

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>AMERICAN MEDICAL ASSOCIATION FOUNDATION</u>		D Employer identification number <u>36-6080517</u>
	Doing business as		E Telephone number <u>(312) 464-4543</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>15,644,852.</u>
	<u>330 NORTH WABASH AVENUE</u>	<u>39300</u>	
City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60611-5885</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: <u>NANCY KYLER</u> <u>330 N WABASH AVE, STE 39300 CHICAGO, IL 60611-5885</u>			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: <u>WWW.AMAFOUNDATION.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1957</u>	M State of legal domicile: <u>IL</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE AMA FOUNDATION BRINGS TOGETHER PHYSICIANS AND COMMUNITIES TO IMPROVE OUR NATION'S HEALTH.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>22.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>22.</u>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	<u>0.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>117.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>1,671,093.</u>	<u>1,676,045.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,020,119.</u>	<u>397,949.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,692,062.</u>	<u>2,074,084.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>888,262.</u>	<u>899,407.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>117,099.</u>	<u>117,099.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>645,352.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,692,986.</u>	<u>1,943,522.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>2,698,347.</u>	<u>2,960,028.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>2,993,715.</u>	<u>-885,944.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>24,764,144.</u>	<u>23,128,008.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>218,399.</u>	<u>193,553.</u>
		<u>24,545,745.</u>	<u>22,934,455.</u>

Part II Signature Block

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

Sign Here	<u>Nancy Kyler</u> Signature of officer	Date <u>2/14/17</u>				
	<u>Nancy Kyler, President</u> Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name <u>STEVEN R GLOVER</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00253365</u>	
	Firm's name ▶ <u>MILLER, COOPER & CO., LTD.</u>	Firm's EIN ▶ <u>36-2897372</u>		Phone no. <u>847-205-5000</u>		
	Firm's address ▶ <u>1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015</u>					
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE AMA FOUNDATION BRINGS TOGETHER PHYSICIANS AND COMMUNITIES TO
IMPROVE OUR NATION'S HEALTH.

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

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

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

4a (Code:) (Expenses \$ 575,243. including grants of \$ 482,406.) (Revenue \$)
THE AMA FOUNDATION WORKS TO ALLEVIATE ESCALATING MEDICAL STUDENT DEBT AND REWARDS OUTSTANDING SCHOLASTIC ACHIEVEMENT BY PROVIDING SCHOLARSHIPS TO MEDICAL STUDENTS THROUGH SEVERAL PROGRAMS. THIS ALLOWS STUDENTS TO FOLLOW THEIR CAREER INTERESTS REGARDLESS OF POTENTIAL INCOME.

4b (Code:) (Expenses \$ 243,621. including grants of \$ 224,347.) (Revenue \$)
THE AMA FOUNDATION PROVIDES HEALTHY LIVING GRANTS TO SUPPORT GRASSROOTS HEALTH EDUCATION EFFORTS IN COMMUNITIES ACROSS THE UNITED STATES. THE GRANT PROJECTS TARGET THE ISSUES OF NUTRITION/FITNESS, VIOLENCE PROTECTION AND PRESCRIPTION MEDICATION SAFETY AMONG CHILDREN AND YOUTH. THE AMA FOUNDATION PROVIDES CRITICAL FUNDING TO NONPROFIT ORGANIZATIONS THAT CAN JUMPSTART A PROJECT, AFFECT CHANGE QUICKLY, INCREASE VISIBILITY FOR A PROJECT/ORGANIZATION, ENCOURAGE COLLABORATION AND MAKE A LASTING DIFFERENCE IN A COMMUNITY.

4c (Code:) (Expenses \$ 92,626. including grants of \$ 28,931.) (Revenue \$)
THE AMA FOUNDATION PROVIDES SERVICE AWARDS TO ALTRUISTIC PHYSICIANS AND MEDICAL STUDENTS WHO ARE LEADERS IN ORGANIZED MEDICINE AND /OR COMMUNITY AFFAIRS, WITH THE GOAL OF ENCOURAGING VOLUNTEERISM IN THE MEDICAL PROFESSION AND IMPROVING THE HEALTH OF UNDERSERVED COMMUNITIES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 569,277. including grants of \$ 163,643.) (Revenue \$)
4e Total program service expenses ▶ 1,480,767.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		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? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

