

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015Open to Public
InspectionDepartment 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:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

330 NORTH WABASH AVENUE

Room/suite

39300

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

CHICAGO, IL 60611-5885

F Name and address of principal officer:

NANCY KYLER

330 N WABASH AVE, STE 39300 CHICAGO, IL 60611-5885

D Employer identification number

36-6080517

E Telephone number

(312) 464-4543

G Gross receipts \$ 15,644,852.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

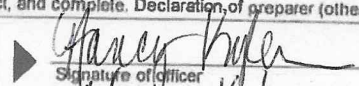
H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.AMAFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1957**M** State of legal domicile: IL**Part I** Summary**1** Briefly describe the organization's mission or most significant activities: THE AMA FOUNDATION BRINGS TOGETHER PHYSICIANS AND COMMUNITIES TO IMPROVE OUR NATION'S HEALTH.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 22.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 22.**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5** 0.**6** Total number of volunteers (estimate if necessary) **6** 117.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.

		Revenue	
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,671,093.	1,676,045.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,020,119.	397,949.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	850.	90.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,692,062.	2,074,084.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	888,262.	899,407.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,099.	117,099.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 645,352.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,692,986.	1,943,522.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,698,347.	2,960,028.
19	Revenue less expenses. Subtract line 18 from line 12	2,993,715.	-885,944.
		Net Assets or Fund Balances	
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,764,144.	23,128,008.
21	Total liabilities (Part X, line 26)	218,399.	193,553.
22	Net assets or fund balances. Subtract line 21 from line 20	24,545,745.	22,934,455.

Part II Signature Block

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

Sign Here


Signature of officer

Nancy Kyler, President
Type or print name and title

Date 2/14/17

Paid Preparer Use Only

Print/Type preparer's name

STEVEN R GLOVER

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00253365

Firm's name ▶ MILLER, COOPER & CO., LTD.

Firm's EIN ▶ 36-2897372

Firm's address ▶ 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015

Phone no. 847-205-5000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 482,486.) (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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

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: 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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/> X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/> X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/> X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/> X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/> X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 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 ContractorsCheck 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, MSCI 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**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 RevenueCheck 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.		
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				
		13,400,515.					
b		Less: cost or other basis and sales expenses		13,570,768.			
c		Gain or (loss)		-170,253.			
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						
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		2,074,084.	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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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 4958(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.	
9 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. <u>ATCH. 5.</u>	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 SheetCheck if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) 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.	10c	0.
	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.

Form **990** (2015)

Part XI Reconciliation of Net AssetsCheck 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 ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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. <input type="checkbox"/>						

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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.

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2015

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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:
- (i) unrelated organizations ☐ Yes ☒ No
- (ii) related organizations ☐ Yes ☒ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No
- 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.)				

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,370,056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-725,346.
b	Donated services and use of facilities	2b	125,642.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-599,704.
3	Subtract line 2e from line 1	3	1,969,760.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,324.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	104,324.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,074,084.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,981,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	125,642.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	125,642.
3	Subtract line 2e from line 1	3	2,855,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,324.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	104,324.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,960,028.

Part XIII Supplemental Information.

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

SEE PAGE 5

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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?

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 if 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)	80,000.				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

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

40.

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

Schedule I (Form 990) (2015)

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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
38-5080517

