

MILLER COOPER &Co.,Ltd

ACCOUNTANTS AND CONSULTANTS

American Medical Association Foundation
Joshua M. Cohen, Board President
330 North Wabash Avenue, Suite 39300
Chicago, IL 60611-5885

Dear Joshua,

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2017 for:

American Medical Association Foundation as follows...

2016 990 - Return of Organization Exempt from Income Tax
2016 Schedule A - Public Charity Status and Public Support
2016 Schedule B - Schedule of Contributors
2016 Schedule D - Supplemental Financial Statements
2016 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
2016 Schedule J - Compensation Information
2016 Schedule O - Supplemental Information to Form 990 or 990EZ
2016 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Steven R Glover, Principal
Miller, Cooper & Co., Ltd.

Miller, Cooper & Co., Ltd.
1751 Lake Cook Road, Suite 400
Deerfield, IL 60015

Instructions for filing
American Medical Association Foundation
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

MILLER, COOPER & CO., LTD.
1751 Lake Cook Road, Suite 400
Deerfield IL 60015

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return.
Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

IRS e-file Signature Authorization
for an Exempt OrganizationFor calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 2017

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

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Name and title of officer

JOSHUA M. COHEN, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ► <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>4,021,836.</u>
2a Form 990-EZ check here ► <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b _____	4b _____
5a Form 8868 check here ► <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MILLER, COOPER & CO., LTD. to enter my PIN
ERO firm name

6 3 3 2 7

as my signature

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ►

Part III Certification and Authentication

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

1	5	8	6	6	8	3	6	2	8	9
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ►

Date ►

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Return of Organization Exempt From Income Tax

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.

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning

07/01, 2016, and ending

06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN MEDICAL ASSOCIATION FOUNDATION					D Employer identification number 36-6080517	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) 330 NORTH WABASH AVENUE					E Room/suite 39300 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60611-5885	
						F Name and address of principal officer: JOSHUA M. COHEN 330 N WABASH AVE, STE 39300 CHICAGO, IL 60611-5885	
						G Gross receipts \$ 9,738,869.	
						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						If "No," attach a list. (see instructions) H(c) Group exemption number ►	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
J Website: ► WWW.AMAFOUNDATION.ORG							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1957 M State of legal domicile: IL					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AMA FOUNDATION BRINGS TOGETHER PHYSICIANS AND COMMUNITIES TO IMPROVE OUR NATION'S HEALTH.		
	2 Check this box ► <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 2016 (Part V, line 2a) 5 0.		
	6 Total number of volunteers (estimate if necessary) 6 106.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.		
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,676,045. 1,760,359.		
	9 Program service revenue (Part VIII, line 2g) 0. 0.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 397,949. 2,261,477.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 90. 0.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,074,084. 4,021,836.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 899,407. 574,714.		
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 117,099. 200,741.		
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 730,297.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,943,522. 1,983,685.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,960,028. 2,759,140.		
	19 Revenue less expenses. Subtract line 18 from line 12 -885,944. 1,262,696.		
	Net Assets or Fund Balances		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 23,128,008. 25,413,449.		
	21 Total liabilities (Part X, line 26) 193,553. 258,165.		
	22 Net assets or fund balances. Subtract line 21 from line 20. 22,934,455. 25,155,284.		
	Beginning of Current Year End of Year		

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 <input type="checkbox"/> if self-employed		
Firm's name ► MILLER, COOPER & CO., LTD.		Firm's EIN ► 36-2897372		PTIN P00253365	
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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:THE AMA FOUNDATION BRINGS TOGETHER PHYSICIANS AND COMMUNITIES TO
IMPROVE OUR NATION'S HEALTH.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code:) (Expenses \$ 506,615. including grants of \$ 424,812.) (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 \$ 87,865. including grants of \$ 19,078.) (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 \$ 44,737. including grants of \$ 40,000.) (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 1

(Expenses \$ 449,041. including grants of \$ 90,824.) (Revenue \$)4e Total program service expenses ► 1,088,258.

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	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	5
1b 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? <i>Note.</i> 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).	7a	X
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	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?	9a	X
9 Sponsoring organizations maintaining donor advised funds.	9b	X
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter:	11a	
a Gross income from members or shareholders.	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.	13a	
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.		
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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 22 Yes No
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.

1b Enter the number of voting members included in line 1a, above, who are independent **1b** 22 Yes No

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**

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**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6**

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**

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**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

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**

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

10a Did the organization have local chapters, branches, or affiliates? **10a**

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**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13**

13 Did the organization have a written whistleblower policy? **14**

14 Did the organization have a written document retention and destruction policy? **15**

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**

b Other officers or key employees of the organization **15b**
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**

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 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
MR. HAL HOTHAN 330 NORTH WABASH AVENUE, SUITE 39300 CHICAGO, IL 60611-5885 312-464-4543