X

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

MR. HAL HOTHAN 330 NORTH WABASH AVENUE, SUITE 39300 CHICAGO, IL 60611-5885 312-464-4543

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) DIANA CHEN DIRECTOR	3.00 0.	X					0.	0.	0.	
(2) PATRICIA AUSTIN, MD SECRETARY	3.00 0.	X		X			0.	0.	0.	
(3) PATRICE A. HARRIS, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(4) NANCY MUELLER, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(5) BASSAM NASR, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(6) EDMOND CABBABE, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(7) TAAMAN OSBOURNE-ROBERTS, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(8) GAMINI SOORI, MD DIRECTOR	3.00 0.	X					0.	0.	0.	
(9) ROSE DOHERTY, CPA DIRECTOR	3.00 0.	X					0.	0.	0.	
(10) STEPHEN R. PERMUT MD, JD DIRECTOR	3.00 0.	X					0.	0.	0.	
(11) WILLIAM E. KOBLER, MD PRESIDENT	3.00 0.	X		X			0.	0.	0.	
(12) SARAH A. SANDERS, PHARM.D. DIRECTOR	3.00 0.	X					0.	0.	0.	
(13) NANCY KYLER PRESIDENT-ELECT	3.00 0.	X		X			0.	0.	0.	
(14) JOHN O'ROURKE IMMEDIATE PAST PRESIDENT	3.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) WILLIAM STERNFELD, MD DIRECTOR	3.00 0.	X					0.	0.	0.
(16) MELANIE WALKER, MD DIRECTOR	3.00 0.	X					0.	0.	0.
(17) JOSHUA M. COHEN, MD, MPH TREASURER	3.00 0.	X		X			0.	0.	0.
(18) ERICA E. MARSH, MD, MSCJ DIRECTOR	3.00 0.	X					0.	0.	0.
(19) HEATHER A. SMITH, MD, MPH DIRECTOR	3.00 0.	X					0.	0.	0.
(20) JACQUELINE A. BELLO, MD, FACR DIRECTOR	3.00 0.	X					0.	0.	0.
(21) RUSSELL W. H. KRIDEL, MD DIRECTOR	3.00 0.	X					0.	0.	0.
(22) DEBASISH MRIDHA, MD DIRECTOR	3.00 0.	X					0.	0.	0.
(23) R. BARKLEY PAYNE EXECUTIVE DIRECTOR	40.00 0.				X		196,661.	0.	4,700.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							196,661.	0.	4,700.
d Total (add lines 1b and 1c)							196,661.	0.	4,700.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,676,045.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		1,676,045.		
Program Service Revenue	2a _____	Business Code			
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f		0.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts), ATTACHMENT 3		568,202.		568,202.
	4 Income from investment of tax-exempt bond proceeds		0.		
	5 Royalties		0.		
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		-170,253.		-170,253.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events		0.		
	9a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		0.			
10a Gross sales of inventory, less returns and allowances	a 90.				
b Less: cost of goods sold	b ATCH 4				
c Net income or (loss) from sales of inventory		90.	90.		
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		0.			
12 Total revenue. See instructions		2,074,384.	90.	397,949.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	214,717.	214,717.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	684,690.	684,690.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	117,099.		117,099.	
6 Compensation not included above, to disqualified persons (as defined under section 4959(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	15,149.		880.	14,269.
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	104,324.		104,324.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	173,004.	7,822.	81,812.	83,370.
12 Advertising and promotion	0.			
13 Office expenses	36,101.	25,563.	1,889.	8,649.
14 Information technology	65,348.	32,674.	16,337.	16,337.
15 Royalties	0.			
16 Occupancy	126,878.	63,439.	31,719.	31,720.
17 Travel	102,930.	27,307.	51,342.	24,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	127,716.	22,887.	29,291.	75,538.
20 Interest	0.			
21 Payments to affiliates. ATCH. 5.	1,042,417.	294,586.	385,895.	361,936.
22 Depreciation, depletion, and amortization	0.			
23 Insurance	4,043.		4,043.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ADMINISTRATIVE FEES</u>	92,423.	92,423.		
b <u>PRINTING & PRODUCTION</u>	27,554.	3,861.	7,596.	16,097.
c <u>POSTAGE</u>	14,956.	5,316.		9,640.
d <u>SUPPLIES</u>	9,487.	4,845.	1,172.	3,470.
e All other expenses	1,192.	637.	510.	45.
25 Total functional expenses. Add lines 1 through 24e	2,960,028.	1,480,767.	833,909.	645,352.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	1,158,454.	2	674,611.
	3 Pledges and grants receivable, net	493,068.	3	631,216.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,314.		
	b Less: accumulated depreciation	10b 30,314.		
	11 Investments - publicly traded securities	23,112,622.	11	21,822,181.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,764,144.	16	23,128,008.	
Liabilities	17 Accounts payable and accrued expenses	218,399.	17	193,553.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	218,399.	26	193,553.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,988,141.	27	16,786,352.
	28 Temporarily restricted net assets	2,351,762.	28	1,637,422.
	29 Permanently restricted net assets	4,205,842.	29	4,510,681.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	24,545,745.	33	22,934,455.
	34 Total liabilities and net assets/fund balances	24,764,144.	34	23,128,008.

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	2,074,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,960,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	-885,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,545,745.
5	Net unrealized gains (losses) on investments	5	-725,346.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,934,455.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,064,192.	1,885,604.	696,922.	1,671,093.	1,676,330.	7,994,141.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	2,064,192.	1,885,604.	696,922.	1,671,093.	1,676,330.	7,994,141.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),						1,840,427.
6 Public support. Subtract line 5 from line 4.						6,153,714.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,064,192.	1,885,604.	696,922.	1,671,093.	1,676,330.	7,994,141.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	589,286.	529,661.	312,001.	581,830.	568,202.	2,580,980.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						10,575,121.
12 Gross receipts from related activities, etc. (see instructions)					12	16,750.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	58.19%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	56.51%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 1

FOR TAX YEAR DESCRIBED ON SCHEDULE A AS "2013", THIS REPRESENTS THE SHORT PERIOD FOR 1/1/14-6/30/14 WHEN THE ORGANIZATION TRANSITIONED TO A FISCAL YEAR. TAX YEAR INDICATED "2012" REPRESENTS CALENDAR YEAR ENDING 12/31/13, TAX YEAR INDICATED "2011" REPRESENTS CALENDAR YEAR ENDING 12/31/11, AND SO ON. AS OF 7/1/14, THE TAX YEAR FOR THE ORGANIZATION IS JULY 1 THROUGH JUNE 30.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

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.

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose(s) of conservation easements, number of easements, acreage, monitoring expenses, and reporting requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2015

JSA SE1268 1 000

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	4,205,842.	3,899,379.	3,734,816.	3,092,186.	2,618,607.
b Contributions	328,930.	251,432.	110,946.	469,997.	399,606.
c Net investment earnings, gains, and losses	-24,091.	55,031.	53,617.	172,633.	73,973.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,510,681.	4,205,842.	3,899,379.	3,734,816.	3,092,186.

