

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2023**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>		<b>D</b> Employer identification number <b>23-7045686</b>	
	Doing business as <b>IDSA</b>		<b>E</b> Telephone number <b>703-299-0200</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>48,399,176.</b>	
	<b>4040 WILSON BOULEVARD</b>	<b>300</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22203</b>		<b>H(b)</b> Are all subordinates included? Yes No		
<b>F</b> Name and address of principal officer: <b>CHRISTOPHER BUSKY</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions		
<b>I</b> Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) 4947(a)(1) or 527				
<b>J</b> Website: <b>WWW.IDSOCIETY.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1970</b>	<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE EXCELLENCE IN THE PREVENTION AND CARE OF INFECTIOUS DISEASES.</b>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>123</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>720</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>157,666.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>118,167.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>3,384,750.</b> <b>Prior Year</b> <b>3,445,085.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>29,484,170.</b> <b>29,484,170.</b> <b>31,529,250.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>830,955.</b> <b>830,955.</b> <b>2,006,939.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>601,336.</b> <b>601,336.</b> <b>636,964.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>34,301,211.</b> <b>34,301,211.</b> <b>37,618,238.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>893,650.</b> <b>893,650.</b> <b>951,405.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>12,893,010.</b> <b>12,893,010.</b> <b>14,655,026.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>19,067,040.</b> <b>19,067,040.</b> <b>21,857,467.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>32,853,700.</b> <b>32,853,700.</b> <b>37,463,898.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>1,447,511.</b> <b>1,447,511.</b> <b>154,340.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>66,632,887.</b> <b>Beginning of Current Year</b> <b>68,105,366.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>19,191,188.</b> <b>19,191,188.</b> <b>16,278,116.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>47,441,699.</b> <b>47,441,699.</b> <b>51,827,250.</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.

*Barton Groh*  
Signature of officer

**BARTON GROH, VP, FINANCE & ADMINISTRATION**  
Type or print name and title

**ROBERT WILLIAMS** Preparer's signature  
**ROBERT WILLIAMS** Preparer's name

**11/13/24** Date

**P01345960** PTIN

**CLIFTONLARSONALLEN LLP** Firm's name  
**901 NORTH GLEBE ROAD, SUITE 200** Firm's address  
**ARLINGTON, VA 22203** Firm's address

**41-0746749** Firm's EIN  
**571-579-3002** Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE INFECTIOUS DISEASES SOCIETY OF AMERICA (IDSA) IS A COMMUNITY OF OVER 12,000 PHYSICIANS, SCIENTISTS AND PUBLIC HEALTH EXPERTS WHO SPECIALIZE IN INFECTIOUS DISEASES. OUR PURPOSE IS TO IMPROVE THE HEALTH OF INDIVIDUALS, COMMUNITIES, AND SOCIETY BY PROMOTING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) IDWEEK ANNUAL CONFERENCE - IDWEEK 2023 IN BOSTON, MA, ATTRACTED A RECORD-BREAKING 12,000+ TOTAL ATTENDEES. THE MEETING IS THE WORLD'S PREMIER INFECTIOUS DISEASES EVENT. IDWEEK PROVIDES AN OPPORTUNITY FOR HEALTH PROFESSIONALS OF VARIED BACKGROUNDS TO LEARN FROM EACH OTHER'S KNOWLEDGE, EXPERIENCE AND EXPERTISE, FOR THE IMPROVEMENT OF PATIENT CARE AND PUBLIC HEALTH. THIS IS AN INCLUSIVE MEETING THAT OFFERS ACCESS TO INTERNATIONALLY RECOGNIZED LEADERS IN THE FIELD AND THE OPPORTUNITY TO NETWORK WITH THE MOST HIGHLY RESPECTED HEALTH PROFESSIONALS IN INFECTIOUS DISEASES, INCLUDING HIV.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) CLINICAL INFECTIOUS DISEASES (CID), THE JOURNAL OF INFECTIOUS DISEASES (JID) AND OPEN FORUM INFECTIOUS DISEASES (OFID) ARE SCHOLARLY JOURNALS PUBLISHED BY IDSA IN PARTNERSHIP WITH AN OUTSIDE PUBLISHER TO DISSEMINATE THE LATEST RESEARCH ON A VARIETY OF TOPICS IN THE FIELD TO MEMBERS AND SUBSCRIBERS. CID PUBLISHES ORIGINAL RESEARCH, REVIEWS AND PERSPECTIVES THAT ALL CLINICIANS CAN USE WHEN CARING FOR PATIENTS. CID COVERS THE CLINICAL PRESENTATION, DIAGNOSIS, TREATMENT AND PREVENTION OF THE FULL RANGE OF INFECTIOUS DISEASES. THE EVALUATION OF CURRENT AND NOVEL TREATMENTS, MICROBIOLOGY, IMMUNOLOGY AND POLICIES AS THEY RELATE TO PATIENT CARE ARE HIGHLY PRIORITIZED. PUBLISHED CONTINUOUSLY SINCE 1904, JID IS THE PREMIER GLOBAL JOURNAL FOR TRANSLATIONAL INFECTIOUS DISEASES SCIENCE. THE EDITORS WELCOME MAJOR ARTICLES AND BRIEF REPORTS