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Employee	Highest compensated			
(1) TENNESSEE BAILEY DIRECTOR	3.00 0.	X						0.	0.	0.
(2) PATRICIA AUSTIN, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(3) PATRICE A. HARRIS, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(4) NANCY MUELLER, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(5) BASSAM NASR, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(6) EDMOND CABBABE, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(7) TAMAAN OSBOURNE-ROBERTS, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(8) GAMINI SOORI, MD DIRECTOR	3.00 0.	X						0.	0.	0.
(9) ROSE DOHERTY, CPA DIRECTOR	3.00 0.	X						0.	0.	0.
(10) STEPHEN R. PERMUT MD, JD DIRECTOR	3.00 0.	X						0.	0.	0.
(11) WILLIAM E. KOBLER, MD IMMEDIATE PAST PRESIDENT	3.00 0.	X	X					0.	0.	0.
(12) SARAH A. SANDERS, PHARM.D. TREASURER	3.00 0.	X	X					0.	0.	0.
(13) NANCY KYLER PRESIDENT	3.00 0.	X	X					0.	0.	0.
(14) JOHN O'ROURKE DIRECTOR	3.00 0.	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	Former			
(15) WILLIAM STERNFELD, MD DIRECTOR	3.00 0.		X					0.	0.	0.
(16) MELANIE WALKER, MD DIRECTOR	3.00 0.		X					0.	0.	0.
(17) JOSHUA M. COHEN, MD, MPH PRESIDENT-ELECT	3.00 0.		X	X				0.	0.	0.
(18) ERICA E. MARSH, MD, MSCI DIRECTOR	3.00 0.		X					0.	0.	0.
(19) HEATHER A. SMITH, MD, MPH DIRECTOR	3.00 0.		X					0.	0.	0.
(20) JACQUELINE A. BELLO, MD, FACR SECRETARY	3.00 0.		X	X				0.	0.	0.
(21) RUSSELL W. H. KRIDEL, MD DIRECTOR	3.00 0.		X					0.	0.	0.
(22) DEBASISH MRIDHA, MD DIRECTOR	3.00 0.		X					0.	0.	0.
(23) R. BARKLEY PAYNE EXECUTIVE DIRECTOR	40.00 0.			X				193,457.	0.	7,284.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								193,457.	0.	7,284.
d Total (add lines 1b and 1c)								193,457.	0.	7,284.

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		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
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 ► 1		

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				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,760,359,			
	g Noncash contributions included in lines 1a-1f: \$ _____					
h Total. Add lines 1a-1f ►		1,760,359,				
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 ►		455,184.		455,184.	
	4 Income from investment of tax-exempt bond proceeds ►		0.			
	5 Royalties ►		0.			
	6a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7,523,326.				
	c Gain or (loss)	5,717,033.				
	d Net gain or (loss) ►	1,806,293.		1,806,293.		1,806,293.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	0.			
b Less: direct expenses	b	0.				
c Net income or (loss) from fundraising events ►		0.				
9a Gross income from gaming activities. See Part IV, line 19	a	0.				
b Less: direct expenses	b	0.				
c Net income or (loss) from gaming activities ►		0.				
10a Gross sales of inventory, less returns and allowances	a	0.				
b Less: cost of goods sold	b	0.				
c Net income or (loss) from sales of inventory. ►		0.				
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ►		0.				
12 Total revenue. See instructions ►		4,021,836.			2,261,477.	

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	38,357.	38,357.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	536,357.	536,357.		
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	200,741.		200,741.	
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 accrals 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	31,564.		21,009.	10,555.
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	115,657.		115,657.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	293,494.	50,491.	190,912.	52,091.
12 Advertising and promotion	0.			
13 Office expenses	34,642.	22,753.	3,290.	8,599.
14 Information technology	179,325.	89,663.	44,831.	44,831.
15 Royalties	0.			
16 Occupancy	132,713.	66,357.	33,178.	33,178.
17 Travel	93,358.	54,435.	20,986.	17,937.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	150,276.	32,629.	25,136.	92,511.
20 Interest	0.			
21 Payments to affiliates ATCH. 5	812,288.	112,541.	272,128.	427,619.
22 Depreciation, depletion, and amortization	0.			
23 Insurance	4,072.		4,072.	
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	78,316.	78,316.		
b PRINTING & PRODUCTION	24,207.	3,527.	4,862.	15,818.
c POSTAGE	23,630.	580.	549.	22,501.
d SUPPLIES	9,550.	2,252.	2,641.	4,657.
e All other expenses	593.		593.	
25 Total functional expenses. Add lines 1 through 24e	2,759,140.	1,088,258.	940,585.	730,297.
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)				

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	674,611.	2	1,013,233.	
	3 Pledges and grants receivable, net	631,216.	3	991,791.	
	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.		
		0.	10c	0.	
	11 Investments - publicly traded securities	ATC 6	21,822,181.	11	23,408,425.
	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)	23,128,008.	16	25,413,449.	
Liabilities	17 Accounts payable and accrued expenses	193,553.	17	258,165.	
	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	193,553.	26	258,165.	
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	16,786,352.	27	18,373,754.	
	28 Temporarily restricted net assets	1,637,422.	28	1,816,622.	
	29 Permanently restricted net assets	4,510,681.	29	4,964,908.	
	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	22,934,455.	33	25,155,284.	
	34 Total liabilities and net assets/fund balances	23,128,008.	34	25,413,449.	