- 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 100.0000 %
 - c Temporarily restricted 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,314.	30,314.	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <input type="checkbox"/>				

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

WHEN HONOR FUND CONTRIBUTIONS REACH \$100,000, A PERMANENT ENDOWMENT FUND IS ESTABLISHED AND THE FUNDS ARE TRANSFERRED FROM TEMPORARILY RESTRICTED NET ASSETS TO PERMANENTLY RESTRICTED NET ASSETS. UNTIL A HONOR FUND REACHES A BALANCE OF \$250,000, FOUNDING DONORS WILL DIRECT HOW HALF OF THE ENDOWMENT'S EARNINGS ARE UTILIZED BY DETERMINING WHEN PUBLIC HEALTH OR MEDICAL EDUCATION PROGRAM THE HONOR FUND WILL SUPPORT; THE OTHER HALF IS REINVESTED FOR FUND GROWTH.

THE ALLIANCE GRASSROOTS HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S PUBLIC HEALTH AND MEDICAL EDUCATION PROGRAMS. THE EARNINGS OF THE FUND WILL SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SPECIFICALLY TO STUDENTS WITH AN INTEREST IN AND COMMITMENT TO WOMEN'S AND/OR CHILDREN'S HEALTH ISSUES.

THE OHIO HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S PUBLIC HEALTH AND MEDICAL EDUCATION PROGRAMS. THE EARNINGS OF THE FUND PROVIDE SUPPORT TO OHIO MEDICAL STUDENTS.

THE RONALD M. DAVIS, MD LEGACY HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S PUBLIC HEALTH AND MEDICAL EDUCATION PROGRAMS. THE EARNINGS OF THE FUND SUPPORT PANCREATIC CANCER RESEARCH THROUGH THE FOUNDATION'S SEED GRANT RESEARCH PROGRAM.

THE CALIFORNIA/RONALD P. BANGASSER, MD MEMORIAL HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL PROVIDE SUPPORT TO MEDICAL STUDENTS IN CALIFORNIA.

THE NORTH CENTRAL MEDICAL CONFERENCE/KENNETH VISITE, MD MEMORIAL HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL

Part XIII Supplemental Information (continued)

SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SUPPORTING MEDICAL STUDENTS IN THE NORTH CENTRAL REGION OF THE UNITED STATES.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK/DR. DUANE AND JOYCE CADY HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. THE EARNINGS OF THE FUND SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SUPPORTING MEDICAL STUDENTS IN NEW YORK.

THE INTERNATIONAL MEDICAL GRADUATES HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S HEALTH LITERACY PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL SUPPORT THE FOUNDATION'S HEALTHY COMMUNITY PROGRAMS.

THE COUNCIL ON MEDICAL SERVICE HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S PUBLIC HEALTH OR MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL SUPPORT SUCH PROGRAMS AS DETERMINED BY THE FOUNDING DONORS.

THE OKLAHOMA HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SUPPORTING MEDICAL STUDENTS IN OKLAHOMA.

THE ILLINOIS HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL PROVIDE SUPPORT FOR ILLINOIS MEDICAL STUDENTS WHO ARE ACTIVELY INVOLVED IN ORGANIZED MEDICINE.

THE MISSOURI HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S PUBLIC HEALTH PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL PROVIDE SUPPORT FOR MISSOURI PATIENTS THROUGH THE

Part XIII Supplemental Information (continued)

FOUNDATION'S PUBLIC HEALTH PROGRAMS.

THE DR. JOHNSON F. HAMMOND MEMORIAL FUND WAS ESTABLISHED TO PROVIDE AN ANNUAL SCHOLARSHIP FOR A MEDICAL STUDENT OF HIGH MORAL CHARACTER THROUGH THE EARNINGS OF THE FUND.

THE LURAH L. WEAVER FUND REPRESENTS THE RESIDUAL VALUE OF THE ESTATE OF LURAH L. WEAVER. THE TERMS OF THE WILL PROVIDE THAT ONLY REALIZED INCOME FROM THIS FUND CAN BE USED FOR UNRESTRICTED PURPOSES. THE MARY FRANCIS ALEXANDER FUND WAS ESTABLISHED TO PROVIDE SCHOLARSHIPS FOR MEDICAL STUDENTS THROUGH THE EARNINGS OF THE FUND.

THE FORMICA-RIGGS NEW JERSEY HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL EDUCATION PROGRAMS. THE EARNINGS FROM THE FUND SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, AND WILL BECOME MORE CLOSELY DESIGNATED TO SUPPORT MEDICAL STUDENTS IN NEW JERSEY ONCE IT REACHES \$250,000.

THE LGBT HONOR FUND WAS ESTABLISHED TO SUPPORT AMA FOUNDATION INITIATIVES THAT ADDRESS LGBT HEALTHCARE DISPARITIES. THE EARNINGS FROM THE FUND WILL SUPPORT FELLOWSHIPS THAT GRADUATE SPECIALISTS IN LGBT HEALTH ONCE IT REACHES \$250,000.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

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. Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section II applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED LIST		501C(3)	90,000.				HEALTHY COMMUNITIES
(2) SEE ATTACHED LIST		501C(3)	114,717.				HEALTHY LIVING GRANT
(3) SEE ATTACHED LIST		501C(3)	20,000.				ANLA
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

JSA
DE1200 1.000

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 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 non-cash assistance
1 SEE ATTACHED LIST	86.	680,951.			
2 SEE ATTACHED LIST	40.		3,739.	COST	AWARD PLAQUE
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, ITEM 1

THE FOUNDATION REQUIRES AN ANNUAL SUMMARY STATEMENT/ACCOUNTING OF THE USE OF FUNDS FROM THE GRANT RECIPIENT WHICH IS REVIEWED TO ENSURE THE GRANT FUNDS WERE USED AS INTENDED.

