

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning

07/01, 2014, and ending

06/30, 2015

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)

Room/suite

330 NORTH WABASH AVENUE

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

CHICAGO, IL 60611-5885

F Name and address of principal officer:

WILLIAM E. KOBLER

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 \$ 24,466,224.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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

| | | | | |
|-------------------------|-----------------------------|---|---|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE AMERICAN MEDICAL ASSOCIATION FOUNDATION'S MISSION IS TO ADVANCE PUBLIC HEALTH AND MEDICAL SCHOLARSHIP THROUGH PHILANTHROPIC SUPPORT OF PHYSICIAN-LED INITIATIVES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 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 2014 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 160. |
| | Revenue | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| 7b | | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| 8 | | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 696,922. | 1,671,093. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,662,054. | 4,020,119. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 339. | 850. |
| 13 | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,359,315. | 5,692,062. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 280,957. | 888,262. |
| Expenses | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 125,713. | 117,099. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) | 0 | 0 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 558,634. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 813,225. | 1,692,986. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,219,895. | 2,698,347. |
| | 20 | Total assets (Part X, line 16) | 1,139,420. | 2,993,715. |
| | 21 | Total liabilities (Part X, line 26) | 24,370,661. | 24,764,144. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20. | 164,646. | 218,399. |
| | Net Assets or Fund Balances | | | 24,206,015. |

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 _____ Date _____

Type or print name and title _____

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 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X**1** Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 520,148. including grants of \$ 426,470.) (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 \$ 90,633. including grants of \$ 26,112.) (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.

4c (Code:) (Expenses \$ 180,472. including grants of \$ 171,485.) (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.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2

(Expenses \$ 549,161. including grants of \$ 264,196.) (Revenue \$)

4e Total program service expenses 1,340,414.

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. | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | X |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25b 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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): | <input type="checkbox"/> | <input type="checkbox"/> |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28c 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35b 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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 10 | | |
| 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 8822? | 7c | | X |
| d If "Yes," indicate the number of Forms 8822 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? | 2 | | | 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? . . | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | 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 | 9 | | | 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? | 10a | | | 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? . . . | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | | X | |
| b 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 | 12a | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | 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 | 12c | | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | 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 | 15a | | X | |
| b Other officers or key employees of the organization | 15b | | 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? | 16a | | | 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? | 16b | | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