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) IDSA WAS AWARDED A COOPERATIVE AGREEMENT TO SUPPORT THE CDC BY PROVIDING RESOURCES TO FRONTLINE HEALTH CARE PROFESSIONALS CARING FOR PATIENTS WITH COVID-19. THE PARTNERSHIP BRINGS NUMEROUS MEDICAL SPECIALTIES TOGETHER TO SHARE RESOURCES AND TO PROVIDE THE LATEST INFORMATION AND GUIDANCE ON TREATING THOSE INFECTED WITH COVID-19 AND PREVENTING ITS SPREAD. THROUGH FUNDING FROM CDC, IDSA EXPERTS SUPPORT CDC'S CLINICAL CALL LINES, PROVIDING GUIDANCE TO HEALTH CARE PROVIDERS TREATING COVID-19 PATIENTS. THE COLLABORATION HAS ALSO FUNDED THE FLOURISHING COVID-19 REAL-TIME LEARNING NETWORK, AN ONLINE CENTER FOR FRONTLINE CLINICIANS TO LEARN, COLLABORATE AND SHARE TREATMENT BEST PRACTICES. IDSA'S COVID-19 PRACTICE GUIDELINES ON DIAGNOSTICS, TREATMENT AND MANAGEMENT ALSO RECEIVE FUNDING THROUGH THE GRANT.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		
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>	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>		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>		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>		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>		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>		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.		
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>	X	
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>	X	
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		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>		X
b 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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	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>		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>	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.</i> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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 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.		
	16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	16		
<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?		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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	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?	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?	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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
<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?	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	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	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	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<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?		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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
BARTON GROH, VP, FINANCE & ADMIN - 703-299-0200  
4040 WILSON BLVD, NO. 300, ARLINGTON, VA 22203