American Medical Association Foundation
96-4026317
Form 990 (Form 990 Schedule I, Part III)
Grants to Individuals in the United States

Grants to Individuals in the United States

Prefix	First Name	Last Name	Title	Address 1	Address 2	City	St	Zip	Amount	Date	Category	Grant
Dr.	Adam C.	Levine	MD, MPH	International Student Corps	12400 Wilshire Boulevard	Los Angeles	CA	90023	\$2,500	6/30/16	Nathan Davis International	Excellence in Medicine
Dr.	Charles W.	Clements	MD	Marshall Medical Outreach	1600 Medical Center Dr.	St. Huntington	WV	25701	\$2,500	6/30/16	Blanche Spurr of Medicine	Excellence in Medicine
Dr.	Jeanette A.	Govens	MD, MS	West-Central Medical College, Center for Global Health	402 E 87th Street 2nd Floor	New York	NY	10025	\$2,800	6/30/16	McConnell Award	Excellence in Medicine
Dr.	Rafael A.	Zorogosa	MD	DukeCare Prostate Cancer Coalition	804 Quad Run	Wyoming	WY	83934	\$2,600	6/30/16	McConnell Award	Excellence in Medicine
									\$10,000			

Seed Grants

Dr.	Kent	Abdullah	MD	The Trustees of the University of Pennsylvania	3451 Walnut Street, Room F	Philadelphia	PA	19104	\$4,650	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Arash	Agarwal		Drew Surgical Associates	245 North Broad Street, Rm	Philadelphia	PA	19102	\$4,550	3/23/16	Neoplastic Diseases	Seed Grant
Ms.	Leonel	Ampie		Northwestern University, Neurosurgery	745 N. Fairbanks Court	Chicago	IL	60611	\$3,725	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Adam	Uman	MS	New York Institute of Technology	Cory House, Room 202A	Old Westbury	NY	11566	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Rhys	Bronis		The University of New Mexico, HSC	1 University of New Mexico	Albuquerque	NM	87131	\$2,500	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Yi	Cui		The Trustees of Columbia University in the State of New York	1130 St. Nicholas Ave.	Roo New York	NY	10032	\$6,000	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Liyue	Chang		Yeshiva College of Medicine at Mount Sinai	One Gustave Place	Levy New York	NY	10029	\$4,775	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Sanders	Chang	MS	Dept. of Radiation Oncology at the Mount Sinai Hospital	One Gustave Place	Levy New York	NY	10029	\$4,775	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Pauline	Chang		The Regents of the University of California	4236 McGough Hall	Irvine	CA	92617	\$2,500	4/22/16	Neoplastic Diseases	Seed Grant
Ms.	Jennifer	Choi		Center for Systems Biology	185 Cambridge Street, 5th	Boston	MA	02114	\$2,500	3/23/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Laurance	Chung		UC Regents	UCLA Neurosurgery, Box 9	Los Angeles	CA	90095	\$4,710	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Tami	Deals	MS/MS	UC/VAW Research Corporation	8801 Chestnut Ridge Road,	Morganville	GA	30259	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Teresa	Deals		The Johns Hopkins University School of Medicine	12929 Collections Center C	Chicago	IL	60643	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Richard	Dovicos		Regents of the University of Minnesota	420 Delaware Street SE,	Minneapolis	MN	55455	\$2,499	4/1/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Rashed	Ords		Cardiovascular Research Foundation	1700 Broadway, 9th Floor	New York	NY	10019	\$2,500	7/15/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Dustin	Malikre		The Board of Trustees of the University of Illinois	300 S. Highland Ave	Chicago	IL	60607	\$5,000	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Katherine	Epler		The University of New Mexico, HSC	1 University of New Mexico,	Albuquerque	NM	87131	\$1,000	3/23/16	Neoplastic Diseases	Seed Grant
Ms.	Carachem	Esquivel		The Research Foundation for SUNY	1912 School of Medicine, 30	New York	NY	10016	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Ms.	Josiah	Galley		Stony Brook University, Dept of Surgery	6800 GVI Boulevard 6L	Long Beach	CA	90801	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Michael	Ganbick	MD	Edward A. Fisher Lab NYU School of Med	300 East 34th Street, T	Chicago	IL	60611	\$8,000	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Brian	Gandy	MD	OHSU Office of Proposal and Award Management	622 West 168th St, PH 3-3	New York	NY	10032	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Justin	Gelert		Northwestern University	1580 NE Pacific St C302,	Seattle	WA	98145	\$2,800	7/15/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Raymond	Choi	MD, PhD	The Trustees of Columbia University in the State of New York	19555 North 59th Avenue	Glandale	AZ	60508	\$5,000	3/23/16	Neoplastic Diseases	Seed Grant
Dr.	Sandeep	Krishnan	MD	University of Washington	1569 NE Pacific Street,	Seattle	WA	98195	\$2,500	3/23/16	Neoplastic Diseases	Seed Grant
Dr.	Chih	Lee	MD, PhD	Midwestern University	200 W 125th Street	New York	NY	10027	\$5,000	3/23/16	Neoplastic Diseases	Seed Grant
Dr.	Li	Li	MD, PhD	University of Washington	8-123 5th St,	Philadelphia	PA	19106	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Jake	Leikerman		Touss College of Osteopathic Medicine	6520 Harris St, Suite 1401	Houston	TX	77030	\$2,500	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Jeffrey	Lin		Trustees of the University of Pennsylvania	659 NE Pacific Street,	Seattle	WA	98195	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Tony	Lu	MD	Houston Methodist Hospital - Cardiovascular Surgery Dept.	200 W 125th Street	New York	NY	10022	\$2,800	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Liam	Madool	MD, MPH	University of Washington	303 East Superior Street,	Chicago	IL	60611	\$2,800	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Mehrab	Madhava	MD	The Trustees of Columbia University in the State of New York	710 West 46th Street	New York	NY	10037	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Neal	Mansur	MD	Northwestern University	12700 E 13th Ave, Bldg P1	Aurora	CO	80045	\$5,000	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Eric	Miller	MD	Department of Neurology, Columbia Univ Med Center	Office of Sponsored Progra	Stony Brook	NY	11794	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Brian	Hym		University of Colorado	Dept. of Neurosurgery, 200	Pittsburgh	PA	15213	\$5,000	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Arnold	Choi		The Regents of the University of Pennsylvania	PO Box 28708,	Charlottesville	VA	22909	\$5,000	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Matthew	Pease	MD	University of Pittsburgh	300 Stein Way, Room 540	Los Angeles	CA	90066	\$2,500	4/1/16	Neoplastic Diseases	Seed Grant
Ms.	Subha	Park		The Trustees of Columbia University in the State of New York	1825 NE Pacific Street,	Seattle	WA	98195	\$2,500	4/1/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Kyle	Priddy	MD	UCLA Foundation	Sponsored Programs, PO 1	Boston	MA	02341	\$6,000	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	David	Rosenblat	MD	University of Washington, Division of Cardiology	824 Westwood Blvd., Suite	Los Angeles	CA	90024	\$4,941	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Muska	Rozman	MD	New York University School of Medicine	1914 University Blvd, MCLA	Birmingham	AL	35294	\$2,500	4/21/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Karish	Sarna		UC Regents	Office of Sponsored Progra	Stony Brook	NY	11794	\$2,500	3/23/16	Cardiopulmonary Diseases	Seed Grant
Dr.	Bernith	Smood		Dept. of Medicine, Division of Cardiovascular Disease	300 UCLA Medical Center,	Los Angeles	CA	90095	\$5,000	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Gerrit	Thippeswamy		The Research Foundation for the State University of New York	8611 Cannon Plaza,	Charlottesville	VA	22909	\$5,000	4/1/16	Neoplastic Diseases	Seed Grant
Dr.	Chenyang	Wang	MD, PhD	UC Regents				\$10,000				
Dr.	Matias	Zachariak	MD, PhD	The General Hospital Corporation				\$10,000				