Form 990 (2016)

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	4,021,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,759,140.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,262,696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,934,455.
5	Net unrealized gains (losses) on investments	5	907,878.
6	Donated services and use of facilities	6	50,255.
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	25,155,284.

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	2a	X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	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?	3a	X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2016)

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 12, check only one box.)

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,885,604.	696,922.	1,671,093.	1,676,330.	1,760,359.	7,690,308.
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.	1,885,604.	696,922.	1,671,093.	1,676,330.	1,760,359.	7,690,308.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,690,089.
6 Public support. Subtract line 5 from line 4.						6,000,219.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,885,604.	696,922.	1,671,093.	1,676,330.	1,760,359.	7,690,308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	529,661.	312,001.	581,830.	568,202.	455,184.	2,446,878.
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						10,137,186.
12 Gross receipts from related activities, etc. (see instructions)					12	3,020.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	59.19 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	58.19 %
16a 33 1/3 % support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2016. 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 - 2015. 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; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, 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 NEW FISCAL YEAR END OF JUNE 30. TAX YEAR INDICATED "2012" REPRESENTS CALENDAR YEAR ENDING 12/31/13. AS OF 7/1/14, THE TAX YEAR FOR THE ORGANIZATION IS JULY 1 THROUGH JUNE 30.

► 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	Employer identification number
AMERICAN MEDICAL ASSOCIATION FOUNDATION	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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 for 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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	\$ 1,491,981.	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.)
		\$ _____	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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b 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) 2016

JSA

6E1268 1.000

4841HU 4116 12/13/2017 3:45:52 PM V 16-7.6F

1200 COPY

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,510,681.	4,205,842.	3,899,379.	3,734,816.	3,092,186.
b Contributions	288,818.	328,930.	251,432.	110,946.	469,997.
c Net investment earnings, gains, and losses	165,409.	-24,091.	55,031.	53,617.	172,633.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,964,908.	4,510,681.	4,205,842.	3,899,379.	3,734,816.

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.0000 %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,314.	30,314.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,025,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	907,878.
b	Donated services and use of facilities	2b	211,839.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,119,717.
3	Subtract line 2e from line 1	3	3,906,179.
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	115,657.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	115,657.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,021,836.

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

1	Total expenses and losses per audited financial statements	1	2,805,067.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	161,584.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	161,584.
3	Subtract line 2e from line 1	3	2,643,483.
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	115,657.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	115,657.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,759,140.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)**INTENDED USES OF ENDOWMENT FUNDS**

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

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

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

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

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

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

Part XIII Supplemental Information (continued)

SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM,

SUPPORTING MEDICAL STUDENTS IN THE NORTH CENTRAL REGION OF THE UNITED

STATES.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK/DR. DUANE AND JOYCE CADY

HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S MEDICAL

EDUCATION PROGRAMS. THE EARNINGS OF THE FUND SUPPORT THE FOUNDATION'S

PHYSICIANS OF TOMORROW SCHOLARSHIP PROGRAM, SUPPORTING MEDICAL STUDENTS

IN NEW YORK.

THE INTERNATIONAL MEDICAL GRADUATES HONOR FUND WAS ESTABLISHED TO HELP

FUND THE FOUNDATION'S HEALTH LITERACY PROGRAMS. ONCE THE FUND REACHES

\$250,000, THE EARNINGS OF THE FUND WILL SUPPORT THE FOUNDATION'S HEALTHY

COMMUNITY PROGRAMS.

THE COUNCIL ON MEDICAL SERVICE HONOR FUND WAS ESTABLISHED TO HELP FUND

THE FOUNDATION'S PUBLIC HEALTH OR MEDICAL EDUCATION PROGRAMS. ONCE THE

FUND REACHES \$250,000, THE EARNINGS OF THE FUND WILL SUPPORT SUCH

PROGRAMS AS DETERMINED BY THE FOUNDING DONORS.

THE OKLAHOMA HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S

MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS

OF THE FUND WILL SUPPORT THE FOUNDATION'S PHYSICIANS OF TOMORROW

SCHOLARSHIP PROGRAM, SUPPORTING MEDICAL STUDENTS IN OKLAHOMA.

THE ILLINOIS HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S

MEDICAL EDUCATION PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS

OF THE FUND WILL PROVIDE SUPPORT FOR ILLINOIS MEDICAL STUDENTS WHO ARE

ACTIVELY INVOLVED IN ORGANIZED MEDICINE.

THE MISSOURI HONOR FUND WAS ESTABLISHED TO HELP FUND THE FOUNDATION'S

PUBLIC HEALTH PROGRAMS. ONCE THE FUND REACHES \$250,000, THE EARNINGS OF

THE FUND WILL PROVIDE SUPPORT FOR MISSOURI PATIENTS THROUGH THE

Part XIII Supplemental Information (continued)

FOUNDATION'S PUBLIC HEALTH PROGRAMS.