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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	Former			
(1) CHRISTOPHER BUSKY, CAE CHIEF EXECUTIVE OFFICER	36.50 1.00			X			571,440.	13,048.	56,143.	
(2) TY JOHNSON CHIEF OPERATING OFFICER	25.00 12.50			X			291,719.	121,909.	20,646.	
(3) DANA WOLLINS SVP, STRATEGY	37.50 0.00				X		289,970.	0.	26,441.	
(4) AMANDA JEZEK SVP, POLICY & GOV. RELATIONS	37.50 0.00				X		286,139.	0.	21,485.	
(5) SANDRA VURA HARDWOOD VP, MEETINGS AND EDUCATION	37.50 0.00				X		281,761.	0.	21,936.	
(6) FELICITY CLANCY VP, MARKETING AND MEMBERSHIP	37.50 0.00					X	258,862.	0.	22,375.	
(7) SALANDRA THOMAS VP, TALENT AND ORGANIZATIONAL DEVELO	36.50 1.00					X	241,118.	5,921.	19,578.	
(8) ANDREA WEDDLE ED, HIVMA	36.50 1.00					X	243,666.	5,991.	14,935.	
(9) BARTON GROH VP, FINANCE AND ADMINISTRATION	32.50 1.00				X		236,612.	5,797.	19,234.	
(10) GAYLE LEVY HARTMAN SR. DIR., DIGITAL AND CONTENT STRATE	37.50 0.00					X	172,458.	0.	20,803.	
(11) JENNIFER MORALES SR. DIR., PR & MARKETING	37.50 0.00					X	173,291.	0.	11,055.	
(12) RACHEL SHNEKENDORF SR. DIR., EDUCATION	37.50 0.00					X	172,302.	0.	10,926.	
(13) CARLOS DEL RIO, MD IMMEDIATE PAST PRESIDENT	2.00 0.00	X		X			45,000.	0.	0.	
(14) STEVEN K SCHMITT, MD PRESIDENT	2.00 0.00	X		X			25,000.	0.	0.	
(15) TINA Q. TAN, MD, FIDSA PRESIDENT-ELECT	2.00 0.00	X		X			0.	0.	0.	
(16) JEFFREY S. DUCHIN, MD, FIDSA SECRETARY THRU 05/2023	2.00 0.00	X		X			0.	0.	0.	
(17) JEANNE MARRAZZO, MD, FIDSA TREASURER THRU 10/2023	2.00 0.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN P. MCQUILLEN, MD, FIDSA IMMEDIATE PAST PRESIDENT THRU 10/23	2.00 0.00	X		X				0.	0.	0.
(19) MAXIMO O BRITO, MD, FIDSA TREASURER A/O 10/2023	2.00 0.00	X		X				0.	0.	0.
(20) ROBIN TROTMAN, MD, FIDSA SECRETARY A/O 05/2023	2.00 0.00	X		X				0.	0.	0.
(21) RONALD NAHASS, MD VICE PRESIDENT A/O 10/2023	2.00 0.00	X		X				0.	0.	0.
(22) LILIAN M. ABBO, MD, FIDSA MEMBER	1.00 0.00	X						0.	0.	0.
(23) ERIN BONURA, MD MEMBER	1.00 0.00	X						0.	0.	0.
(24) CESAR A. ARIAS MD, FIDSA MEMBER	1.00 0.00	X						0.	0.	0.
(25) ROBIN HENRY DRETTLER, MD MEMBER	1.00 0.00	X						0.	0.	0.
(26) RANA CHAKRABORTY, MD, MSC, DPHI MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,289,338.	152,666.	265,557.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,289,338.	152,666.	265,557.

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 33

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
HART HEALTH STRATEGIES 3823 FORDHAM RD, NW, WASHINGTON, DC 20016	CONSULTING	300,000.
BEEKEEPER GROUP, LLC, 1101 14TH STREET NW, SUITE 200, WASHINGTON, DC 20005	CONSULTING	189,000.
PAUL E. SAX, MD 78 CROWNINSHIELD ROAD, BROOKLINE, MA 02446	CONSULTING	151,178.
SHARON STEVENS, 13 SUMMIT SQUARE CT. #166, LANGHORNE, PA 19047	CONSULTING	130,760.
MARJORIE CONNOLLY, RAUCHSTRABE 21, BERLIN, BRANDENBURG, DENMARK 10787	CONSULTING	122,760.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	3,137,684.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	307,401.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			3,445,085.			
Program Service Revenue	<b>2 a</b> ANNUAL MEETING	Business Code	900099	15,911,162.	15911162.		
	<b>b</b> JOURNALS		900099	9,316,027.	9,316,027.		
	<b>c</b> MEMBERSHIP DUES		900099	3,189,656.	3,189,656.		
	<b>d</b> MANAGEMENT FEES		900099	2,164,832.	2,164,832.		
	<b>e</b> EDUCATION PROGRAMS		900099	867,972.	867,972.		
	<b>f</b> All other program service revenue		900099	79,601.	79,601.		
	<b>g Total.</b> Add lines 2a-2f			31,529,250.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,333,605.		1333605.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			471,013.	229,396.	5,000.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				11,454,272.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	10,780,938.				
	<b>c</b> Gain or (loss)	<b>7c</b>	673,334.				
<b>d</b> Net gain or (loss)			673,334.		673,334.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> DIGITAL AD SALES	Business Code	900099	152,666.	152,666.		
	<b>b</b> OTHER REVENUE		900099	13,285.	13,285.		
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			165,951.			
<b>12 Total revenue.</b> See instructions			37,618,238.	31771931.	157,666.	2243556.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	250,000.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	286,081.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	415,324.			
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,206,963.			
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	10,298,111.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	421,618.			
<b>9</b> Other employee benefits .....	893,876.			
<b>10</b> Payroll taxes .....	834,458.			
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	207,769.			
<b>c</b> Accounting .....	56,060.			
<b>d</b> Lobbying .....	538,340.			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	146,014.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,557,738.			
<b>12</b> Advertising and promotion .....	568,893.			
<b>13</b> Office expenses .....	852,125.			
<b>14</b> Information technology .....	443,517.			
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	826,825.			
<b>17</b> Travel .....	57,981.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	8,094,756.			
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	326,299.			
<b>23</b> Insurance .....	181,150.			
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	37,463,898.			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,940,822.	<b>1</b>	1,030,120.
	<b>2</b> Savings and temporary cash investments .....	1,608,795.	<b>2</b>	1,685,037.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	6,034,144.	<b>4</b>	3,501,022.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	741,714.	<b>9</b>	745,103.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,028,996.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,090,304.		
	<b>11</b> Investments - publicly traded securities .....	2,264,991.	<b>10c</b>	1,938,692.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	40,460,434.	<b>11</b>	46,913,163.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	4,524,580.	<b>12</b>	4,719,232.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,057,407.	<b>15</b>	7,572,997.	
	66,632,887.	<b>16</b>	68,105,366.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,189,557.	<b>17</b>	2,772,658.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,001,749.	<b>19</b>	4,312,114.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	9,999,882.	<b>25</b>	9,193,344.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	19,191,188.	<b>26</b>	16,278,116.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	47,441,699.	<b>27</b>	51,827,250.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	47,441,699.	<b>32</b>	51,827,250.
	<b>33</b> Total liabilities and net assets/fund balances .....	66,632,887.	<b>33</b>	68,105,366.