FYE 6/30/18 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	Address1	Address2	City	St	Zip	Amount	Date	Category	Grant
Dr.	Adam C.	Levine	MD, MPH	International Medical Corps	12400 Wilshire Boulevard	Los Angeles	CA	90025	\$2,500	6/30/18	Nathan Davis International	Excellence in Medicine
Dr.	Charles W.	Clemens	MD	Marshall Medical Outreach	1800 Medical Center Dr.	St. Huntington	WV	25799	\$2,500	6/30/18	McConnell Award	Excellence in Medicine
Dr.	Jennifer A.	Downs	MD, MSc	Weill Cornell Medical College, Center for Global Health	402 E 87th Street, 2nd Floor	New York	NY	10065	\$2,500	6/30/18	Mridha Spirit of Medicine	Excellence in Medicine
Dr.	Rafael A.	Zaragoza	MD	Delaware Prostate Cancer Coalition	804 Quail Run	Wyoming	DE	19834	\$2,500	6/30/18	McConnell Award	Excellence in Medicine
									SUBTOTAL			\$10,000
Seed Grants												
Dr.	Kail	Abdullah	MD	The Trustees of the University of Pennsylvania	3451 Walnut Street, Room F	Philadelphia	PA	19104	\$4,850	4/4/18	Neoplastic Diseases	Seed Grant
Ms.	Anshu	Aggarwal		Drexel Surgical Associates	245 North Broad Street, Ro	Philadelphia	PA	19102	\$4,950	3/23/18	Neoplastic Diseases	Seed Grant
Mr.	Leonel	Ampie		Northwestern University, Neurosurgery	745 N. Fairbanks Court	Chicago	IL	60611	\$3,725	4/4/18	Neoplastic Diseases	Seed Grant
Mr.	Usman	Aslam	MS	New York Institute of Technology	Gerry House, Room 202A	Old Westbury	NY	11566	\$2,500	4/14/18	Cardiopulmonary Diseases	Seed Grant
Ms.	Rhys	Brooks		The University of New Mexico, HSC	1 University of New Mexico, Albuquerque		NM	87131	\$4,692	4/4/18	Neoplastic Diseases	Seed Grant
Ms.	Yi	Cal		The Trustees of Columbia University in the State of New York	1130 St. Nicholas Ave., Roo	New York	NY	10032	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Mr.	Li-Wai	Chang		Mount Sinai	One Gustave Place L Levy	New York	NY	10029	\$5,000	4/14/18	Neoplastic Diseases	Seed Grant
Mr.	Sanders	Chang	MS	Dept. of Radiation Oncology at the Mount Sinai Hospital	One Gustave Place L Levy	New York	NY	10029	\$4,775	4/4/18	Neoplastic Diseases	Seed Grant
Ms.	Audris	Chang		The Regents of the University of California	4238 McCaugh Hall	Irvine	CA	92617	\$5,000	4/22/18	Neoplastic Diseases	Seed Grant
Ms.	Jennifer	Choi		Center for Systems Biology	185 Cambridge Street, 5th	Boston	MA	02114	\$2,500	3/23/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Lawrence	Chung		UC Regents	UCLA Neurosurgery, Box 9	Los Angeles	CA	90095	\$4,710	4/1/18	Neoplastic Diseases	Seed Grant
Ms.	Terri	Davis	MSHS, PJ	WVU Research Corporation	5801 Chestnut Ridge Road,	Morgantown	WV	26506	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Trevor	Davis		The Johns Hopkins University School of Medicine	12529 Collections Center E	Chicago	IL	60653	\$2,300	4/1/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Nicholas	Derisco		Regents of the University of Minnesota	400 Delaware Street SE, M	Minneapolis	MN	55455	\$2,499	4/1/18	Neoplastic Diseases	Seed Grant
Mr.	Rashed	Dordi		Cardiovascular Research Foundation	1700 Broadway, 9th Floor	New York	NY	10019	\$2,500	7/15/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Matthew	Durst		The Board of Trustees of the University of Illinois	800 S Ashland MC 869	Chicago	IL	60607	\$5,000	3/23/18	Neoplastic Diseases	Seed Grant
Ms.	Katharina	Epler		The University of New Mexico, HSC	1 University of New Mexico, Albuquerque		NM	87131	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Ms.	Ogochukwu	Ezeoke		The Trustees of Columbia University in the State of New York	750 East Adams Street, 5th	Syracuse	NY	13210	\$1,101	3/23/18	Neoplastic Diseases	Seed Grant
Dr.	Michael	Garshick	MD	Edwards A. Fisher Lab NYU School of Med	Health Sciences Tower Lev	Sony Brook	NY	11794	\$2,483	4/4/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Brian	Garvey	MD	OHSU Office of Proposal and Award Management	NYU School of Medicine, 51	New York	NY	10016	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Matthew	Garnet		Northwestern University	300 East Superior Street, T	Chicago	IL	60611	\$5,000	4/22/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Raymond	Givens	MD, PhD	The Trustees of Columbia University in the State of New York	0690 SW Bancroft St, L108	Portland	OR	97238	\$2,500	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Sandeep	Krishnan	MD	University of Washington	300 East Superior Street, T	Chicago	IL	60611	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Oliver	Lee		Midwestern University	622 West 168th St, PH 3-3	New York	NY	10032	\$2,500	4/4/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Li	Li	MD, PhD	University of Washington	1959 NE Pacific St C502, B	Seattle	WA	98195	\$2,500	7/15/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Jake	Lichtman		Town College of Osteopathic Medicine	19555 North 59th Avenue	Glandville	AZ	85306	\$5,000	3/23/18	Neoplastic Diseases	Seed Grant
Mr.	Jeffrey	Lin		Trustees of the University of Pennsylvania	1959 NE Pacific Street, Box	Seattle	WA	98195	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Tony	Lu	MD	Houston Methodist Hospital - Cardiovascular Surgery Dept.	1959 NE Pacific Street, Box	Seattle	WA	98195	\$2,500	3/23/18	Pancreatic Cancer	Seed Grant