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

THE LURAH L. WEAVER FUND REPRESENTS THE RESIDUAL VALUE OF THE ESTATE OF LURAH L. WEAVER. THE TERMS OF THE WILL PROVIDE THAT ONLY REALIZED INCOME FROM THIS FUND CAN BE USED FOR UNRESTRICTED PURPOSES.

THE MARY FRANCIS ALEXANDER FUND WAS ESTABLISHED TO PROVIDE SCHOLARSHIPS FOR MEDICAL STUDENTS THROUGH THE EARNINGS OF THE FUND.

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Er

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, the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Noncash amount
(1) SEE ATTACHED LIST		501C(3)	38,357.			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

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

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

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

JSA
6E1288 1.000

4841HU 4116 12/13/2017 3:45:52 PM V 16-7.6F

1200 COPY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part I, line 15. 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 grant or assistance
1 SEE ATTACHED LIST	77	532,467			
2 SEE ATTACHED LIST	4		3,890	COST	AWARD
3					
4					
5					
6					
7					

Part IV Supplemental Information. 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.

JSA

6E1504 2.000

4841HU 4116 12/13/2017 3:45:52 PM V 16-7.6F

1200 COPY

American Medical Association Foundation
56-0080517 Form 990 Schedule I, Part III
Grants to Individuals in the United States