**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	37,618,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,463,898.
3	Revenue less expenses. Subtract line 2 from line 1	3	154,340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,441,699.
5	Net unrealized gains (losses) on investments	5	4,231,211.
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	51,827,250.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2023)

**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

**INFECTIOUS DISEASES SOCIETY OF AMERICA**

Employer identification number

**23-7045686**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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).

Name of organization  <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number  <b>23-7045686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>3,139,720.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>3,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number  <b>23-7045686</b>
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**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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization  <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number  <b>23-7045686</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number  <b>23-7045686</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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 <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number <b>23-7045686</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<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) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </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) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -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					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	X	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	3,189,656.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	823,476.
<b>b</b> Carryover from last year	<b>2b</b>	-1,428,242.
<b>c</b> Total	<b>2c</b>	-604,766.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	255,172.
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	-859,938.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization INFECTIOUS DISEASES SOCIETY OF AMERICA Employer identification number 23-7045686

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: \$. Rows include: 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., 1b 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., 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,034,916.	655,506.	1,379,410.
d Equipment		528,666.	183,666.	345,000.
e Other		1,465,414.	1,251,132.	214,282.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,938,692.

**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) PRIVATELY HELD SEC.	4,719,232.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,719,232.	

**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.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (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) DUE FROM AFFILIATES	781,671.
(2) SECURITY DEPOSIT	78,720.
(3) RIGHT OF USE ASSET	6,712,606.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,572,997.

**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) 457 LIABILITY	212,545.
(3) LEASE LIABILITY	8,980,799.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,193,344.

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 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 <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Employer identification number <b>23-7045686</b>
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**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
EAST ASIA	0	4	GRANTS TO RECIPIENTS	GRANTS	6,000.
EAST ASIA	0	8	PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	TRAVEL REIMBURSEMENT AND HONORARIUM	35,640.
EUROPE	0	26	PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	HONORARIUM, JOURNAL PUBLISHING, AND TRAVEL REIMBURSEMENT	116,003.
NORTH AMERICA	0	28	PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	CONSULTING, HONORARIUM, SUBSCRIPTION, AND TRAVEL REIMBURSEMENT	227,736.
SOUTH AMERICA	0	7	PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	TRAVEL REIMBURSEMENT AND HONORARIUM	16,110.
MIDDLE EAST AND NORTH AFRICA	0	2	GRANTS TO RECIPIENTS	GRANTS	3,350.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	TRAVEL REIMBURSEMENT AND HONORARIUM	3,685.
SOUTH ASIA	0	1	GRANTS TO RECIPIENTS	GRANTS	800.
<b>3 a Subtotal</b> .....	0	78			409,324.
<b>b Total from continuation sheets to Part I</b> .....	0	3			6,000.
<b>c Totals</b> (add lines 3a and 3b) .....	0	81			415,324.