Dr.	Liam	MacLeod	MD, MPH	University of Washington	8-121 SCTR, 3400 Civic C	Philadelphia	PA	19104	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Madhava	Madhava	MD	The Trustees of Columbia University in the State of New York	6550 Fannin St, Suite 1401	Houston	TX	77030	\$2,500	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Neel	Mansukhani	MD	Northwestern University	1959 NE Pacific Street, Box	Seattle	WA	98195	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Eliza	Miller	MD	Department of Neurology, Columbia Univ Med Center	622 West 168th St, PH 3-3	New York	NY	10032	\$2,500	4/14/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Brian	Nyze		University of Colorado	303 East Superior Street, L	Chicago	IL	60611	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Ms.	Amanda	Owens		The Research Foundation for the State University of New York	710 West 168th Street	New York	NY	10032	\$2,500	4/1/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Matthew	Pease	MD	University of Pittsburgh	12700 E 19th Ave, Bldg P11	Aurora	CO	80045	\$5,000	4/4/18	Neoplastic Diseases	Seed Grant
Ms.	Subha	Pemi		The Trustees of Columbia University in the State of New York	Office of Sponsored Progra	Sony Brook	NY	11794	\$2,500	4/4/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Kris	Prado	MD	UCLA Foundation	Dept. of Neurosurgery, 200	Pittsburgh	PA	15213	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	David	Rosenthal	MD	University of Washington, Division of Cardiology	PO Box 28789, General Po	New York	NY	10089	\$2,500	4/4/18	Pancreatic Cancer	Seed Grant
Dr.	Mariya	Rosenblit	MD	New York University School of Medicine	300 Stein Way, Room 340	Los Angeles	CA	90095	\$5,000	4/4/18	Neoplastic Diseases	Seed Grant
Mr.	Karthik	Sarma		UC Regents	1859 NE Pacific Street, Box	Seattle	WA	98195	\$2,500	4/4/18	Cardiopulmonary Diseases	Seed Grant
Mr.	Benjamin	Smood		Dept. of Medicine, Division of Cardiovascular Disease	Sponsored Programs, PO I	Boston	MA	02241	\$5,000	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Garish	Thippaswamy		The Research Foundation for the State University of New York	824 Westwood Blvd, Suite	Los Angeles	CA	90024	\$4,841	4/1/18	Neoplastic Diseases	Seed Grant
Dr.	Chenyang	Wang	MD, PhD	UC Regents	1918 University Blvd, MC	Birmingham	AL	35294	\$2,500	4/4/18	Cardiopulmonary Diseases	Seed Grant
Dr.	Marcus	Zachariah	MD, PhD	The General Hospital Corporation	Office of Sponsored Progra	Sony Brook	NY	11794	\$2,500	3/23/18	Cardiopulmonary Diseases	Seed Grant
									SUBTOTAL			\$163,626
Giambalvo												
Dr.	Theresa	Rohr-Kirchgi	MD	Indiana University School of Medicine	550 N. University Blvd #200	Indianapolis	IN	46202	\$9,009	9/1/15		Joan F. Giambalvo
Dr.	Lucy B.	Spalluto	MD	Vanderbilt University Medical Center	1161 21st Avenue South, D	Nashville	TN	37232	\$9,817	9/3/15		Joan F. Giambalvo
									SUBTOTAL			\$18,826
Minority Scholarships												
Ms.	Jemma	Alarcon		UC Regents	836 Medical Education Bul	Irvine	CA	92697	\$10,000	5/6/16		Minority Scholars Award
Ms.	Anya	Bazzell		Morehouse School of Medicine	720 Westview Drive	Atlanta	GA	30310	\$10,000	5/6/16		Minority Scholars Award
Ms.	Shakira	Burton		Drexel University College of Medicine	2800 W Queen Lane	Philadelphia	PA	19129	\$10,000	5/12/16		Minority Scholars Award
Ms.	Amanda	Comptone		University of Arkansas for Medical Sciences	4301 West Markham St, #8	Little Rock	AR	72205	\$10,000	5/6/16		Minority Scholars Award
Ms.	Elizabeth	Dalchand		Sony Brook School of Medicine	101 Nicolls Road	Sony Brook	NY	11794	\$10,000	5/6/16		Minority Scholars Award
Mr.	Aaron	Doctor		Morehouse School of Medicine	720 Westview Drive	Atlanta	GA	30310	\$10,000	5/6/16		Minority Scholars Award
Ms.	Mariela	Gomez		UC Regents	836 Medical Education Bul	Irvine	CA	92697	\$10,000	5/6/16		Minority Scholars Award
Mr.	Glenn	Holder		Alabama College of Osteopathic Medicine	445 Health Sciences Blvd	Dorhan	AL	36303	\$10,000	5/12/16		Minority Scholars Award
Ms.	Maseley	Kamara		Michigan State University College of Human Medicine	556 E Circle Dr, Room 252	East Lansing	MI	48824	\$10,000	5/6/16		Minority Scholars Award
Ms.	Blanca	Lizarraga		The University of California Regents	17-253 CHS, Box 057020	Los Angeles	CA	90095	\$10,000	5/6/16		Minority Scholars Award
Ms.	Joana	Loeza		University of California, San Francisco	500 Parnassus, MU201-W	San Francisco	CA	94143	\$10,000	5/6/16		Minority Scholars Award
Ms.	Mariela	Martinez		Ponces Health Sciences University	PO Box 7004	Ponce	PR	00732	\$10,000	5/6/16		Minority Scholars Award
Ms.	Ana	Ortiz Itzaltziri		University of California, San Diego School of Medicine	9500 Gilman Drive, #0730	La Jolla	CA	92093	\$10,000	5/6/16		Minority Scholars Award
Ms.	Maricruz	Rivera		Case Western Reserve University School of Medicine	10800 Euclid Avenue, Roo	Cleveland	OH	44106	\$10,000	5/6/16		Minority Scholars Award
Ms.	Nancy	Rodriguez		University of California, Davis	4610 X Street, Suite 1202	Sacramento	CA	95817	\$10,000	5/6/16		Minority Scholars Award