Prefix	First Name	Last Name	Title	Address ¹	Address ²	City	St.	Zip	Amount	Date	Category	Grant
Excellence In Medicine	James	Burt	MD	Volunteers in Medicine, Jacksonville	3540 Sunnyside Drive	Jacksonville	FL	32207	2,500	6/16/17 McConnell Award	Excellence in Medicine	
Dr.	Jennifer	Adams	MD	Denver Health	1273 South York St	Denver	CO	80210	2,500	6/16/17 Medida Spirit of Medicine	Excellence in Medicine	
Dr.	David M.	Klein	MD	Vrightline B. Andes Volunteer Community Clinic	PO Box 381193	Murdoch	FL	339853	2,500	6/16/17 McConnell Award	Excellence in Medicine	
Seed Grants									Subtotal Excellence in Medicine	7,500		
Ms.	Lauren D.	Boland	422 Brown St	#14	Iowa City	IA		52245	\$2,500	3/24/17 Cardio	Seed Grant	
Mr.	Jacob D.	Campbell	17 Edgemere Avenue	West Hartford	CT		6110	\$2,500	3/16/17 Cardio	Seed Grant		
Ms.	Amanda C.	Doran	1161 York Avenue	New York	NY		10965	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Madhavi V.	Davari	24 Faulkner Rd	Shrewsbury	MA		1545	\$2,500	3/24/17 Cardio	Seed Grant		
Ms.	Elizabeth	Fernandez	2300 Evergreen Court	Pembroke Pines	FL		33026	\$400	3/24/17 Cardio	Seed Grant		
Ms.	Katiluna	Marinrez	911 SW 140 Ave	Miami	FL		33184	\$2,500	3/16/17 Cardio	Seed Grant		
Ms.	Hana K.	Flaten	2881 Lima St	Denver	CO		80238	\$2,500	3/16/17 Cardio	Seed Grant		
Ms.	Whitney W.	Fu	PO Box 3559	Rancho Santa Fe	CA		92067	\$2,454	3/24/17 Cardio	Seed Grant		
Ms.	Artemis	Gopos	711 N Hopkins Ave	Chicago	IL		65512	\$1,6973	3/16/17 Cardio	Seed Grant		
Mr.	Jason J.	Han	112 Commodore Ct	Philadelphia	PA		19146	\$2,400	3/24/17 Cardio	Seed Grant		
Mr.	Anderson H.	Kuo	8012 Eagle Peak	Helotes	TX		78023	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Alexander	Kushnir	44 Union Ave	Pasaic	NJ		7055	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Ryan M.	McCormack	1245 Quail Drive	Syracuse	NY		34231	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Furhan	Nuri	50 Presidential Plz	Minneapolis	MN		13202	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Prabhat	Reddy	Apt 307	Rochester	NY		55408	\$2,500	3/24/17 Cardio	Seed Grant		
Mr.	Sal-Hin	Wan	200 First Street SW	Chicago	IL		66805	\$4,130	3/24/17 Neoplastic	Seed Grant		
Mr.	Joseph D.	DiDomenico	1515 S Prairie Ave	Portland	OR		97239	\$5,000	3/24/17 Neoplastic	Seed Grant		
Mr.	Matthew S.	Dietz	5150 SW Landing Dr	Northborough	MA		1532	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Amber L.	Elamay	31 Harris Avenue	Boston	MA		2210	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Michael F.	Gowen	100 Pier 4	University Heights	OH		44118	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Wor Jm	Ho	2200 Milton Rd	Culver City	CA		50230	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Amar U.	Kishan	4921 Indian Wood Road	Durham	NC		52050	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Jerry C.	Lee	400 Alexander Dr	Warren	OH		44484	\$5,000	3/16/17 Neoplastic	Seed Grant		
Mr.	Adel	Mahjoub	1800 Hidden Lakes	La Puente	CA		9744	\$5,000	3/24/17 Neoplastic	Seed Grant		
Mr.	Sand M.	Nguyen	14917 Ragaus Street	Baltimore	MD		8924	\$3,550	3/16/17 Neoplastic	Seed Grant		
Ms.	Narck	Shaverian	10982 Robbing Ave	Philadelphia	PA		21231	\$2,500	3/16/17 HIV/AIDS	Seed Grant		
Ms.	Alexandra J.	Murray	121 N Chester St					\$2,500	3/24/17 Pancreatic Cancer	Seed Grant		
Ms.	Safina G.	Yuan	2114 Pemberton Street					Subtotal Seed Grants	89,987			
Giambelvino	Dr.	Shobha	Stack	4333 Brooklyn Avenue NE	Seattle	WA		98165-9472	10,000	9/13/16		
Minority Scholars								Subtotal Giambelvino	10,000			
Ms.	Vanessa	Armentariz	University of Washington	3808 Booth St, Apt 3	Kansas City	KS		66103	10,000	06/01/2017	Minority Scholars Award	
Ms.	Aritha	Arthur	Michigan State College of Human Medicine	32703 Greenback Avenue	Lansing	MI		48912	10,000	06/01/2017	Minority Scholars Award	
Mr.	Yeon	Asvad	Charles R. Drew-David Geffen School of Medicine	32202 Clarendon Ave Apt 2	Los Angeles	CA		50034	10,000	06/01/2017	Minority Scholars Award	
Mr.	Quincy	Banks	Wake Forest School of Medicine	51017 Mountain Breeze Court	LaVerne	CA		37086	10,000	06/01/2017	Minority Scholars Award	
Ms.	Reidell	Bennell	University of Illinois College of Medicine	1652 N Tallman Ave Apt 1	Chicago	IL		60847	10,000	06/01/2017	Minority Scholars Award	
Ms.	Marisea	Cardenas	Northwestern University Feinberg School of Medicine	12025 Maryland Place	San Diego	CA		52103	10,000	06/01/2017	Minority Scholars Award	
Ms.	Elyse	Compeas	Des Moines University	30 E Huron Apt. 3103	Chicago	IL		68213	10,000	06/01/2017	Minority Scholars Award	
Ms.	Nicole	Dinescu	University of Illinois College of Medicine	54515 Hills Civic Parkway Unit 42	West Des Moines	IA		50236	10,000	06/01/2017	Minority Scholars Award	
Ms.	Amyella	Douglas	Des Moines University	131 University Manor E	Henfrey	PA		17033	10,000	06/01/2017	Minority Scholars Award	
Ms.	Kaita	Drayton	Pennsylvania State College of Medicine	7590 Kings Grant Lane	North Charleston	SC		29420	5,000	06/08/2017	Minority Scholars Award	
Ms.	Joy	Fatuboni	Medical University of South Carolina College of Medicine	3040 Francis Street Apt 101	Kansas City	KS		66103	10,000	06/01/2017	Minority Scholars Award	
Mr.	Eduardo	Gutierrez	Drexel University College of Medicine	11077 Tonino Place	Pomona	CA		19144	10,000	06/01/2017	Minority Scholars Award	
Mr.	Kevin	Guzman	Drexel University College of Medicine	1570 Manning Ave Apt 09	Los Angeles	CA		91766	10,000	06/01/2017	Minority Scholars Award	
Mr.	Ariel	Hart	David Geffen School of Medicine at UCLA	3175 S Sepulveda Blvd #2018	Richmond	CA		90024	10,000	06/01/2017	Minority Scholars Award	
Ms.	Luce	Aurantia	University of Arizona College of Medicine - Phoenix	333 S Roosevelt St, Apt 601	Phoenix	AZ		93032	10,000	06/01/2017	Minority Scholars Award	
Mr.	Kasi	Mark	Howard University College of Medicine	8484 15th Street Apt 708	Silver Spring	MD		85004	10,000	06/01/2017	Minority Scholars Award	
Mr.	Lorraine	Moreno	University of Kansas School of Medicine	3040 Francis Street Apt 101	Kansas City	KS		20810	10,000	06/01/2017	Minority Scholars Award	
Mr.	Baldony	Nguyen	Drexel University College of Medicine	12025 New Hampshire Avenue NW	La Plata	MD		66103	10,000	06/01/2017	Minority Scholars Award	
Mr.	Chisom	Olcerez	College of Osteopathic Medicine of the Pacific	1570 Manning Ave Apt 09	Los Angeles	CA		20031	10,000	06/01/2017	Minority Scholars Award	
Mr.	Reginald	Ossiru	David Geffen School of Medicine at UCLA	3175 S Sepulveda Blvd #2018	Richmond	CA		23219	10,000	06/01/2017	Minority Scholars Award	
Mr.	Dominique	Prue	Tufts University School of Medicine	7400 Prospect Hill Court	Glenn Dale	MD		20769	10,000	06/01/2017	Minority Scholars Award	
Ms.	Dalesy	Sanchez	Medical University of South Carolina College of Medicine	3400 Sumter St, Apt A	Charleston	SC		23943	10,000	06/01/2017	Minority Scholars Award	
Ms.	Luis	Sejia	Texas A&M University College of Medicine	5638 Alexander Dr	Temple	TX		76502	10,000	06/01/2017	Minority Scholars Award	
Mr.	Quarrie	Singleton	Medical College of Georgia at Augusta University	2304 Willow Creek East	Augusta	GA		30809	10,000	06/01/2017	Minority Scholars Award	
Mr.	Derek	Smith	University of California, San Francisco	1625 17th Ave	San Francisco	CA		54422	10,000	06/01/2017	Minority Scholars Award	
Ms.	Angela	Tarres	Karck School of Medicine at USF	1532 17th St, Apt 317	Los Angeles	CA		90333	10,000	06/01/2017	Minority Scholars Award	
Mr.	Octavia	Wormsley	Harvard Medical School	101 Mornmouth St., Apt 317	Brookline	MA		02446	10,000	06/01/2017	Minority Scholars Award	
Ms.	Ashley	White-Stem	Columbia College of Medicine	630 West 168th St.	New York	NY		10032	5,000	03/01/2017	Minority Scholars Award	
PHYSICIANS OF TOMORROW									Subtotal Minority Scholars	265,000		
Mr.	Ishan	Askan	Vanderbilt University School of Medicine	1 Chieftain Court, Apt 14	Bethesda	MD		20814	10,000	03/01/16 General	Physicians of Tomorrow	
Ms.	Katherine	Berger	Oregon Health & Science University	2310 SE Woodward St	Portland	OR		97202	10,000	03/01/16 General	Physicians of Tomorrow	
Ms.	Gretelka	Gomez	Harvard Medical School	22 Parker Hill Ave Unit 1	Boston	MA		21210	10,000	03/01/16 General	Physicians of Tomorrow	
Ms.	Courtney	Lee	University of North Carolina, School of Medicine	114 Shadowline Drive, Apt F	Chapel Hill	NC		27514	10,000	03/01/16 General	Physicians of Tomorrow	