Giambalvo

Dr.	Thomas	Roh-Kiwhgi	MD	Indiana University School of Medicine	550 N. University Blvd #200	Indianapolis	IN	46207	\$9,000	6/1/15		Joan F. Giambalvo
Dr.	Lucy B.	Spalluto	MD	Vanderbilt University Medical Center	1161 21st Avenue South,	Durham	NC	27722	\$9,417	6/3/15		Joan F. Giambalvo
									\$18,417			

Minority Scholarships

Ms.	Jamima	Almon		UC Regents	836 Medical Education Bldg	Irvine	CA	92682	\$10,000	5/8/16		Minority Scholars Award
Ms.	Anyu	Buzsaki		Morehouse School of Medicine	120 Westwood Drive	Atlanta	GA	30310	\$10,000	5/8/16		Minority Scholars Award
Ms.	Shahar	Baron		Drexel University College of Medicine	2800 W. Queen Lane	Philadelphia	PA	19128	\$10,000	5/12/16		Minority Scholars Award
Ms.	Amanda	Coccarone		University of Arkansas for Medical Sciences	4301 West McKittrick St,	Little Rock	AR	72205	\$10,000	5/8/16		Minority Scholars Award
Ms.	Elizabeth	Dakshand		Stony Brook University of Medicine	101 MacRae Road	Stony Brook	NY	11794	\$10,000	5/8/16		Minority Scholars Award
Ms.	Aaron	Ducos		Morehouse School of Medicine	720 Westwood Drive	Atlanta	GA	30310	\$10,000	5/8/16		Minority Scholars Award
Ms.	Khalima	Gomez		UC Regents	836 Medical Education Bldg	Irvine	CA	92682	\$10,000	5/8/16		Minority Scholars Award
Ms.	Corina	Holley		Alabama College of Osteopathic Medicine	445 Health Sciences Blvd	Dodman	AL	36585	\$10,000	5/8/16		Minority Scholars Award
Ms.	Monica	Kamara		Michigan State University, College of Human Medicine	556 E Circle Dr, Room 252	East Lansing	MI	48824	\$10,000	5/12/16		Minority Scholars Award
Ms.	Barnes	Lizama		The University of California, Regent	17-253 CHS, Box 957020	Los Angeles	CA	90095	\$10,000	5/8/16		Minority Scholars Award
Ms.	Joana	Loeza		University of California, San Francisco	200 Parnassus, M2201-We	San Francisco	CA	94143	\$10,000	5/8/16		Minority Scholars Award
Ms.	Marjole	Martinez		Penn State Health Sciences University	PO Box 7004	Pennca	PA	16802	\$10,000	5/8/16		Minority Scholars Award
Ms.	Ann	Martinez		University of California, San Diego School of Medicine	9500 Gilman Drive, #0730	La Jolla	CA	92093	\$10,000	5/8/16		Minority Scholars Award
Ms.	Alia	Rivera		Ohio Health Research Institute School of Medicine	12800 Euclid Avenue, Room	Cleveland	OH	44106	\$10,000	5/8/16		Minority Scholars Award
Ms.	Marcus	Rivera		Case Western Reserve University School of Medicine	4610 X Street, Suite 1302	Cleveland	OH	95617	\$10,000	5/8/16		Minority Scholars Award
Ms.	Nancy	Rodriguez		University of California, Davis				\$10,000				

American Medical Association Foundation
24-000617
FYE 670008 Form 990 Schedule C, Part III
Grants to Individuals in the United States