American Medical Association Foundation
36-6080617
FYE 6/30/16 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	Address1	Address2	City	St	Zip	Amount	Date	Category	Grant
Excellence in Medicine												
Ms.	Zana	Salim		Michigan State University								
Mr.	Javier	Soledad Jr.		Kock School of Medicine - USC	556 E Circle Dr, Room 252	East Lansing	MI	48824	\$10,000	5/8/16		
Ms.	Ashley	White-Stern		Columbia College of Physicians and Surgeons	1875 Zonal Avenue KAM 11	Los Angeles	CA	90089	\$10,000	5/12/16		Minority Scholars Award
Ms.	Kelsey	Williams		University of South Carolina School of Medicine Greenville	139 Black Building, 630 W	New York	NY	10032	\$10,000	5/12/16		Minority Scholars Award
Ms.	Shannon	Zullo		University of Arizona College of Medicine	607 Grove Road	Greenville	SC	29689	\$10,000	5/12/16		Minority Scholars Award
Ms.	Paris	Austell		Rush Medical College	1401 E University Blvd, Ade	Tucson	AZ	85721	\$5,000	5/12/16		Minority Scholars Award
Mr.	James	Leathers		Vanderbilt University School of Medicine	600 S Paulina, Suite 440	Chicago	IL	60612	\$2,500	5/12/16		ABC Minority Scholars Award
Ms.	Tolulope	Rosemo		Case Western Reserve University School of Medicine	303 Light Hall	Nashville	TN	37232	\$2,500	5/12/16		Physicians Loan
					10900 Euclid Avenue, Roor	Cleveland	OH	44108	\$2,500	5/8/16		Physicians Loan
								SUBTOTAL	\$210,000			