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

Schedule F (Form 990) 2023





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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	EAST ASIA	8	35,640.	WIRE TRANSFER	0.	N/A	N/A
GRANTS TO RECIPIENTS	EAST ASIA	4	6,000.	WIRE TRANSFER	0.	N/A	N/A
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	EUROPE	25	114,403.	WIRE TRANSFER AND CHECK	0.	N/A	N/A
GRANTS TO RECIPIENTS	EUROPE	1	1,600.	WIRE TRANSFER	0.	N/A	N/A
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	NORTH AMERICA	25	226,656.	WIRE TRANSFER AND CHECK	0.	N/A	N/A
GRANTS TO RECIPIENTS	NORTH AMERICA	1	1,080.	WIRE TRANSFER	0.	N/A	N/A
GRANTS TO RECIPIENTS	NORTH AMERICA	1	0.	WIRE TRANSFER	280.	GRANTS	FMV
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	SOUTH AMERICA	5	12,910.	WIRE TRANSFER	0.	N/A	N/A
GRANTS TO RECIPIENTS	SOUTH AMERICA	2	3,200.	WIRE TRANSFER	0.	N/A	N/A

<b>Part III</b> Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	MIDDLE EAST AND NORTH AFRICA	2	3,685.	WIRE TRANSFER	0.	N/A	N/A
GRANTS TO RECIPIENTS	MIDDLE EAST AND NORTH AFRICA	2	3,350.	WIRE TRANSFER	0.	N/A	N/A
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	SOUTH ASIA	1	2,000.	WIRE TRANSFER	0.	N/A	N/A
GRANTS TO RECIPIENTS	SOUTH ASIA	1	800.	WIRE TRANSFER	0.	N/A	N/A
PROGRAM SERVICES AND ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	SUB-SAHARAN AFRICA	2	4,000.	WIRE TRANSFER	0.	N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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

**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.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS A SYSTEM OF INTERNAL CONTROLS USED FOR FINANCIAL REPORTING THAT IS USED TO MONITOR GRANTS AND ASSISTANCE.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **INFECTIOUS DISEASES SOCIETY OF AMERICA** Employer identification number **23-7045686**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
IDSA EDUCATION AND RESEARCH FOUNDATION - 4040 WILSON BLVD, STE 300 - ARLINGTON, VA 22203	31-1765388	501(C)(3)	250,000.	0.	N/A	N/A	PROGRAM SERVICE ACCOMPLISHMENTS

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

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL AND OTHER AWARDS	263	268,435.	0.	N/A	N/A
HIVMA AWARDS	2	4,798.	0.	N/A	N/A
SOCIETY AWARDS	11	12,847.	0.	N/A	N/A

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

PART I, LINE 2:

TRAVEL GRANTS AND AWARDS ARE DISBURSED AT MEETINGS; WIRES ARE SENT

POST-MEETING ATTENDANCE CONFIRMATION. RESEARCH AND FELLOWSHIPS ARE REQUIRED

TO SUBMIT WRITTEN RESULTS POST AWARD PERIOD.

**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

**INFECTIOUS DISEASES SOCIETY OF AMERICA**

Employer identification number

**23-7045686**

**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 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 type="checkbox"/> Compensation committee                     | <input checked="" 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)? .....