American Medical Association Foundation
 38-6080317
 FYE 6/30/17 Form 990 Schedule I, Part III
 Grants to Individuals in the United States

Prefix	First Name	Last Name	Title	Address 1	Address 2	City	St	Zip	Amount	Date	Category	Grant
Excellence In Medicine												
Dr.	James	Burt	MD	Volunteers in Medicine, Jacksonville	3540 Sunnyside Drive	Jacksonville	FL	32207	2,500	6/16/17 McCormill Award	Excellence in Medicine	
Mr.	Matthew	Mendes	MD	Boston University School of Medicine	195 W 3rd St, Apt #6	Boston	MA	2127	10,000	9/30/16 General	Physicians of Tomorrow	
Ms.	Emily	Prazak	MD	University of Minnesota Medical School	1915 5th Avenue S, Apartment 2 Minneapolis	Minneapolis	MN	55044	10,000	10/13/16 General	Physicians of Tomorrow	
Mr.	Kevin	Purcell	MD	Wright State University Boonshoft School of Medicine	35 S. Main Street, Apt 418	Dayton	OH	45402	10,000	9/23/16 General	Physicians of Tomorrow	
Ms.	Constance R.	Adams	MD	Medical University of South Carolina	2235 Ashley Crossing Dr #4W	Charleston	SC	29414	10,000	9/23/16 Alliance	Physicians of Tomorrow	
Mr.	Samuel	Racette	MD	Jacobs School of Medicine at the University of Buffalo	56 Bward Place	Buffalo	NY	12883	10,000	9/23/16 General	Physicians of Tomorrow	
Ms.	Kelsey	Davitt	MD	University of Illinois College of Medicine, Rockford	6135 Cody Ln	Rockford	IL	61107	10,000	9/30/16 Chicago-area	Physicians of Tomorrow	
Mr.	Sean	Gaffney	MD	University of Chicago Pritzker School of Medicine	5143 S Kenwood Ave Apt 201	Chicago	IL	60615	10,000	9/23/16 Chicago-area	Physicians of Tomorrow	
Ms.	Laura	Moore	MD	Loyola University Chicago Stritch School of Medicine	1145 Ontario St, Apt 2E	Oak Park	IL	60302	10,000	9/30/16 Chicago-area	Physicians of Tomorrow	
Ms.	Shingo	Vassista	MD	University of Chicago Pritzker School of Medicine	5528 S Everett Ave, Apt 1D	Chicago	IL	60637	10,000	9/23/16 Chicago-area	Physicians of Tomorrow	
Mr.	Andrew	Beck	MD	Case Western Reserve University, School of Medicine	2729 Euclid Heights Blvd #7	Cleveland Heights	OH	44106	10,000	9/23/16 Ohio	Physicians of Tomorrow	
Ms.	Brittany	Cross	MD	Oklahoma State University College of Osteopathic Medicine	3731 Riverside Drive	Tulsa	OK	74105	10,000	9/23/16 Oklahoma	Physicians of Tomorrow	
WILSON SCHOLARSHIP												
Ms.	Abigail	Ahyong	MD	The University of Arizona College of Medicine	2309 N Madelyn Circle	Tucson	AZ	85712	5,000	9/23/16	Arthur N. Wilson, MD Scholarship	
Ms.	Green	Dwyer	MD	The University of Pittsburgh School of Medicine	4331 Lydia St	Pittsburgh	PA	52077	2,500	9/23/16	Arthur N. Wilson, MD Scholarship	
HAYSBELL ETHICS AWARD												
Dr.	Linda C.	Stone	MD	The Ohio State University	660 Ackerman Road, Office 637 Columbus	OH	43218	2,500	10/31/16	Subtotal Wilson Scholarship	7,500	
Total Cash Grants Made to Individuals in the United States												
Total Number of Individual Cash Recipients												
77												