Physicians of Tomorrow Scholarships

Ms.	Jennifer	Addo		Indiana University School of Medicine	635 Barnhill Drive, MS 158	Indianapolis	IN	46202	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Milele	Bynum		University of North Carolina School of Medicine	1001 Bondurant Hall, CB #	Chapel Hill	NC	27599	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Amber	Carrier		Wake Forest School of Medicine	Medical Center Blvd	Winston-Salem	NC	27157	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Nicole	Craker		Wright State University Boonshoft School of Medicine	190 White Hall, 3640 Col	Dayton	OH	45425	\$10,000	9/11/15	General	Physicians of Tomorrow
Mr.	Derek	Frates		New York University School of Medicine	577 1st Avenue, 2nd Floor	New York	NY	10016	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Katia	Johnson		Mayo Medical School	Sabens Building, Fifth Flo	Rochester	MN	55905	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Tatiana	Londono Gentile		Ruigens Robert Wood Johnson Medical School	675 Howe Lane	Placerville	NJ	08654	\$10,000	9/11/15	General	Physicians of Tomorrow
Mr.	Daniel	Miller		University of Missouri School of Medicine	MA213 Medical Sciences B	Columbia	MO	65212	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Aleena	Paul		Albany Medical College	47 New Scotland Avenue	Albany	NY	12208	\$10,000	9/11/15	General	Physicians of Tomorrow
Mr.	Adrian	Romero		New York Medical College	40 Sunshine Cottage Rd	Valhalla	NY	10595	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Janine	Rotzides		The George Washington University School of Medicine and Health Sciences	2300 1st NW, Ross Hall R	Washington	DC	20037	\$10,000	9/11/15	General	Physicians of Tomorrow
Mr.	Robert	Smith		University of Pennsylvania Perelman School of Medicine	3400 Civic Center Blvd, Jor	Philadelphia	PA	19104	\$10,000	9/11/15	General	Physicians of Tomorrow
Mr.	Justin	Than		Western University School of Medicine	309 E 2nd Street	Pomona	CA	91766	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Lillian	Tsai		Emory University School of Medicine	100 Woodruff Cir, Suite P-3	Atlanta	GA	30322	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Brittany	Watson		Medical University of South Carolina	18 Hugobon Avenue, Suite 8	Charleston	SC	29425	\$10,000	9/11/15	General	Physicians of Tomorrow
Ms.	Dinah	Lewis		Johns Hopkins University School of Medicine	1020 McElderry St Suite 42	Baltimore	MD	21205	\$10,000	9/3/15	Alliance Grassroots	Physicians of Tomorrow
Ms.	Leslie	Mannix		Roston University School of Medicine	72 East Concord St, A-303	Boston	MA	02118	\$10,000	9/3/15	Alliance Grassroots	Physicians of Tomorrow
Ms.	Anika	Cheng		Loyola University Chicago Stritch School of Medicine	2160 S First Avenue, Bufile	Maywood	IL	60153	\$10,000	9/3/15	Chicago	Physicians of Tomorrow
Mr.	Nima	Khavanh		Northwestern University Feinberg School of Medicine	303 East Chicago Ave, Via	Chicago	IL	60611	\$10,000	9/3/15	Chicago	Physicians of Tomorrow
Ms.	Julia	Mhlaba		University of Chicago Pritzker School of Medicine	804 E 57th Street, Suite 10	Chicago	IL	60604	\$10,000	9/3/15	Chicago	Physicians of Tomorrow
Ms.	Kimberly	Moyle		Chicago Medical School at Rosalind Franklin University of Medicine and Science	3333 Green Bay Road	North Chicago	IL	60064	\$10,000	9/3/15	Chicago	Physicians of Tomorrow
Mr.	Victor	Hoang		Texas College of Osteopathic Medicine	2090 Adam Clayton Powell	New York	NY	10027	\$10,000	9/3/15	MSNNY	Physicians of Tomorrow
Ms.	Natasha	Ramsey		New York University School of Medicine	545 First Avenue	New York	NY	10018	\$10,000	9/3/15	MSNNY	Physicians of Tomorrow
Ms.	Michele	Smith		University at Buffalo School of Medicine and Biomedical Sciences	237 Carnegie Hall	Buffalo	NY	14260	\$10,000	9/3/15	MSNNY	Physicians of Tomorrow
Mr.	Stephen	Campbell		Northeast Ohio Medical University	4209 SR 44, PO Box 95	Rootstown	OH	44272	\$10,000	9/11/15	Ohio	Physicians of Tomorrow
Mr.	Andrea	Lui		Case Western Reserve University School of Medicine	10900 Euclid Avenue, T-30	Cleveland	OH	44106	\$10,000	9/11/15	Ohio	Physicians of Tomorrow
Mr.	Elliot	Schwartz		Case Western Reserve University School of Medicine	10900 Euclid Avenue, T-30	Cleveland	OH	44108	\$10,000	8/11/15	Ohio	Physicians of Tomorrow
								SUBTOTAL	\$270,000			