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) PATRICIA AUSTIN, MD SECRETARY | 3.00 | X | | | | | | 0 | 0 | 0 |
| (2) PATRICE A. HARRIS, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (3) CRAIG W. ANDERSON, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (4) BARNEY R. MAYNARD, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (5) EDMOND CABBABE, MD IMMEDIATE PAST PRESIDENT | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (6) ANDREW W. GURMAN, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (7) JEFFREY A. NEMETZ DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (8) ROSE DOHERTY, CPA DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (9) STEPHEN R. PERMUT MD, JD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (10) WILLIAM E. KOBLER, MD PRESIDENT ELECT | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (11) SARAH A. SANDERS, PHARM.D. DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (12) NANCY KYLER TREASURER | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (13) JOHN O'ROURKE PRESIDENT | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (14) PATRICIA TURNER, MD, FACS DIRECTOR | 3.00 | 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 | Former | | | |
| (15) MELANIE WALKER, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (16) JOSHUA M. COHEN, MD, MPH DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (17) ERICA E. MARSH, MD, MSCI DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (18) HEATHER A. SMITH, MD, MPH DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (19) JACQUELINE BELLO, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (20) CALVIN KAGAN DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (21) RUSSELL W. H. KRIDEL, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (22) DEBASISH MRIDHA, MD DIRECTOR | 3.00 | X | | | | | | 0 | 0 | 0 |
| (23) R. BARKLEY PAYNE EXECUTIVE DIRECTOR | 40.00 | | | | X | | | 26,543. | 0 | 0 |
| (24) STEVEN W. CHURCHILL EXECUTIVE DIRECTOR | 40.00 | | | | | X | | 120,855. | 0 | 3,533. |
| 1b Sub-total | | | | | | | | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 147,398. | 0 | 3,533. |
| d Total (add lines 1b and 1c) | | | | | | | | 147,398. | 0 | 3,533. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| 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 | 1,671,093. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 1,671,093. | | | | |
| Program Service Revenue | | | | Business Code | | | | |
| | 2a | | | | | | | |
| | 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 4 ▶ | | 581,830. | | | 581,830. | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | 0 | | | | |
| | 5 | Royalties ▶ | | 0 | | | | |
| | | (i) Real | (ii) Personal | | | | | |
| | 6a | Gross rents | | | | | | |
| | 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 | | | | |
| | | 22,212,451. | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | |
| | | 18,774,162. | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | | 3,438,289. | | | | | | |
| | d | Net gain or (loss) ▶ | | 3,438,289. | | | 3,438,289. | |
| | 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 | | 850. | | | | |
| b | Less: cost of goods sold b | | | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | 850. | 950. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 0 | | | | | |
| 12 | Total revenue. See instructions ▶ | | 5,692,062. | 850. | | 4,020,119. | | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 263,096. | 263,096. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 625,166. | 625,166. | | |
| 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 | 16,535. | | 1,368. | 15,167. |
| c Accounting | 0 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees | 110,316. | | 110,316. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 235,970. | 37,507. | 104,940. | 93,523. |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 21,275. | 11,483. | 2,286. | 7,506. |
| 14 Information technology | 39,500. | 19,314. | 9,657. | 10,529. |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 100,865. | 50,433. | 25,216. | 25,216. |
| 17 Travel | 135,884. | 58,775. | 46,542. | 30,567. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 89,490. | 15,916. | 37,396. | 36,178. |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates. ATCH. 6 | 762,380. | 150,920. | 327,883. | 283,577. |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 3,933. | | 3,933. | |
| 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 ADMINISTRATIVE FEES | 99,087. | 99,087. | | |
| b PRINTING & PRODUCTION | 24,920. | 587. | 6,647. | 17,686. |
| c POSTAGE | 29,493. | 2,453. | 2,342. | 24,698. |
| d SUPPLIES | 16,339. | 5,677. | 2,375. | 8,287. |
| e All other expenses | 6,999. | | 1,299. | 5,700. |
| 25 Total functional expenses. Add lines 1 through 24e | 2,698,347. | 1,340,414. | 799,299. | 558,634. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 1,448,937. | 2 | 1,158,454. |
| | 3 Pledges and grants receivable, net | 568,730. | 3 | 493,068. |
| | 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 | 22,352,994. | 11 | 23,112,622. |
| | 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) | 24,370,661. | 16 | 24,764,144. | |
| Liabilities | 17 Accounts payable and accrued expenses | 164,646. | 17 | 218,399. |
| | 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 | 164,646. | 26 | 218,399. |
| 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 | 17,633,853. | 27 | 17,988,141. |
| | 28 Temporarily restricted net assets | 2,672,783. | 28 | 2,351,762. |
| | 29 Permanently restricted net assets | 3,899,379. | 29 | 4,205,842. |
| | 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 | 24,206,015. | 33 | 24,545,745. |
| | 34 Total liabilities and net assets/fund balances. | 24,370,661. | 34 | 24,764,144. |

Form **990** (2014)

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 | 5,692,062. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,698,347. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,993,715. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,206,015. |
| 5 | Net unrealized gains (losses) on investments | 5 | -2,653,985. |
| 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 | 24,545,745. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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. | | |

Form **990** (2014)

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

2014

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.)
- 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 or IRC section (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) 2014

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|------------|------------|------------|----------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,838,966. | 2,064,192. | 1,885,604. | 696,922. | 1,671,093. | 8,156,777. |
| 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. | 1,838,966. | 2,064,192. | 1,885,604. | 696,922. | 1,671,093. | 8,156,777. |
| 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). | | | | | | 2,131,081. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 6,025,696. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|------------|------------|------------|----------|------------|--------------------------|
| 7 Amounts from line 4 | 1,838,966. | 2,064,192. | 1,885,604. | 696,922. | 1,671,093. | 8,156,777. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 493,974. | 589,286. | 529,661. | 312,001. | 581,830. | 2,506,752. |
| 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 | | | | | | 10,663,529. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 23,635. |
| 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 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 56.51% |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 56.14% |
| 16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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"/> |

Schedule A (Form 990 or 990-EZ) 2014

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests - 2014. 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 ► <input type="checkbox"/> | | |
| b 33 1/3% support tests - 2013. 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 ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

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 B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2014▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICAN MEDICAL ASSOCIATION FOUNDATION**Employer identification number
36-6080517**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | SEE ATTACHED SCHEDULE 330 NORTH WABASH AVE, STE 39300 CHICAGO, IL 60611 | \$ 1,338,157. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | VARIOUS DONORS < \$5,000 330 NORTH WABASH AVE, STE 39300 CHICAGO, IL 60611 | \$ 332,936. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

