

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	3
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	4
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	5
5 Gross income from activity that is not unrelated business income .....	6
6 Expenses attributable to income entered on line 5 .....	7
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	

## Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

- ## 2 Gross advertising income .....

Add columns A through D. Enter here and on Part I, line 11, column (A) ..... 0.

a

- ### 3 Direct advertising costs by periodical .....

a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... 0.

- 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8


- ## 5 Readership costs


- ## 6 Circulation income


- 7 Excess readership costs. If line 6 is less than


- line 5, subtract line 6 from line 5. If line 5 is less


- than line 6, enter -0-

--	--	--	--

- a Add line 8, columns A through D. Enter the greater of

Part II, line 13 ..... 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Part XI Supplemental Information** (see instructions)

## FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		4,226.	
BUSINESS INSURANCE		1,857.	
PERSONAL PROPERTY TAXES		15.	
REPAIRS AND MAINTENANCE		7,294.	
SUPPLIES		100.	
LICENSES & FEES		339.	
WATER & SEWER		475.	
- SUBTOTAL -	1		14,306.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			14,306.

2023 DEPRECIATION AND AMORTIZATION REPORT

## RENTAL PROPERTY

A RENT 1

Name **THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE**Employer identification number  
**04-2284338**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	1	488.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c Credit for federal tax paid on fuels (see instructions) .....	2c	
d <b>Total.</b> Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	488.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.  
 7  The corporation is using the annualized income installment method.  
 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9			
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10			
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12 .....	13			
14 Add amounts on lines 16 and 17 of the preceding column	14			
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15			
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16			
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17			
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

**Part IV** Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19 .....	20			
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023 .....	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$ .....	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$ .....	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$ .....	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$ .....	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times *\%}{366}$ .....	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times *\%}{366}$ .....	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times *\%}{366}$ .....	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times *\%}{365}$ .....	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	37 \$	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....			38 \$	0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINEBusiness or activity to which this form relates  
RENTAL PROPERTYIdentifying number  
04-2284338**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	1,160,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,890,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	

13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 .....	13	
--	----	--

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)	Section A	
--	-----------	--

17 MACRS deductions for assets placed in service in tax years beginning before 2023 .....	17	4,226.	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>			

**Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)					
21 Listed property. Enter amount from line 28 .....	21				
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22		4,226.		
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23				

**THE AMERICAN SOCIETY FOR REPRODUCTIVE  
MEDICINE**

Form 4562 (2023)

04-2284338 Page 2

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

⋮	⋮	%						
⋮	⋮	%						
⋮	⋮	%						

**27** Property used 50% or less in a qualified business use:

⋮	⋮	%			S/L -			
⋮	⋮	%			S/L -			
⋮	⋮	%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
						Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) .....											
31 Total commuting miles driven during the year .....											
32 Total other personal (noncommuting) miles driven .....											
33 Total miles driven during the year. Add lines 30 through 32 .....											
34 Was the vehicle available for personal use during off-duty hours? .....											
35 Was the vehicle used primarily by a more than 5% owner or related person? .....											
36 Is another vehicle available for personal use? .....											

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2023 tax year:

⋮	⋮				
⋮	⋮				

**43** Amortization of costs that began before your 2023 tax year .....

**43**

**44** **Total.** Add amounts in column (f). See the instructions for where to report .....

**44**

Attach to your tax return.  
Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

2023

Name <b>THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE</b>	Employer identification number <b>04-2284338</b>
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

*If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.*

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation .....			
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....			
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....			
<b>d</b> Adjustment for certain consolidating entries (see instructions) .....			
<b>e</b> Specified additional net income or loss item B. Reserved for future use .....			
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d .....			
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years .....			
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions) .....			
<b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG) .....			
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) .....			
<b>e</b> Certain taxes (see instructions) .....			
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only) .....			
<b>g</b> Alaska native corporations .....			
<b>h</b> Certain credits (see instructions) .....			
<b>i</b> Mortgage servicing income .....			
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511) .....			
<b>k</b> Depreciation .....			
<b>l</b> Qualified wireless spectrum .....			
<b>m</b> Covered transactions .....			
<b>n</b> Adjustments related to bankruptcy and insolvency .....			
<b>o</b> Certain insurance company adjustments .....			
<b>p</b> Adjustment P - Reserved for future use .....			
<b>q</b> Adjustment Q - Reserved for future use .....			
<b>r</b> Adjustment R - Reserved for future use .....			
<b>s</b> Adjustment S - Reserved for future use .....			
<b>z</b> Other (see instructions) .....			
<b>3</b> Specified adjustment. Reserved for future use .....			
<b>4</b> Total adjustments. Combine lines 2a through 2z .....			
<b>5</b> AFSI. Combine lines 1f and 4 .....			
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....		<b>6</b>	
<b>7</b> 3-year average annual AFSI (see instructions) .....			<b>7</b>

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)***8** Is line 7 more than \$1 billion? **Yes.** Continue to line 9. **No.** STOP here and attach to your tax return.**9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)? **Yes.** Continue to line 10. **No.** Continue to Part II.**10** AFSI for purposes of the \$100 million test before adjustments:**a** AFSI from line 5 .....**b** Aggregation differences (see instructions) .....**c** Total AFSI for purposes of the \$100 million test before adjustments.