Wilson Scholarship

Mr.	Connor	Phil		University of Washington School of Medicine	Health Sciences Building, T	Seattle	WA	98195	\$5,000	8/28/15		Arthur N. Wilson, MD Scholarship
								SUBTOTAL	\$5,000			

Health Education Award

Dr.	Prerna Maria	Khanna		Prerna Mona Khanna, MD	1618 Fairfax Lane	Oakbrook Terrace	IL	60181	\$3,500	10/9/15		AMA Foundation Health Education
								SUBTOTAL	\$3,500			

Total Cash Grants Made to Individuals in the United States \$480,951

Total Number of Individual Cash Recipients 86

Returned Unspent Portion of Prior Year Grants to Individuals 50

Net Cash Grants Made to Individuals in the United States \$480,951

Grant Related Noncash Expenses (Cost of Award Plaques) 40

Total Grants Made to Individuals in the United States \$484,490

Grants to Organizations in the United States

HEALTHY LIVING GRANTS												
EIN												
80-0437895				Acion Network	PO Box 1163, 39144 Ocean	Dania	CA	95443	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
27-2575491				Alliance of Coalitions for Change - AC4C	2300 River Road	Alanya	IA	50511	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
58-0950370				Chabam Health Alliance	300 Monocaville Rd	Kanawha	NC	28081	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
04-6001418				Cary Medical Center	163 Van Buren Road	Cambou	ME	4736	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
54-1419474				Grand Future Prevention Coalition	PO Box 714923	Summit Springs	CO	80477	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
47-1370495				Idaho Prevention Project	PO Box 738	Bodie	ID	83701	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
68-0435509				JP Prescription Drug Awareness Foundation	7385 South Jackson Gap Way	Aurora	CO	80016	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
20-5356694				Palatini County Council for Children, Communities, and Youth	201 S Broadway, Ste 220	Little Rock	AR	72201	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
86-0215009				Rome County Anti-Drug Coalition	PO Box 280	Kingston	TN	37763	\$10,000	12/2/15	Prescription Safety	Healthy Living Grant
39-0806429				Waco County (Youth) Thier	610 Court St	The Dalles	OR	97058	\$9,350	12/10/15	Prescription Safety	Healthy Living Grant