2014

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" to 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" to 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. | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

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

Complete if the organization answered "Yes" to 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) 2014

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 | 3,899,379. | 3,734,816. | 3,092,186. | 2,618,607. | 1,650,078. |
| b Contributions | 251,432. | 110,946. | 469,997. | 399,606. | 960,071. |
| c Net investment earnings, gains, and losses | 55,031. | 53,617. | 172,633. | 73,973. | 8,458. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,205,842. | 3,899,379. | 3,734,816. | 3,092,186. | 2,618,607. |

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 in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|--------------------------|-------------------------------------|
| 3a(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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 10(c).) ☐

Part VII Investments - Other Securities.

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,020,913. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -2,653,985. |
| b | Donated services and use of facilities | 2b | 93,152. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -2,560,833. |
| 3 | Subtract line 2e from line 1 | 3 | 5,581,746. |
| 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 | 110,316. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 110,316. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 5,692,062. |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,681,183. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 93,152. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 93,152. |
| 3 | Subtract line 2e from line 1 | 3 | 2,588,031. |
| 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 | 110,316. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 110,316. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 2,698,347. |

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. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SPECIFICALLY TO STUDENTS WITH AN INTEREST 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.

SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" to 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

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) | 163,096. | | | | HEALTHY LIVING GRANT |
| (3) SEE ATTACHED LIST | | 501C(3) | 20,000. | | | | SCHWEITZER |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

Schedule I (Form 990) (2014)