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

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

Schedule J (Form 990) 2023

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER BUSKY, CAE CHIEF EXECUTIVE OFFICER	(i)	473,992.	95,188.	2,260.	47,847.	7,704.	626,991.	0.
	(ii)	12,986.	0.	62.	381.	211.	13,640.	0.
(2) TY JOHNSON CHIEF OPERATING OFFICER	(i)	242,271.	47,900.	1,548.	12,839.	1,631.	306,189.	0.
	(ii)	121,135.	0.	774.	5,360.	816.	128,085.	0.
(3) DANA WOLLINS SVP, STRATEGY	(i)	263,728.	25,000.	1,242.	15,969.	10,472.	316,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMANDA JEZEK SVP, POLICY & GOV. RELATIONS	(i)	260,599.	25,000.	540.	15,901.	5,584.	307,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA VURA HARDWOOD VP, MEETINGS AND EDUCATION	(i)	254,439.	25,000.	2,322.	15,350.	6,586.	303,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FELICITY CLANCY VP, MARKETING AND MEMBERSHIP	(i)	231,602.	25,000.	2,260.	14,190.	8,185.	281,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SALANDRA THOMAS VP, TALENT AND ORGANIZATIONAL DEVELO	(i)	215,031.	25,000.	1,087.	13,041.	6,051.	260,210.	0.
	(ii)	5,891.	0.	30.	320.	166.	6,407.	0.
(8) ANDREA WEDDLE ED, HIVMA	(i)	216,584.	25,000.	2,082.	12,892.	1,680.	258,238.	0.
	(ii)	5,934.	0.	57.	317.	46.	6,354.	0.
(9) BARTON GROH VP, FINANCE AND ADMINISTRATION	(i)	210,365.	25,000.	1,247.	12,704.	6,053.	255,369.	0.
	(ii)	5,763.	0.	34.	311.	166.	6,274.	0.
(10) GAYLE LEVY HARTMAN SR. DIR., DIGITAL AND CONTENT STRATE	(i)	162,485.	9,142.	831.	9,998.	10,805.	193,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER MORALES SR. DIR., PR & MARKETING	(i)	163,390.	9,077.	824.	9,550.	1,505.	184,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RACHEL SHNEKENDORF SR. DIR., EDUCATION	(i)	171,764.	0.	538.	9,516.	1,410.	183,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 3:

CEO COMPENSATION:

THE IDSA BOARD HAS ENTERED INTO AN EMPLOYMENT CONTRACT WITH ITS CHIEF EXECUTIVE OFFICER. THE COMPENSATION DETAILED IN THE CONTRACT AND SUBSEQUENT RAISES DURING THE CONTRACT TERM ARE BASED ON A REVIEW OF 990'S FROM OTHER SIMILAR NON-PROFIT ORGANIZATIONS, A COMPENSATION STUDY WRITTEN EMPLOYMENT CONTRACTS OF OTHER SIMILARILY SITUATED EXCECUTIVES, AND ANNUAL APPROVAL BY THE EXECUTIVE COMMITTEE.

PART I, LINE 4B:

THE ORGANIZATION CONTRIBUTED \$31,114 TO 457 PLANS FOR THE BENEFIT OF THE CEO.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

INFECTIOUS DISEASES SOCIETY OF AMERICA

Employer identification number

23-7045686

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

EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH, PUBLIC HEALTH, AND  
PREVENTION RELATING TO INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DESCRIBING RESEARCH RESULTS ON MICROBIOLOGY, IMMUNOLOGY, EPIDEMIOLOGY,  
AND RELATED DISCIPLINES, ON THE PATHOGENESIS, DIAGNOSIS, AND TREATMENT  
OF INFECTIOUS DISEASES; ON THE MICROBES THAT CAUSE THEM; AND ON  
DISORDERS OF HOST IMMUNE RESPONSES. OFID PUBLISHES CLINICAL,  
TRANSLATIONAL AND BASIC RESEARCH IN A FULLY OPEN ACCESS, ONLINE  
JOURNAL. IT FOCUSES ON THE INTERSECTION OF BIOMEDICAL SCIENCE AND  
CLINICAL PRACTICE, WITH AN EMPHASIS ON KNOWLEDGE THAT COULD IMPROVE  
PATIENT CARE GLOBALLY. ARTICLES ARE WRITTEN BY EXPERTS IN THE FIELD,  
INCLUDING MEMBERS AND NON-MEMBERS, AND REVIEWED BY A PANEL OF LEADING  
MEDICAL EXPERTS BEFORE THEY ARE PUBLISHED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITIONALLY, UNDER THE PARTNERSHIP, TWICE-MONTHLY CLINICIAN  
TELECONFERENCES PROVIDE HEALTH CARE PROFESSIONALS ACCESS TO EXPERTS  
WITH THE LATEST INFORMATION ON THIS EVOLVING VIRUS AS WELL AS AN  
OPPORTUNITY TO ASK QUESTIONS. THE CALLS FREQUENTLY DRAW MORE THAN 800  
ATTENDEES.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTS OF THE  
PRESIDENT, VP, PRESIDENT-ELECT, PAST PRESIDENT, SECRETARY, & TREASURER -