American Medical Association Foundation
38-8080617
FYE 8/30/18 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	35-1186994			Cortland County Health Department	60 Central Avenue	Cortland	NY	13045	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	01-0878659			Cleveland Health Improvement Coalition	45850 Chovardale Road	Titusville	PA	16354	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	33-0421478			Delivering Equal Access to Care - DEAC Clinic	2115 New Walkertown Road	Winston Salem	NC	27101	\$3,300	12/2/15	Cancer Prevention	Healthy Living Grant
	55-0782073			Maricopa Community College Foundation	2419 W 14th Street	Tempe	AZ	85281	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	56-1579738			Memorial Health Care System Foundation	2525 de Salas Ave	Charlottesville	VA	22904	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	87-0745740			Memorial Medical Center Foundation	300 Second Avenue	Long Branch	NJ	07740	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	22-2378007			Programa Latino, Inc.	626 Broad Street	Central Falls	RJ	2863	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	48-1266277			Public Health Partnership of Licking County	675 Price Road	Newark	OH	43055	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	06-8002103			Southeast Physician's Group Diabetes Management	200 Noll Road	Fairhaven	MA	2719	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
	03-0803564			YWCA Southeastern Massachusetts	20 South Sixth Street	New Bedford	MA	2710	\$5,000	12/2/15	Cancer Prevention	Healthy Living Grant
									SUBTOTAL			
									\$147,850			
	58-2480925			HEALTHY COMMUNITIES	107 Mountain Brook Drive	Carlton	GA	30115	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	25-1035663			Bethesda Community Clinic	200 S Mill Street	Lewisville	TX	75057	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	43-1589851			Christian Community Action	700 Molalla Avenue	Oregon City	OR	97045	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	90-0715369			Chickasaw Volunteers in Medicine - The Founders Clinic	PO Box 684	Gloucester	VA	23061	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	54-1677934			Gloucester-Mathews Care Clinic	415 East 3900 South	Salt Lake City	UT	84107	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	45-2340608			Malheur Free Clinic	413 E Jefferson Blvd	Fort Wayne	IN	46802	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	31-1148065			Matthew 25 Clinic	420 W Watkins Rd, PO Box	Phoenix	AZ	85009	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
	36-3492308			St Vincent de Paul Family Wellness Program	584 Springville Road	New Holland	PA	17357	\$10,000	01/08/2016	Diabetes Prevention	Healthy Communities/Healthy Amer
				Wehler Mountain Health Centers					SUBTOTAL			
									\$60,000			
	38-3143828			American Health Lawyers Association	1820 Eye Street NW, 8th Fl	Washington	DC	20006	\$20,000	8/14/15		AHLA
									SUBTOTAL			
									\$20,000			
Total Cash Grants Made to Organizations in the United States									\$147,850			
Total Number of Organizational Cash Recipients									40			
Returned unspent portion of prior year grants									(\$32,933)			
TOTAL GRANTS MADE TO ORGANIZATIONS IN THE UNITED STATES, NET									\$114,917			
SUMMARY												
Total number of cash recipients of grants in the United States									126			
TOTAL GRANTS IN THE UNITED STATES									\$699,407			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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		
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?		
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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		X
b Any related organization?		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?		X
b Any related organization?		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.		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.		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 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	(i)	196,661.	0.	0.	4,700.		201,361.	
EXECUTIVE DIRECTOR	(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

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**

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

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

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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

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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 SERVICESATTACHMENT 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 - STATESATTACHMENT 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, WI,

FORM 990, PART VIII - INVESTMENT INCOMEATTACHMENT 3

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

Name of the organization

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FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLDATTACHMENT 4

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.

FORM 990, PART IX - PAYMENTS TO AFFILIATESATTACHMENT 5

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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 6FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
EQUITY SECURITIES AND	
MUTUAL FUNDS	2,566,838.

Name of the organization

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ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIESDESCRIPTIONENDING
BOOK VALUE

FIXED INCOME SECURITIES AND

MUTUAL FUNDS

7,893,929.

COMMON STOCKS

11,361,414.

TOTALS

21,822,181.