JSA

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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. | 624,115. | | | |
| 2 SEE ATTACHED LIST | 40. | | 1,051. | 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
364080517
FYE 6/30/15 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 | Dr. | Kent | MD | Samantani's Pulse | PO Box 3006 | Bronx | NY | 10467 | \$2,000 | 6/12/15 | Nathan Davis International | Excellence in Medicine |
| | Dr. | J. Emilio | MD MPH | West Cornell Medical College, Office of Student Affairs | 445 East 69th Street, Room 1 | New York | NY | 10021 | \$2,500 | 6/12/15 | Pride in the Profession | Excellence in Medicine |
| | Dr. | Mark | MD MPH | West Cornell Medical College | 1300 York, Box 314 | New York | NY | 10065 | \$2,500 | 6/12/15 | Mridha Spirit of Medicine | Excellence in Medicine |
| | Dr. | Sean | MD | Judy and Sean Palfrey Advocacy Fund | 3000 Longwood Ave | Boston | MA | 02115 | \$2,500 | 6/12/15 | McConnell Award | Excellence in Medicine |
| | | | | | | | | | SUBTOTAL | | | \$19,000 |
| Seed Grants | | | | | | | | | | | | |
| Dr. | Taylor | Aiken | MD | Cleveland Clinic | 3500 Euclid Avenue, Lerner R | Cleveland | OH | 44195 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Carlos | Alvar | MD | New York University School of Medicine | 530 First Ave, SKI-6R | New York | NY | 10016 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Sade | Bell | | Duke University Medical Center | PO Box 2605 | Durham | NC | 27710 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Colin | Borghom | | Department of Pathology, CHSU | 3181 SW Sam Jackson, Mail | Portland | OR | 97239 | \$4,950 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Julie | Boko | | University of Pittsburgh | 3414 Fifth Avenue, CHDB 3rd | Pittsburgh | PA | 15213 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Nicholas | Borcherding | | The University of Iowa | Dept. Of Pathology, 200 Iowa | Iowa City | IA | 52242 | \$4,805 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| Dr. | LaPrincess | Brewer | MD MPH | Mayo Clinic | PO Box 860334 | Minneapolis | MN | 55485 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Randall | Brenneman | | The University of Miami | Office of Research Adminstr | Atlanta | GA | 30384 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Audrey | Choi | MD | Beckman Research Institute | 1500 E Duarte Rd, Med 151, Du | Duarte | CA | 91010 | \$2,500 | 3/6/15 | Pancreatic Cancer | Seed Grant |
| Dr. | Zeynep | Eroglu | MD | City of Hope | 522 West 168th St, PH-3-343 | New York | NY | 10032 | \$2,500 | 3/13/15 | Cardio Pulmonary | Seed Grant |
| | Michael | Gavallas | MD | The Trustees of Columbia University in the City of New York | 3500 Camp Bowie Blvd | Fort Worth | TX | 76107 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Andrew | Gidewski | | University of North Texas Health Science Center | 222 Richmond St Box G-M23 | Providence | RI | 02903 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Alex | Han | | Brown University | 750 E Adams St, CAB Rm 20 | Syracuse | NY | 13210 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| Dr. | David | Heikin | MD | The Research Foundation for the State University of New York | PO Box 41428 | Baltimore | MD | 21201 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| Dr. | David | Hersh | MD | University of Maryland, Baltimore | 13120 E 19th Ave, B395 | Aurora | CO | 80045 | \$2,500 | 7/15/15 | Cardio Pulmonary | Seed Grant |
| Dr. | Benjamin | Hughes | MD | Regents of the University of Colorado | 750 E Adams St, CAB Rm 20 | Syracuse | NY | 13210 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| Dr. | Summet | Jan | MD | The Research Foundation for the State University of New York | MSUCOM/CMC Box 402, 470 | Detroit | MI | 48201 | \$4,844 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Kayla | Jelinek | | International Osteopathic Medicine Organization | 3500 Camp Bowie Blvd | Fort Worth | TX | 76107 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Noah | Jouett | | University of North Texas Health Science Center, Office of Grants and Contracts Management | 1275 York Avenue, Box 701 | New York | NY | 10085 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| Dr. | Rupa | Juthuan | MD | Memorial Sloan Kettering Cancer Center | 1300 Monks Park Avenue | Brown | NY | 10461 | \$4,817 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Chiriles | Kennworthy | | Albert Einstein College of Medicine of Yeshiva University | Grant Accounting Office, 85 | Albany | NY | 52242 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Mare | Kim | | University of Iowa | 460 Clarkson Ave, MSC 1106 | Brooklyn | NY | 11203 | \$2,500 | 3/6/15 | Pancreatic Cancer | Seed Grant |
| | Vadim | Kuzalov | | The Research Foundation for the State University of New York | 1150 St. Nicholas Ave, Room | New York | NY | 10032 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Matthew | Lewis | | Trustees of Columbia University in the City of New York | The Box 9 | Albany | NY | 12201 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Luma | Lin | | The Research Foundation for the State University of New York | 3500 Camp Bowie Blvd, RES | Fort Worth | TX | 76107 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Victor | Lin | | UNT Health Science Center | 750 E Adams St | Syracuse | NY | 13210 | \$4,844 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| Dr. | David | Lubin | MD PhD | The Research Foundation for the State University of New York | WVU Health Sciences Center | Morgantown | WV | 26506 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Brandon | Lucke-Wold | | Department of Neurosurgery | 3601 Rainbow Blvd, 2003 Wal | Kansas City | MO | 66160 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Asena | Lui | | University of Kansas Medical Center, Cancer Biology Department | 200 Hawkins Dr, E315 GH | Iowa City | IA | 52242 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Dan | Mattacic | | University of Iowa | 101 Huntington Ave, Suite 30 | Boston | MA | 02199 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| Dr. | Chrieos | Milos | MD | Mass General Hospital - Research | 127 South San Vicente Boule | Los Angeles | CA | 90048 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Debra | Mushteghe | MD MPH | Cedars-Sinai Medical Center, Department of Neurosurgery | 1430 Tuane Ave, 8L-79 | New Orleans | LA | 70112 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Hani | Nakboui | | Tulane University | 9500 Gilman Drive #0657 | La Jolla | CA | 92093 | \$4,254 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Andrew | Nelson | | Regents of the University of California, San Diego | Dept. of Otolaryn R1, PO Box | Reading | PA | 19612 | \$2,500 | 8/28/15 | Cardio Pulmonary | Seed Grant |