Grants to Organizations in the United States

EN	HEALTHY LIVING GRANTS ²	Amount
43-60804986	Jefferson County Drug Prevention Coalition (JCDCP)	620B Hwy 51-67
34-623769	JTD Hospital Foundation	200 St. Clair Street
08-60021-03	Town of Stratford - Stratford Community Services Department	468 Birdeye Street
48-1245235	Youth Educational Empowerment Program	3605 E Harry, PO Box 8227
		Subtotal Healthy Living Grants
		40,000

Less: Unexpended grant amounts returned by organizations

Total Cash Grants Made to Organizations in the United States, net

Total Number of Organizational Cash Recipients

TOTAL CASH GRANTS TO INDIVIDUALS AND ORGANIZATIONS

TOTAL NUMBER OF CASH RECIPIENTS

81

Physicians of Tomorrow	6/16/17 Prescription Safety
Physicians of Tomorrow	3/16/17 Prescription Safety
Physicians of Tomorrow	3/16/17 Prescription Safety
Physicians of Tomorrow	3/16/17 Prescription Safety

Physicians of Tomorrow

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I Questions Regarding Compensation

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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (such as, maid, chauffeur, chef)

Yes

No

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

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

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

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

1b

2

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

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

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

4a

X

4b

X

4c

X

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

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

a The organization?
b Any related organization?

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

5a

X

5b

X

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

a The organization?
b Any related organization?

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

6a

X

6b

X

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from row (ii) if applicable. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from row (ii) if applicable. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from row (ii) if applicable.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1 R. BARKLEY PAYNE EXECUTIVE DIRECTOR	(i) 182,092.	(ii) 10,389.	(iii) 976.	(C) 7,284.	
2	(i)	(ii)	(iii)	(C)	
3	(i)	(ii)	(iii)	(C)	
4	(i)	(ii)	(iii)	(C)	
5	(i)	(ii)	(iii)	(C)	
6	(i)	(ii)	(iii)	(C)	
7	(i)	(ii)	(iii)	(C)	
8	(i)	(ii)	(iii)	(C)	
9	(i)	(ii)	(iii)	(C)	
10	(i)	(ii)	(iii)	(C)	
11	(i)	(ii)	(iii)	(C)	
12	(i)	(ii)	(iii)	(C)	
13	(i)	(ii)	(iii)	(C)	
14	(i)	(ii)	(iii)	(C)	
15	(i)	(ii)	(iii)	(C)	
16	(i)	(ii)	(iii)	(C)	

JSA

6E1291 1 000

4841HU 4116 12/13/2017 3:45:52 PM V 16-7.6F

1200 COPY

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

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

OPERATIONAL INITIATIVES

FOR MORE THAN A DECADE, THE FOUNDATION HAS EXPERIENCED AN ANNUAL OPERATING DEFICIT. TO ADDRESS THIS DEFICIT AND IMPROVE ITS FINANCIAL POSITION, THE BOARD OF DIRECTORS UNANIMOUSLY APPROVED A 3-YEAR STRATEGIC PLAN IN FEBRUARY, 2016. THE PLAN HAS TWO MAJOR GOALS:

SIGNIFICANTLY STRENGTHEN IMPACT OF CHARITABLE PROGRAMS:

BY THE END OF FISCAL YEAR 2019, THE AMA FOUNDATION WILL HAVE FOCUSED PROGRAMS OF LARGE SCALE AND HIGH IMPACT, DEMONSTRATED BY CLEARLY DEFINED OUTCOME MEASURES.

DEVELOP AND IMPLEMENT A MORE DYNAMIC AND SUSTAINABLE REVENUE MODEL:

BY THE END OF FISCAL YEAR 2019, THE AMA FOUNDATION WILL HAVE IMPLEMENTED A FISCAL MODEL THAT DIVERSIFIES REVENUE AND ENSURES FINANCIAL STABILITY IN ORDER TO SUPPORT OUR MISSION. THIS INCLUDES THE ELIMINATION OF THE OPERATING DEFICIT.