Grants to Individuals in the United States

Prefix	First Name	Last Name	Title	Address1	Address2	City	St	Zip	Amount	Date	Category	Grant
Excellence in Medicine												
Ms.	Zaria											
Mr.	Javier			Michigan State University								
Ms.	Ashtley	White-Starr		4875 Zonal Avenue, KM 11		Los Angeles	CA	90069	\$10,000	5/12/16	General	Minority Scholars Award
Ms.	Kelsey	Williams		University of South Carolina School of Medicine Greenville								
Ms.	Sherrin	Zullo		University of Arizona College of Medicine								
Ms.	Pats	Austell		Rothschild College								
Mr.	Jamae	Leahotis		Wendell University School of Medicine								
Ms.	Tatelope	Reserve		Case Western Reserve University School of Medicine								
Physicians of Tomorrow Scholarships												
Ms.	Jennifer	Adjo		Indiana University School of Medicine								
Ms.	Mikela	Bynum		University of North Carolina School of Medicine								
Ms.	Amber	Carlier		Wake Forest School of Medicine								
Ms.	Nicole	Chisler		Wright State University Boonshoft School of Medicine								
Mr.	Derek	Cretek		New York University School of Medicine								
Ms.	Kale	Johnson		Mayo Medical School								
Ms.	Talena	Lanforn Cordia		Rutgers Robert Wood Johnson Medical School								
Mr.	Daniel	Moffet		University of Missouri School of Medicine								
Ms.	Alyssa	Royal		Albany Medical College								
Mr.	Adrian	Roman		New York Medical College								
Ms.	Janae	Rozdeja		The George Washington University School of Medicine and Health Sciences								
Mr.	Robert	Smith		University of Pennsylvania Perelman School of Medicine								
Mr.	Justin	Thorn		Western University of Health Sciences								
Ms.	Lilien	Tsai		Emory University School of Medicine								
Ms.	Britany	Walton		Medical University of South Carolina								
Ms.	Dylan	Wertz		Johns Hopkins University School of Medicine								
Ms.	Laila	Wlancus		Loyola University Chicago School of Medicine								
Ms.	Andra	Cheng		Northwestern University School of Medicine								
Ms.	Nina	Krusenb		Northwestern University Feinberg School of Medicine								
Ms.	Jada	Milaba		University of Chicago Pritzker School of Medicine								
Ms.	Kimberly	Moyle		Chicago Medical School at Rosalind Franklin University of Medicine and Science								
Mr.	Victor	Huang		Yonsei College of Osteopathic Medicine								
Ms.	Nalasha	Ramey		New York University School of Medicine								
Ms.	Michelle	Smith		University at Buffalo School of Medicine and Biomedical Sciences								
Ms.	Stephan	Campbell		University at Buffalo School of Medicine and Biomedical Sciences								
Ms.	Andrea	Lui		Northeast Ohio Medical University								
Ms.	Erin	Schwartz		Case Western Reserve University School of Medicine								
Wilson Scholarship												
Mr.	Connor	PN		University of Washington School of Medicine								
Health Education Award												
Dr.	Rosita Maria	Kianna		Premia Mona Kianna, MD								
Grants to Organizations in the United States												
EIN	HEALTHY LIVING GRANTS											
60-0437385	Action Network											
27-257491	Arkansas Coalition for Change-ACC											
58-0850370	California Health Alliance											
04-6001418	Cary Medical Center											
54-1493474	Grand Futures Prevention Coalition											
47-1370495	Mobile Prevention Project											
66-0405509	PF Prescription Drug Awareness Foundation											
20-8356964	Pulaski County Council for Children, Communities, and Youth											
46-0218009	Rome County Anti-Drug Coalition											
38-0806429	Waco County Youth Board											
PO Box 1161, 3914 Ocean D-Griffin	GA	9045	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
2200 River Road	Alamo	71111	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
300 Vintonville Rd	Kanawha	26081	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
163 Van Buren Road	Carroll	4706	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
PO Box 78223	Summit Springs	30477	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
NO Box 798	Davis	83701	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
1385 South Jackson Gap Way	Aransas	78136	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
201 S Broadway, Ste 270	Lark Rock	72301	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
PO Box 280	Kempco	37661	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
618 Cow Dr	The Dalles	97058	\$6,250	12/10/15	Prescription Safety	Healthy Living Grant						

Grants to Organizations in the United States

Total Cash Grants Made to Individuals in the United States												
										\$680,951		
Total Number of Individual Cash Recipients												
										86		
Returned Unspent Portion of Prior Year Grants to Individuals												
										20		
Net Cash Grants Made to Individuals in the United States												
										\$660,951		
Grant Related Noncash Expenses (Cost of Award Plaques)												
										40		
										\$3,159		
TOTAL GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES												
										\$664,893		

Grants to Organizations in the United States

Wilson Scholarship												
Mr.	Connor	PN		University of Washington School of Medicine								
Health Education Award												
Dr.	Rosita Maria	Kianna		Premia Mona Kianna, MD								
Grants to Organizations in the United States												
EIN	HEALTHY LIVING GRANTS											
60-0437385	Action Network											
27-257491	Arkansas Coalition for Change-ACC											
58-0850370	California Health Alliance											
04-6001418	Cary Medical Center											
54-1493474	Grand Futures Prevention Coalition											
47-1370495	Mobile Prevention Project											
66-0405509	PF Prescription Drug Awareness Foundation											
20-8356964	Pulaski County Council for Children, Communities, and Youth											
46-0218009	Rome County Anti-Drug Coalition											
38-0806429	Waco County Youth Board											
PO Box 1161, 3914 Ocean D-Griffin	GA	9045	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
2200 River Road	Alamo	71111	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
300 Vintonville Rd	Kanawha	26081	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
163 Van Buren Road	Carroll	4706	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
PO Box 78223	Summit Springs	30477	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
NO Box 798	Davis	83701	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
1385 South Jackson Gap Way	Aransas	78136	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
201 S Broadway, Ste 270	Lark Rock	72301	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
PO Box 280	Kempco	37661	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant						
618 Cow Dr	The Dalles	97058	\$6,250	12/10/15	Prescription Safety	Healthy Living Grant						