| | Matthew | Nusly | | The Reading Hospital | Box 55169 Reed Building, 5 | Los Angeles | CA | 90065 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| Dr. | Chrag | Patel | MD PhD | UC Regents | 6565 Fannin St, Suite B157 | Houston | TX | 77030 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Yashashwi | Prisharek | | MSG Baylor College of Medicine | 3640 Colonel Glenn Hwy | Dayton | OH | 45435 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | James | Reader | | Wright State University | Surrgy Research Office, 280 Ann | Arbor | MI | 48100 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Vadim | Rusin | | The Regents of the University of Michigan | 6565 Fannin St, Suite B157 | Houston | TX | 77030 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| Dr. | Sarah Broe | Russo | MD | Medical University of South Carolina - Department of Biochemistry | 173 Ashley Avenue, 5112-D | Be Charleston | SC | 29428 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Marcelle | Saywee | | Duke Otolaryngology Head & Neck Surgery | Duke Clinics, Blue Zone, Rm | Durham | NC | 27710 | \$5,000 | 3/6/15 | Neoplastic Diseases | Seed Grant |
| | Tiffany | Solo | | The Regents of the University of California, on behalf of its Riverside Campus | 200 University Avenue, Suite | Riverside | CA | 92521 | \$5,000 | 3/13/15 | Neoplastic Diseases | Seed Grant |
| | Jacob | Shreeve | | The Trustees of Indiana University | Office of Research Adminstr | Detroit | MI | 48278 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Nathaniel | Smolowitz | | New York University School of Medicine | PO Box 415026 | Boston | MA | 02241 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Chris | Stasethen | | Massachusetts General Hospital - The General Hospital Corporation | 185 Cambridge Street, CP2N | Boston | MA | 02114 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Laura | Teln | | The Board of Regents of the University of Wisconsin System | H4L446 CSC, 600 Highland A | Madison | WI | 53792 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | David | Thyru | | Keck School of Medicine of the University of Southern California | 1675 Zonal Avenue | Los Angeles | CA | 90069 | \$4,926 | 3/13/15 | Neoplastic Diseases | Seed Grant |
| | Molly | Wasserman | | Northwestern University | 303 East Superior St, #11-10 | Chicago | IL | 60611 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Jeffrey | Wessler | | Trustees of Columbia University | 622 West 155th St, PH-8 | New York | NY | 10032 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Felice | Williams | | Emory University | Office of Grants & Contracts, | Atlanta | GA | 31193 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Rachsha | Wilson | | University of Connecticut Health Center | Dept. of Surgery, MC-2100, 2 | Farmington | CT | 06030 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | Joshua | Wong | | The Regents of the University of Michigan | Surrgy Research Office, 280 Ann | Arbor | MI | 48100 | \$2,500 | 2/24/15 | Cardio Pulmonary | Seed Grant |
| | | | | | | | | | SUBTOTAL | | | \$188,830 |
| Giambalvo | | | | | | | | | | | | |
| Dr. | Sneha | Shah | MD | University of Massachusetts Medical School | 55 Lake Avenue N | Worcester | MA | 01655 | \$10,000 | 10/6/14 | | Joan F. Giambalvo |
| Dr. | Elizabeth | Ellinas | MD | Medical College of Wisconsin | 6200 W. Wisconsin Ave | Milwaukee | WI | 53226 | \$9,254 | 9/11/14 | | Joan F. Giambalvo |
| | | | | | | | | | SUBTOTAL | | | \$19,254 |
| Minority Scholarships | | | | | | | | | | | | |
| Ms. | Shenlifu | Abu | | Tufts University School of Medicine | 135 Harrison Avenue | Boston | MA | 02111 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Janetta | Arelano | | University of Washington School of Medicine | Box 357430 | Seattle | WA | 98195 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Basha | Blansoon | | Virginia Commonwealth University School of Medicine | 1201 East Marshall Street, Rt | Richmond | VA | 23298 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Bethany | Carlos | | Medical University of South Carolina | 96 Jonathan Lucas Street, Su | Charleston | SC | 29405 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Evelyn | Escobedo Pol | | The University of California Regents | 17 253 CHS, Box 057020 | Los Angeles | CA | 90095 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Dr. | Capoberto | Estelacio Choncz | | Vanderbilt School of Medicine | 303 Light Hall | Nashville | TN | 37232 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Amber | Gardner | | University of Arizona, College of Medicine - Phoenix | 435 North 6th Street | Phoenix | AZ | 85004 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Kennetha | Givans | | Cooper Medical School of Rowan University | 201 Mullica Hill Road | Glassboro | NJ | 08028 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Jasmine | Holmes | | Johns Hopkins University School of Medicine | 1620 McElderry St, Reed Hall | Baltimore | MD | 21205 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Jose Miguel | Jianze | | University of Pittsburgh School of Medicine | 3650 Teraso Street (518 St | Pittsburgh | PA | 15261 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Nadia | Kamagale | | Ohio University Heritage College of Osteopathic Medicine | 015 Grosvenor Hall 1, Ohio U | Athens | OH | 45701 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Kendrick | Kennedy | | Medical University of South Carolina | 96 Jonathan Lucas Street, Su | Charleston | SC | 29425 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Imani | McGhee | | The University of California Regents | 17 253 CHS, Box 057020 | Los Angeles | CA | 90095 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Karen | Mendez | | New York Medical College | 40 Sunnyside Cottage Road | Villalba | NY | 10986 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Emeka | Okofo | | The University of Chicago Pritzker School of Medicine | 904 E. 57th Street #104 | Chicago | IL | 60637 | \$10,000 | 5/15/15 | | Minority Scholars Award |
| Ms. | Maria de Feli | Reyes | | Keck School of Medicine of USC | 1975 Zonal Ave - KAM 100B | Los Angeles | CA | 90089 | \$10,000 | 5/15/15 | | Minority Scholars Award |