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization INFECTIOUS DISEASES SOCIETY OF AMERICA	Employer identification number 23-7045686
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ARE RESPONSIBLE FOR THE MANAGEMENT AND DIRECTION OF THE ORGANIZATION AND CONDUCT THE AFFAIRS OF THE ORGANIZATION DURING INTERVALS BETWEEN MEETINGS OF THE BOD, FOR ASSISTING THE PRESIDENT IN THE OVERSIGHT OF THE ADMINISTRATIVE INFRASTRUCTURE OF THE SOCIETY, FOR SERVICE AS AN ADVISORY BODY TO THE PRESIDENT, AND FOR REPORTING ALL OF ITS ACTIONS TO THE BOD FOR REVIEW AND/OR APPROVAL.

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

THE CATEGORIES OF MEMBERSHIP INCLUDE: MEMBER, FELLOW, MEMBER-IN-TRAINING, ASSOCIATE MEMBER, AND MEDICAL STUDENT OR RESIDENT MEMBER. SOME MEMBERS OR FELLOWS MAY BE FURTHER CLASSIFIED AS HONORARY OR EMERITUS.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE SELECTED BY A LEADERSHIP DEVELOPMENT COMMITTEE OF MEMBERS BY REVIEWING CLINICAL EXPERIENCE, SERVICE WITHIN IDSA GOVERNANCE STRUCTURE AND APPLYING PRINCIPLES OF INCLUSION, DIVERSITY, ACCESS AND EQUITY. THE SLATE OF NEW BOARD MEMBERS IS THEN APPROVED BY THE BOARD AND ULTIMATELY BY THE FULL MEMBERSHIP. MEMBERS, MEMBERS-IN-TRAINING AND FELLOWS ARE FULL VOTING MEMBERS OF THE SOCIETY.

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

THE BYLAWS MAY BE AMENDED BY THE AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS (2/3) OF DIRECTORS PRESENT AND VOTING AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. UPON THE WRITTEN REQUEST OF AT LEAST 10% OF THE VOTING MEMBERS, AN AMENDMENT MAY BE SUBMITTED TO THE BOARD OF DIRECTORS FOR CONSIDERATION AND VOTE AT THE NEXT BOARD OF DIRECTORS' MEETING. IF THE BOARD OF DIRECTORS DECIDE NOT TO PASS ANY MEMBER-PROPOSED AMENDMENT, THE BOARD OF DIRECTORS WILL SUBMIT THE MEMBER-PROPOSED AMENDMENT TO THE FULL

Name of the organization INFECTIOUS DISEASES SOCIETY OF AMERICA	Employer identification number 23-7045686
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MEMBERSHIP AT THE NEXT MEETING OF THE MEMBERS, AND SUCH MEMBER-PROPOSED AMENDMENT MAY BE ADOPTED BY THE AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS OF THE VOTING MEMBERS OF THE CORPORATION, PRESENT AND VOTING AT ANY REGULAR OR SPECIAL MEETING OF SUCH MEMBERS, IF NOTICE OF THE PROPOSED AMENDMENT IS CONTAINED IN THE NOTICE OF THE MEETING; OR BY AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS OF THOSE VOTING BY MAIL BALLOT. BYLAWS AMENDMENTS APPROVED BY THE BOARD OF DIRECTORS SHALL BE COMMUNICATED TO THE MEMBERS WITHIN SIXTY (60) DAYS OF APPROVAL.

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

BEFORE IT IS FILED, THE FORM 990 IS REVIEWED AND APPROVED BY THE VP, FINANCE AND ADMINISTRATION, CEO, AND COO. A COPY OF THE FORM 990 IS ALSO PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

IDSA REQUIRES THAT ALL VOLUNTEERS FOR OUR BOARD AND COMMITTEES SUBMIT A CONFLICT OF INTEREST (COI) FORM ON AN ANNUAL BASIS. TOP EMPLOYEES ARE ALSO REQUIRED TO SUBMIT A COI ON AN ANNUAL BASIS. IN THE EVENT THAT A MEMBER WOULD HAVE A CONFLICT RELATED TO ANY DISCUSSION/VOTE, THE MEMBER IS REQUIRED TO ABSTAIN FROM PARTICIPATING IN THE DISCUSSION/VOTE. IF STAFF WOULD HAVE A CONFLICT WITH AN AREA OR COMPANY WE ARE WORKING WITH, THE STAFF MEMBER WOULD NOT BE ALLOWED TO WORK ON/WITH THE PROJECT INVOLVING THAT AREA OR COMPANY. THE COI ETHICS COMMITTEE IS TASKED WITH MONITORING COMPLIANCE WITH THE POLICY. WHEN A CONFLICT ARISES, ANY CONFLICTED BOARD MEMBER ABSTAINS FROM VOTING ON THE MATTER. STAFF COIS ARE VIEWED BY THE CEO AND HE DETERMINES WHEN THIS MIGHT BE THE CASE. THE CEO CONFLICT REPORT IS SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD AND THEY WOULD DETERMINE IF THE CEO HAS A CONFLICT.