American Medical Association Foundation
 30-8080617
 FYE 8/31/18 Form 990 Schedule L, Part III
 Grants to Individuals in the United States

Grants to Individuals in the United States

Prefix	First Name	Last Name	Title	Address1	Address2	City	St	Zip Amount	Date	Category	Grant	
Excellence in Medicine	36-1180004											
	01-0078659			Cortland County Health Department	68 Central Avenue	Cortland	NV	13345	95,000	12/21/15	Cancer Prevention	Healthy Living Grant
	33-0421476			Cleveland Health Improvement Coalition	45850 Cleveland Road	Trentville	PA	16254	35,000	12/21/15	Cancer Prevention	Healthy Living Grant
	06-0792073			Delinking Equal Access to Care - DEAC Chair	2135 New Waltham Road	Winston Salem	NC	27101	33,700	12/21/15	Cancer Prevention	Healthy Living Grant
	96-1879736			Manatee Community College Foundation	2419 W 14th Street	Tempe	AZ	85284	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
	87-0745740			Merced Health Care System Foundation	2525 de Soto Ave	Chattanooga	TN	37404	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
	22-2378007			Progression, Inc	100 Second Avenue	Long Beach	CA	90802	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
	49-1269277			Public Health Partnership of Licking County	938 Broad Street	Central Falls	RI	02863	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
	06-0002193			Southwest Physician's Group Diabetes Management	675 First Road	Houston	TX	77030	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
	03-093364			YWCA Southeastern Massachusetts	380 Mill Road	Fitchburg	MA	01434	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
					20 South Sixth Street	New Bedford	MA	01910	65,000	12/21/15	Cancer Prevention	Healthy Living Grant
								SUBTOTAL	\$187,850			
				HEALTHY COMMUNITIES								
	58-2480926			Bethesda Community Clinic	107 Mountain Brook Drive	Cartersville	GA	30115	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	28-1026563			Cherokee Community Action	200 S Mill Street	Lindenville	TX	75042	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	43-1569551			Chickamauga Volunteers in Medicine - The Founders Clinic	700 Main Avenue	Oregon City	OR	97045	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	90-0719369			Gloucester-Middlesex Care Clinic	PO Box 884	Gloucester	VA	23061	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	94-1677354			Malibu Free Clinic	415 Elm Street South	Salt Lake City	UT	84107	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	45-2346669			Matthew 25 Clinic	415 Elm Street South	Fort Wayne	IN	46802	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	31-1148045			St Vincent de Paul Family Wellness Program	420 W Watkins Rd, PO Box Phoenix	Phoenix	AZ	85003	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	36-3482306			Walton Mountain Health Centers	304 Springville Road	New Holland	PA	17357	\$10,000	01/09/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
								SUBTOTAL	\$60,000			
	30-0143618			American Health Lawyers Association	1920 Eye Street NW, 6th Fl	Washington	DC	20006	\$30,000	9/14/15		AHLA
								SUBTOTAL	\$30,000			
				Total Cash Grants Made to Organizations in the United States							\$247,850	
				Total Number of Organizational Cash Receipts							40	
				Returned unspent portion of prior year grants							(632,963)	
				TOTAL GRANTS MADE TO ORGANIZATIONS IN THE UNITED STATES, NET							\$214,717	
SUMMARY				Total number of cash recipients of grants in the United States							126	
				TOTAL GRANTS IN THE UNITED STATES							\$892,427	

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.			
1b			
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 in line 1a?			
2			
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<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?		4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	X
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?		5a	X
b Any related organization?		5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	X
b Any related organization?		6b	X
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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		7	X
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.		8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
R. BARKLEY PAYNE EXECUTIVE DIRECTOR	(i)	196,661.	0.	0.	4,700.		201,361.	
	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

36-6080517

NEW STRATEGIC PLAN

IN FEBRUARY 2016, THE AMA FOUNDATION (AMAF) BOARD OF DIRECTORS
UNANIMOUSLY APPROVED A NEW 2017-2019 STRATEGIC PLAN WITH TWO MAJOR
GOALS:

TO ELIMINATE THE AMAF'S OPERATING DEFICIT WITHIN THREE YEARS AND SET THE
ORGANIZATION ON A SUSTAINABLE FINANCIAL PATH,
TO CREATE A NEW PROGRAM PORTFOLIO OF HIGH-IMPACT, LARGE-SCALE PROGRAMS.

A NEW FINANCIAL & OPERATIONAL PLAN AS WELL AS A PROGRAM DEVELOPMENT PLAN
HAVE BEEN DEVELOPED AND THEIR IMPLEMENTATIONS WILL BE STARTING IN THE
2016-2017 FISCAL YEAR TO ACHIEVE THESE TWO GOALS BY THE END OF FISCAL
YEAR 2019. THE AMAF RECOGNIZES THAT ITS CHARITABLE WATCHDOG RATING WILL
BE ENHANCED AND NUMEROUS NON-PROFIT STANDARDS WILL BE SIGNIFICANTLY
IMPROVED AS THIS NEW STRATEGIC PLAN IS EXECUTED.

PART VI, SECTION A, ITEM 11A

THE COMPLETED 990 IS SUBMITTED TO THE ENTIRE BOARD FOR REVIEW PRIOR TO
SUBMISSION TO THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, ITEM 12C

A CONFLICT OF INTEREST REPORT IS PREPARED BY LEGAL COUNSEL ON AN ANNUAL
BASIS. STAFF AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND APPROVE THIS
REPORT WHILE UPDATING IT FOR ANY KNOWN CHANGES AND ADDITIONAL POTENTIAL

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

CONFLICTS OF INTEREST AS NECESSARY. ADDITIONALLY, IF ANY POTENTIAL CONFLICTS OF INTEREST ARISE DURING THE YEAR, STAFF AND BOARD MEMBERS ARE REQUIRED TO NOTIFY LEGAL COUNSEL AND THE BOARD OF DIRECTORS.