American Medical Association Foundation
36-600517
FYE 6/30/15 Form 990 Schedule I, Part II
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 | | | | | | | | | | | | |
| Mr. | Franklyn | Rocha | Cabrera | University of Illinois College of Medicine | 808 South Wood Street, Room Chicago | IL | 60612 | \$10,000 | \$10,000 | 5/15/15 | Minority Scholars Award | |
| Ms. | Isabelle | Sanchez | | University of Illinois at Chicago College of Medicine | 806 South Wood Street, Room Chicago | IL | 60612 | \$10,000 | \$10,000 | 5/15/15 | Minority Scholars Award | |
| Ms. | Mary | Tate | | Harvard Medical School | 25 Shattuck Street, Suite 211 Boston | MA | 02115 | \$10,000 | \$10,000 | 5/15/15 | Minority Scholars Award | |
| Mr. | Jorge | Torres | | The University of California Regents | 17-253 CHS Box 957020 | Los Angeles | CA | 90095 | \$10,000 | 5/15/15 | Minority Scholars Award | |
| Ms. | Danise | Kimtrough | | Medical University of South Carolina | 96 Jonathan Lucas Street | SC | 29425 | \$5,000 | \$5,000 | 5/15/15 | ABC Minority Scholars Award | |
| Mr. | Bryan | Leyva | | Warren Alpert Medical School of Brown University | 222 Richmond St | Providence | RI | 02912 | \$1,000 | 5/15/15 | Physicians Loan | |
| Mr. | Joshua | Rivers | | Wayne State University School of Medicine | 320 E. Canfield, Suite 317 | Detroit | MI | 48201 | \$1,000 | 5/15/15 | Physicians Loan | |
| | | | | | | | | | SUBTOTAL | | | \$207,600 |
| Physicians of Tomorrow Scholarships | | | | | | | | | | | | |
| Ms. | Jennifer | Grand | | University of Illinois at Chicago College of Medicine | 226 Park Ave Apt. 1 | Rockford | IL | 61107 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Konstantin | Grigoryan | | University of Cincinnati College of Medicine | 7965 Timberbreak Dr | Cincinnati | OH | 45249 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Mickey | Isang | | University of Louisville School of Medicine | 2438 Sherry Road | Louisville | KY | 40217 | \$10,000 | 8/15/14 | General | Physicians of Tomorrow |
| Mr. | Corbin | Jacobs | | UT Southwestern Medical Center at Dallas | 14401 Stapleton Lane #1104 | Farmington | TX | 76105 | \$10,000 | 8/15/14 | General | Physicians of Tomorrow |
| Ms. | Mariya | Kalashnikova | | Keck School of Medicine of the University of Southern California | 6328 Orange Street | Los Angeles | CA | 90048 | \$10,000 | 8/15/14 | General | Physicians of Tomorrow |
| Mr. | Raja | Narayan | | University of California Irvine School of Medicine | 4537 Fellows St | Union City | CA | 94587 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Alexander | Nguyen | | UC Davis School of Medicine | 801 Fulton Ave Apt 2002 | Sacramento | CA | 95828 | \$10,000 | 8/15/14 | General | Physicians of Tomorrow |
| Mr. | Derek | Rogarsky | | Georgetown University School of Medicine | 4655 MacArthur Blvd NW | Washington | DC | 20007 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Ms. | Tatiana | Thema | | Wake Forest School of Medicine | 805 West End Blvd Apt B10 | Winston Salem | NC | 27101 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Ryan | Useman | | University of Minnesota Medical School | 3748 Garfield Ave | Minneapolis | MN | 55409 | \$10,000 | 8/15/14 | General | Physicians of Tomorrow |
| Mr. | Stephen | Vita | | University of California San Francisco | 1206 31st Ave | San Francisco | CA | 94108 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Matthew | Alvin | | Case Western Reserve University School of Medicine | 11471 Euclid Ave Apt 312 | Cleveland | OH | 44105 | \$10,000 | 8/27/14 | General | Physicians of Tomorrow |
| Mr. | Joshua | Baindreshnan | | Chicago Medical School at Rosalind Franklin University of Medicine & Science | 300 West Hill Street #625 | Chicago | IL | 60610 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Elio | Brown | | McHenry Medical College | 107 Astor Park Dr #424 | Bannockburn | IL | 60015 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | Dayoub | Kem | | University of Michigan Medical School | 7055 Versailles Sq | Bethlehem | PA | 18017 | \$10,000 | 8/22/14 | General | Physicians of Tomorrow |
| Mr. | James | Kim | | University of Chicago Pritzker School of Medicine | 5454 S Cornell Ave Unit 2W | Chicago | IL | 60615 | \$10,000 | 8/11/14 | Hammond | Physicians of Tomorrow |
| Mr. | Matthew | Murphy | | Loyola University Chicago Stritch School of Medicine | 3814 Filmore Ave | Brooklyn | NY | 11234 | \$10,000 | 9/11/14 | Hammond | Physicians of Tomorrow |
| Mr. | Taylor | Stanton | | Loyola University Chicago Stritch School of Medicine | 626 N Rockford Ave | Rockford | IL | 61107 | \$10,000 | 9/11/14 | Chicago | Physicians of Tomorrow |
| Ms. | Lailaanza | Wright | | Loyola University Chicago Stritch School of Medicine | 7757 Van Buren St Unit 417 | Forest Park | IL | 60130 | \$10,000 | 9/11/14 | Chicago | Physicians of Tomorrow |
| Ms. | Anna | Choi | | Vanderbilt University School of Medicine | 3101 West End Ave Apt 145 | Nashville | TN | 37203 | \$10,000 | 9/11/14 | Chicago | Physicians of Tomorrow |
| Mr. | Daniel | Leifer | | UC Davis School of Medicine | 5811 11th Ave | Sacramento | CA | 95820 | \$10,000 | 9/11/14 | Chicago | Physicians of Tomorrow |
| | | | | | | | | | SUBTOTAL | | | \$210,000 |
| Wilson Scholarship | | | | | | | | | | | | |
| Ms. | Elizabeth | Parker | | University of Washington School of Medicine | 15485 Glacet Hwy | Juneau | AK | 99801 | \$5,000 | 9/5/14 | | Arthur N. Wilson, MD Scholarship |
| | | | | | | | | | SUBTOTAL | | | \$5,000 |
| Health Education Award | | | | | | | | | | | | |
| Mr. | Daniel | Alford | | Daniel P. Alford, MD | 37 Henderson St | Needham | MA | 02452 | \$3,500 | 10/24/14 | | AMA Foundation Health Education Aw |
| | | | | | | | | | SUBTOTAL | | | \$3,500 |
| Total Cash Grants Made to Individuals in the United States | | | | | | | | | | | | \$643,684 |
| Total Number of Individual Cash Recipients | | | | | | | | | | | | 86 |
| Returned Unspent Portion of Prior Year Grants to Individuals | | | | | | | | | | | | (\$19,409) |
| Net Cash Grants Made to Individuals in the United States | | | | | | | | | | | | \$624,115 |
| Grant Related Noncash Expenses (Cost of Award Plaques) | | | | | | | | | | | | 40 |
| | | | | | | | | | | | | \$1,851 |
| TOTAL GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES | | | | | | | | | | | | \$625,166 |

Grants to Organizations in the United States

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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 | 25-1035653 | | | Center for Pharmacy Care | 1000 Fifth Avenue | Pittsburgh | PA | 15262 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 43-1589851 | | | CHIPS Health and Wellness Center | 2431 N. Grand Blvd | St. Louis | MO | 63106 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 90-6715369 | | | Free Medical Clinic of Oak Ridge | 116 East Division Rd | Oak Ridge | TN | 37830 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 64-1677934 | | | Lloyd F. Moss Free Clinic | 1301 Sam Perry Boulevard | Fredericksburg | VA | 22401 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 45-2342626 | | | Oldham County Ministerial Association DBA Hope Health Clinic | 1025 Sarnel Way, Suite E | LaGrange | KY | 40031 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 31-1142065 | | | Wheeling Health Right, Inc | 61-29th St | Wheeling | WV | 26003 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | 35-3492305 | | | Will-Grundy Medical Clinic (WGMCL) | 213 East Cass Street | Joliet | IL | 60432 | \$10,000 | 10/24/2014 | Diabetes Prevention | Healthy Communities/Healthy America |
| | | | | | | | | | SUBTOTAL | \$80,000 | | |
| 35-3142626 | | | Health and Medicine Policy Research Group | 29 E Madison St., Ste 602 | Chicago | IL | 60602 | \$20,000 | 1/23/15 | | Schwetzer | |
| | | | | | | | | SUBTOTAL | \$20,000 | | | |
| Total Cash Grants Made to Organizations in the United States | | | | | | | | | \$277,438 | | | |
| Total Number of Organizational Cash Recipients | | | | | | | | | 40 | | | |
| Returned unspent portion of prior year grants | | | | | | | | | (\$14,342) | | | |
| TOTAL GRANTS MADE TO ORGANIZATIONS IN THE UNITED STATES, NET | | | | | | | | | \$263,096 | | | |
| SUMMARY | | | | | | | | | | | | |
| Total number of cash recipients of grants in the United States | | | | | | | | | 126 | | | |
| TOTAL GRANTS IN THE UNITED STATES | | | | | | | | | \$885,262 | | | |