Combine lines 10a and 10b .....

**11** Adjustments:**a** Income not effectively connected to a U.S. trade or business .....**b** Pro-rata share of CFC net income described in section 56A(c)(3)  
(attach worksheet) (see instructions) .....**c** Reserved for future use - Other adjustments 1 .....**d** Reserved for future use - Other adjustments 2 .....**12** Total adjustments. Combine lines 11a and 11b .....**13** Total AFSI for purposes of the \$100 million test. Combine lines

10c and 12 .....

**14** AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....**14****15** 3-year average annual AFSI for purposes of the \$100 million test .....**15****16** Is line 15 \$100 million or more? **Yes.** Continue to Part II. **No.** STOP here. Attach to your tax return.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>10a</b>			
<b>10b</b>			
<b>10c</b>			
<b>11a</b>			
<b>11b</b>			
<b>11c</b>			
<b>11d</b>			
<b>12</b>			
<b>13</b>			
		<b>14</b>	
			<b>15</b>

**Part II Corporate Alternative Minimum Tax**

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):	
a Consolidated net income or loss per the AFS of the corporation .....	1a 2,322.
b Include AFS net income or loss of other includable entities (add net income and subtract net loss) .....	1b
c Exclude AFS net income or loss of excludable entities (add net loss and subtract net income) .....	1c
d Adjustment for certain consolidating entries (see instructions) .....	1d
e Specified additional net income or loss item D. Reserved for future use .....	1e
f AFS net income or loss before adjustments. Combine lines 1a through 1d .....	1f 2,322.
2 Adjustments:	
a Financial statements covering different tax years .....	2a
b Reserved for future use - Adjustment 2b .....	2b
c Corporations that are not included on the taxpayers - consolidated return (see instructions) .....	2c
d The corporation's distributive share of adjusted financial statement income of partnerships .....	2d
e Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0. (See instructions) .....	2e
f Amounts that are not effectively connected to a U.S. trade or business .....	2f
g Certain taxes. Enter the amount from Part III, line 7 .....	2g
h Patronage dividends and per-unit retain allocations (cooperatives only) .....	2h
i Alaska native corporations .....	2i
j Certain credits (see instructions) .....	2j
k Mortgage servicing income .....	2k
l Covered benefit plans described in section 56A(c)(11)(B) .....	2l
m Tax-exempt entities (organizations subject to tax under section 511) .....	2m
n Depreciation .....	2n
o Qualified wireless spectrum .....	2o
p Covered transactions .....	2p
q Adjustments related to bankruptcy and insolvency .....	2q
r Certain insurance company adjustments .....	2r
s AFSI adjustment S - Reserved for future use .....	2s
t AFSI adjustment T - Reserved for future use .....	2t
u AFSI adjustment U - Reserved for future use .....	2u
z Other (see instructions) .....	2z
3 Total adjustments. Combine lines 2a through 2z .....	3
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....	4 2,322.
5 Financial statement net operating loss (FSNOL) (see instructions) .....	5
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....	6 2,322.
7 Multiply line 6 by 15% (0.15) .....	7 348.
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....	8
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....	9 348.
10 Regular tax liability (see instructions) .....	10 488.
11 Base erosion minimum tax (see instructions) .....	11 0.
12 Combine lines 10 and 11 .....	12 488.
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	13 0.

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

1 Current income tax provision - Foreign .....	1
2 Current income tax provision - Federal .....	2
3 Deferred income tax provision - Foreign .....	3
4 Deferred income tax provision - Federal .....	4
5 Income taxes included in equity method investment income .....	5
6a Adjustment A - Reserved for future use .....	6a
b Adjustment B - Reserved for future use .....	6b
c Adjustment C - Reserved for future use .....	6c
d Adjustment D - Reserved for future use .....	6d
e Adjustment E - Reserved for future use .....	6e
f Adjustment F - Reserved for future use .....	6f
g Adjustment G - Reserved for future use .....	6g
h Adjustment H - Reserved for future use .....	6h
z Income taxes in other places .....	6z
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g .....	7

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit****Section I - AMT Foreign Tax Credit**

1 Domestic corporation AMT foreign income taxes:			
a Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	1a		
b Adjustment .....	1b		
c Adjustment .....	1c		
d Adjustment .....	1d		
e Adjustment .....	1e		
f Adjustment .....	1f		
g Adjustment .....	1g		
2 Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....	2		
3 Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	3a		
b Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	3b		
c Total CFC AMT foreign income taxes. Add lines 3a and 3b .....	3c		
d Percentage specified in section 55(b)(2)(A)(i) .....	3d	15%	
e Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	3e		
f CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....	3f		
g Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....	3g		
4 CAMT FTC Line 4 - Reserved for future use .....	4		
5 CAMT FTC Line 5 - Reserved for future use .....	5		
6 Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....	6		

Form **4626** (2023)