PART VI, SECTION B, ITEMS 15A AND 15B

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE EXECUTIVE COMPENSATION COMMITTEE AND IS CHARGED WITH DETERMINING AND APPROVING THE EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY. THE EXECUTIVE COMMITTEE PERIODICALLY RESEARCHES AND COMPARES COMPENSATION TO OTHER EXECUTIVE DIRECTOR POSITIONS OF SIMILAR NOT-FOR-PROFIT ORGANIZATIONS AS WELL AS COMPENSATION TO SIMILAR POSITIONS IN FOR-PROFIT COMPANIES. SUCH RESEARCH, REVIEW, AND APPROVAL IS DOCUMENTED AND RETAINED. COMPENSATION LEVELS FOR ALL OTHER POSITIONS ARE REVIEWED BY THE AMERICAN MEDICAL ASSOCIATION'S HUMAN RESOURCE DEPARTMENT THAT EVALUATES THE JOB DESCRIPTION BY COMPARING THE RELATED POSITION'S RESPONSIBILITIES TO OTHER POSITIONS IN AND OUTSIDE THE ORGANIZATION. POSITIONS WITH SIMILAR LEVELS OF RESPONSIBILITIES ARE GROUPED TOGETHER IN JOB GRADES AND ASSIGNED A STANDARD SALARY RANGE TO EACH GRADE. STANDARD SALARY RANGE TO EACH GRADE.

PART VI, SECTION C, ITEM 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE FOUNDATION'S AUDIT REPORT AND FORM 990 ARE AVAILABLE ON ITS WEBSITE (WWW.AMAFOUNDATION.ORG).

PART VII, SECTION A, COLUMN (F)

THE AMOUNTS LISTED AS OTHER COMPENSATION CONSIST OF 401K MATCHING

Name of the organization AMERICAN MEDICAL ASSOCIATION FOUNDATION	Employer identification number
---	--------------------------------

CONTRIBUTIONS.

PART III, LINE 4D

THE HEALTHY COMMUNITIES/HEALTHY AMERICA PROGRAM PROVIDES GRANTS TO PHYSICIAN-LED CLINICS THAT PROVIDE CARE FOR THE IMPOVERISHED, UNDER-SERVED, AND/OR UNINSURED. THE FOUNDATION SUPPORTS CLINICS THAT UTILIZE SIGNIFICANT PHYSICIAN VOLUNTEERISM. THESE GRANTS BUILD PUBLIC HEALTH CAPACITY AND HELP GROWING CLINICS LEVERAGE ADDITIONAL FINANCIAL SUPPORT.

GRANT PROGRAMS TO SUPPORT MEDICAL RESEARCH PROVIDES GRANTS TO SUPPORT RESEARCH PROJECTS LED BY MEDICAL STUDENTS, RESIDENTS AND FELLOWS TO ENCOURAGE YOUNG INVESTIGATORS TO PURSUE CAREERS IN RESEARCH, AND TO ALLEVIATE THE DIFFICULTY YOUNG RESEARCHERS FACE IN OBTAINING GRANT RESOURCES AND LEADERSHIP EXPERIENCE.

EDUCATION PROGRAMS TO ALLEVIATE LOW HEALTH LITERACY PROVIDES TOOLS TO PHYSICIANS, PATIENTS AND HEALTH CARE PROFESSIONALS TO IMPROVE PATIENT/PHYSICIAN COMMUNICATION TO BETTER SERVE THE 89 MILLION AMERICANS WITH LIMITED HEALTH LITERACY SKILLS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

ATTACHMENT 1

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HEALTHY COMMUNITIES/HEALTHY AMERICA		17,118.	
GRANT PROGRAMS TO SUPPORT MEDICAL RESEARCH	151,143.	168,216.	
EDUCATION PROGRAMS TO HELP ALLEVIATE LOW HEALTH LITERACY	20,000.	88,230.	
HYPERTENSION/PREDIABETES	-10,000.	-9,558.	
PROGRAM SUPPORT SERVICES		202,211.	

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

ATTACHMENT 1 (CONT'D)

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RECOGNIZING ETHICS IN MEDICINE	2,500.	3,060.	
PROGRAM TO ADVANCE MEDICAL EDUCATION		100,000.	
TOTALS	<u>163,643.</u>	<u>569,277.</u>	

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 2

AL, AR, CA, CT,
 FL, HI, IL, KS, KY, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WV, WJ,

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 3

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST AND DIVIDENDS	568,202.			568,202.
TOTALS	<u>568,202.</u>			<u>568,202.</u>

Name of the organization AMERICAN MEDICAL ASSOCIATION FOUNDATION	Employer identification number
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ATTACHMENT 4

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	90.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	0.

ATTACHMENT 5

FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	(A) <u>TOTAL EXPENSES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
LEASED EMPLOYEES	934,053.	194,586.	377,531.	361,936.
SERVICE FEES	8,364.		8,364.	
CONFERENCE FEES	100,000.	100,000.		
TOTALS	<u>1,042,417.</u>	<u>294,586.</u>	<u>385,895.</u>	<u>361,936.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EQUITY SECURITIES AND MUTUAL FUNDS	2,566,838.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

ENDING
BOOK VALUE

FIXED INCOME SECURITIES AND

MUTUAL FUNDS

7,893,929.

COMMON STOCKS

11,361,414.

TOTALS

21,822,181.