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

2014

**Open to Public
Inspection**

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

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

AN EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS 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 RESPONSIBILTIES ARE GROUPED TOGETHER IN

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JOB GRADES AND ASSIGNED A 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 CONTRIBUTIONS.

PART III, LINE 4D

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.

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

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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.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN MEDICAL ASSOCIATION FOUNDATION'S (THE AMA FOUNDATION)
MISSION IS TO ADVANCE PUBLIC HEALTH AND MEDICAL SCHOLARSHIP THROUGH
PHILANTHROPIC SUPPORT OF PHYSICIAN-LED INITIATIVES. THE AMA
FOUNDATION'S VISION IS TO BE THE CENTER OF PHILANTHROPIC ACTIVITY
THAT ENABLES THE MEDICAL COMMUNITY TO HELP PEOPLE LEAD HEALTHIER
LIVES.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--|---------------|-----------------|----------------|
| HEALTHY COMMUNITIES/HEALTHY AMERICA | | 18,239. | |
| GRANT PROGRAMS TO SUPPORT MEDICAL RESEARCH | 164,196. | 183,647. | |
| EDUCATION PROGRAMS TO HELP ALLEVIATE LOW | | | |
| HEALTH LITERACY | 20,000. | 69,750. | |
| HYPERTENSION/PREDIABETES | 80,000. | 112,077. | |
| VALUATION OF PLEDGES ESTIMATES | | 10,592. | |
| NAMED FUNDS AND HONOR FUNDS EXPENSES | | -1,773. | |
| PROGRAM SUPPORT SERVICES | | 121,601. | |

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ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------------------------|-----------------|-----------------|----------------|
| RECOGNIZING ETHICS IN MEDICINE | | 28. | |
| PROGRAM TO ADVANCE MEDICAL EDUCATION | | 35,000. | |
| TOTALS | <u>264,196.</u> | <u>549,161.</u> | |

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
 FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

| <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 | 581,830. | | | 581,830. |
| TOTALS | <u>581,830.</u> | | | <u>581,830.</u> |

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ATTACHMENT 5FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

| | |
|---|----------|
| GROSS SALES LESS RETURNS AND ALLOWANCES | 850. |
| INVENTORY AT BEGINNING OF YEAR | |
| PURCHASES | |
| SALARIES AND WAGES | |
| OTHER COSTS | |
| SUBTOTAL | |
| MINUS ENDING INVENTORY | |
| COST OF GOODS SOLD | <u>0</u> |

ATTACHMENT 6FORM 990, PART IX - PAYMENTS TO AFFILIATES

| DESCRIPTION | (A) TOTAL EXPENSES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|------------------|--------------------------|--------------------------------|----------------------------------|--------------------------------|
| LEASED EMPLOYEES | 725,116. | 115,920. | 325,619. | 283,577. |
| SERVICE FEES | 2,264. | | 2,264. | |
| CONFERENCE FEES | 35,000. | 35,000. | | |
| TOTALS | <u>762,380.</u> | <u>150,920.</u> | <u>327,883.</u> | <u>283,577.</u> |

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE |
|-----------------------|----------------------|
| EQUITY SECURITIES AND | |
| MUTUAL FUNDS | 2,941,701. |

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ATTACHMENT 7 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIESDESCRIPTIONENDING
BOOK VALUE

FIXED INCOME SECURITIES AND

MUTUAL FUNDS

7,783,722.

COMMON STOCKS

12,387,199.

TOTALS

23,112,622.