Name of the organization	INFECTIOUS DISEASES SOCIETY OF AMERICA	Employer identification number	23-7045686
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## FORM 990, PART VI, SECTION B, LINE 15A:

CEO COMPENSATION: (A) REVIEW AND APPROVAL IS DONE BY THE EXECUTIVE COMMITTEE, MEETING IN EXECUTIVE SESSION, (B) COMPARABILITY DATA IS OBTAINED FROM ASAE AND USED FOR DETERMINING COMPENSATION, (C) THERE ARE NO MINUTES OF THE EXECUTIVE SESSION, SO NO WRITTEN DELIBERATION. WRITTEN DECISION IS FORWARDED TO THE VP OF FINANCE AND ADMINISTRATION AND VP, TALENT & ORGANIZATIONAL DEVELOPMENT TO PLACE IN PERSONNEL FILE AND APPLIED TO PAYROLL.

STAFF COMPENSATION: (A) REVIEW IS DONE BY THE EMPLOYEE SUPERVISOR AND APPROVAL IS DONE BY THE CEO (BOARD APPROVES THE OVERALL SALARY BUDGET, NOT INDIVIDUALS, EXCEPT FOR THE CEO), (B) COMPARABILITY DATA IS OBTAINED FROM ASAE AND USED FOR DETERMINING COMPENSATION, (C) EMPLOYEE PERFORMANCE REVIEWS ARE WRITTEN UP AND SIGNED BY THE REVIEWER BEFORE THE REVIEW HAPPENS AND THE EMPLOYEE BEING REVIEWED SIGNS AFTER IT IS DONE. THIS WRITTEN REVIEW IS USED TO SUBSTANTIATE ANY STAFF SALARY CHANGE TO THE CEO. THIS PROCESS WAS COMPLETED IN 2023.

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE SOCIETY'S WEBSITE. UPON REQUEST, THEY ARE MADE AVAILABLE BASED ON BUSINESS NEED. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE SOCIETY'S WEBSITE.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTING	9,047,981.
ALTERNATIVE INVEST FEES	17,553.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **INFECTIOUS DISEASES SOCIETY OF AMERICA** Employer identification number **23-7045686**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
IDSA EDUCATION AND RESEARCH FOUNDATION - 31-1765388, 4040 WILSON BLVD, STE 300, ARLINGTON, VA 22203	FUNDING INITIATIVES DEDICATED TO SUPPORTING IDSA'S MISSION WORLDWIDE	VIRGINIA	501(C)(3)	LINE 12A, I	INFECTIOUS DISEASES SOCIETY OF AMERICA	<input checked="" type="checkbox"/>	



**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IDSA EDUCATION AND RESEARCH FOUNDATION	B	250,000.	COST
(2) IDSA EDUCATION AND RESEARCH FOUNDATION	O	828,365.	COST
(3) IDSA EDUCATION AND RESEARCH FOUNDATION	N	220,690.	COST
(4)			
(5)			
(6)			











Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	535,627.	22,983.	22,983.								
B	2021	450,000.										
C	2022	630,763.										
D	2023	236,870.										
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

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

Department of the Treasury  
Internal Revenue Service

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**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>INFECTIOUS DISEASES SOCIETY OF AMERICA</b>	Taxpayer identification number (TIN) <b>23-7045686</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>4040 WILSON BOULEVARD, 300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22203</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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 **BARTON GROH, VP, FINANCE & ADMIN**  
**4040 WILSON BLVD, NO. 300 - ARLINGTON, VA 22203**

Telephone No. **703-299-0200** 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 **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**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>	\$	0.
<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>	\$	0.
<b>c 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>	\$	0.

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