SIGNIFICANT PROGRESS HAS BEEN MADE DURING THE FIRST YEAR OF THE STRATEGIC PLAN. DURING THE FISCAL YEAR ENDED JUNE 30, 2017 THE DECREASE IN NET ASSETS BEFORE NET REALIZED AND UNREALIZED GAINS AND LOSSES ON INVESTMENTS WAS \$493,342, \$222,349 FAVORABLE TO THE DECREASE IN NET ASSETS FOR THE PRIOR YEAR ENDED JUNE 30, 2016. THIS IMPROVEMENT WAS THE RESULT OF \$46,070 IN HIGHER REVENUES IN FISCAL YEAR 2017 AND \$176,279 IN LOWER EXPENSES. THE FOUNDATION IS ALSO LAUNCHING ITS NEW ENHANCED PROGRAM PORTFOLIO IN FISCAL YEAR 2018. THROUGH ITS NEW CHARITABLE COMMUNITY HEALTH GRANTS PROGRAM, THE FOUNDATION WILL INCREASE HEALTH EQUITY AND IMPROVE HEALTH OUTCOMES AMONG VULNERABLE POPULATIONS, PARTICULARLY THOSE

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

WHO SUFFER FROM CHRONIC DISEASES, THROUGH HIGH-IMPACT MODELS OF CARE WITH MEASURABLE OUTCOMES. AT THE SAME TIME, THROUGH ITS MEDICAL EDUCATION & LEADERSHIP PROGRAM, THE FOUNDATION IS CULTIVATING AND SUPPORTING A DIVERSE COHORT OF PHYSICIAN LEADERS WHO WILL WORK TOGETHER IN COMMUNITIES AND WITH COMMUNITY ORGANIZATIONS FOR THE BETTERMENT OF THE NATION'S HEALTH.

AS A RESULT OF THESE PROGRAMMATIC AND FINANCIAL ENHANCEMENTS, THE CHARITABLE IMPACT OF THE FOUNDATION WILL SIGNIFICANTLY INCREASE AND ITS OPERATING DEFICIT WILL BE ELIMINATED BY THE END OF FISCAL YEAR 2019.

WHILE THE FOUNDATION HAS DEVELOPED ITS THREE YEAR STRATEGIC PLAN AND EXPECTS POSITIVE RESULTS FOR 2019, THE ORGANIZATION CANNOT GUARANTEE FUTURE RESULTS, LEVELS OF ACTIVITY, PERFORMANCE, OR ACHIEVEMENTS, AND IT IS REASONABLY POSSIBLE THAT ACTUAL EVENTS MAY DIFFER SIGNIFICANTLY FROM EXPECTATIONS.

PART VI, SECTION A, ITEM 11A

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

PART VI, SECTION B, ITEM 12C

A CONFLICT OF INTEREST REPORT IS PREPARED BY LEGAL COUNSEL ON AN ANNUAL BASIS. STAFF AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND APPROVE THIS REPORT WHILE UPDATING IT FOR ANY KNOWN CHANGES AND ADDITIONAL POTENTIAL CONFLICTS OF INTEREST AS NECESSARY. ADDITIONALLY, IF ANY POTENTIAL CONFLICTS OF INTEREST ARISE DURING THE YEAR, STAFF AND BOARD MEMBERS ARE REQUIRED TO NOTIFY LEGAL COUNSEL AND THE BOARD OF DIRECTORS.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

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

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

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 HEALTHY COMMUNITIES/HEALTHY AMERICA PROGRAM PROVIDES GRANTS TO

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

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

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

PART IX, LINE 11G

	TOTAL EXPENSES	PROGRAM EXPENSES	MANAGEMENT & GENERAL EXPENSES	FUNDRAISING EXPENSES
SERVICES	\$293,494	\$50,491	\$190,912	\$52,091

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICESATTACHMENT 1

DESCRIPTION	GRANTS	EXPENSES	REVENUE
HEALTHY COMMUNITIES/HEALTHY AMERICA			6,447.
GRANT PROGRAMS TO SUPPORT MEDICAL RESEARCH	88,324.	99,083.	
GENERAL PROGRAMS ACTIVITY			42,076.
PROGRAM SUPPORT SERVICES			235,318.
RECOGNIZING ETHICS IN MEDICINE	2,500.	3,137.	
PROGRAM TO ADVANCE MEDICAL EDUCATION			62,980.
TOTALS	90,824.	449,041.	

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MISSION + STRATEGY CONSULTING, INC. 931 ASHLAND AVE EVANSTON, IL 60202	CONSULTING	160,000.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	455,184.			455,184.
TOTALS	<u>455,184.</u>			<u>455,184.</u>

ATTACHMENT 5

FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL EXPENSES	(D) FUNDRAISING EXPENSES
LEASED EMPLOYEES	787,308.	98,291.	261,398.	427,619.
SERVICE FEES	10,730.		10,730.	
CONFERENCE FEES	14,250.	14,250.		

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

ATTACHMENT 5 (CONT'D)FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
TOTALS	<u>812,288.</u>	<u>112,541.</u>	<u>272,128.</u>	<u>427,619.</u>

ATTACHMENT 6FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EQUITY SECURITIES AND	
MUTUAL FUNDS	<u>10,967,334.</u>
FIXED INCOME SECURITIES AND	
MUTUAL FUNDS	<u>4,529,790.</u>
COMMON STOCKS	<u>7,911,301.</u>
TOTALS	<u>23,408,425.</u>