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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> AMERICAN MEDICAL ASSOCIATION FOUNDATION		<b>D Employer identification number</b> 36-6080517
		Doing Business As		<b>E Telephone number</b> (312) 464-4543
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 515 N. STATE STREET		
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60610		
		<b>F Name and address of principal officer</b> STEVE CHURCHILL, EXEC DIRECTOR 515 N. STATE STREET CHICAGO, IL 60610		<b>G Gross receipts \$</b> 29,213,102.
				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶		
<b>J Website</b> WWW.AMAFOUNDATION.ORG				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1957		<b>M State of legal domicile</b> IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE AMERICAN MEDICAL ASSOCIATION FOUNDATION'S (THE AMA FOUNDATION) MISSION IS TO IMPROVE THE HEALTH OF AMERICANS THROUGH PHILANTHROPIC SUPPORT OF QUALITY PROGRAMS IN PUBLIC HEALTH AND MEDICAL EDUCATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	250
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,170,291.	1,809,027.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	968,463.	689,030.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,736.	13,380.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,165,490.	2,511,437.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	993,973.	496,781.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	0.	0.
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b)	585,219.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,471,911.	2,059,877.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,465,884.	2,556,658.
		-300,394.	-45,221.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	17,797,343.	19,370,572.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	811,900.	847,223.
		16,985,443.	18,523,349.

**Part II Signature Block**

<b>Sign Here</b>	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.	
	Signature of officer <i>Steve Churchill</i> President - Elect	Date 8/16/10
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i>	Date 8/16/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 MILLER, COOPER & CO., LTD. 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00033618 EIN ▶ 36-2897372 Phone no ▶ 847-205-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2009)

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE AMERICAN MEDICAL ASSOCIATION FOUNDATION'S (THE AMA FOUNDATION)  
MISSION IS TO IMPROVE THE HEALTH OF AMERICANS THROUGH PHILANTHROPIC  
SUPPORT OF QUALITY PROGRAMS IN PUBLIC HEALTH AND MEDICAL EDUCATION.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 494,423 including grants of \$ 240,000) (Revenue \$ 0)

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 \$ 341,073 including grants of \$ 14,928) (Revenue \$ 0)

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 THE MEDICAL PROFESSION AND IMPROVING THE HEALTH OF  
UNDERSERVED COMMUNITIES.

**4c** (Code \_\_\_\_\_) (Expenses \$ 273,878 including grants of \$ 90,053) (Revenue \$ 0)

GRANT PROGRAMS TO SUPPORT MEDICAL EDUCATION AND RESEARCH

**4d** Other program services. (Describe in Schedule O) ATTACHMENT 2(Expenses \$ 254,996 including grants of \$ 151,800) (Revenue \$ 0)**4e** Total program service expenses **▶** 1,364,370.Form **990** (2009)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		
• 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 . . . . .		
• 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 . . . . .		
• 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 . . . . .		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		
• 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? If "Yes," complete Schedule D, Part X . . . . .		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		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 . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	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? . . . . .	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	

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**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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	21	
<b>b</b> Enter the number of voting members that are independent . . . . .	21	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MR. THOMAS NOWAK 515 N. STATE STREET CHICAGO, IL 60610  
 312-464-4543

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER W. CARMEL, MD DIRECTOR	10.00	X								
CLARENCE CHOU, MD DIRECTOR	10.00	X								
DIANNE FENYK DIRECTOR	10.00	X								
LINDA B. FORD, MD DIRECTOR	10.00	X								
OWEN GARRICK, MD TREASURER	10.00	X		X						
ARDIS D. HOVEN, MD DIRECTOR	10.00	X								
RICHARD H. HOVLAND, CPA PRESIDENT	10.00	X		X						
JEAN HOWARD IMMEDIATE PAST PRESIDENT	10.00	X								
DON Q. MITCHELL, MD SECRETARY	10.00	X		X						
BARBARA A. PAYNE ROCKETT, MD DIRECTOR	10.00	X								
CRAIG W. ANDERSON, MD DIRECTOR	10.00	X								
BARNEY R. MAYNARD, MD PRESIDENT ELECT	10.00	X		X						
FRANCIS X VAN HOUTEN, MD DIRECTOR	10.00	X								
CHRISTOPHER ALVAREZ-BRECKENRIDGE STUDENT REPRESENTATIVE	10.00	X								
EDMOND CABBABE, MD DIRECTOR	10.00	X								
SANDI FROST DIRECTOR	10.00	X								

JSA

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DINAH GOLDENBERG DIRECTOR	10.00	X								
ANDREW W. GURMAN, MD DIRECTOR	10.00	X								
KATHLEEN B. KOCH DIRECTOR	10.00	X								
JEFFREY A. NEMETZ DIRECTOR	10.00	X								
ROSE DOHERTY, CPA DIRECTOR	10.00	X								
STEVEN CHURCHILL EXECUTIVE DIRECTOR	40.00				X	X		0.	190,401.	7,121.
THOMAS A. NOWAK CHIEF FINANCIAL OFFICER	40.00				X	X			110,667.	4,285.
<b>1b Total</b>								0.	301,068.	11,406.

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

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**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 Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,809,027			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,809,027			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 5 . . . . .		247,770	247,770	
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b>		Royalties . . . . .		0			
		(i) Real	(ii) Personal				
<b>6a</b>		Gross Rents . . . . .					
<b>b</b>		Less rental expenses . . . . .					
<b>c</b>		Rental income or (loss) . . . . .					
<b>d</b>		Net rental income or (loss) . . . . .		0			
<b>7a</b>		(i) Securities	(ii) Other				
		27,137,686					
<b>b</b>		Less cost or other basis and sales expenses . . . . .		26,696,426			
<b>c</b>		Gain or (loss) . . . . .		441,260			
<b>d</b>		Net gain or (loss) . . . . .		441,260			
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>b</b>		Less direct expenses . . . . .					
<b>c</b>		Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .					
<b>b</b>		Less direct expenses . . . . .					
<b>c</b>		Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .		18,619			
<b>b</b>	Less cost of goods sold . . . . .		5,239				
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ATCH. 8 . . . . .		13,380				
	<b>Miscellaneous Revenue</b>						
	<b>Business Code</b>						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		2,511,437	247,770	0.		

Form 990 (2009)

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21 . . .	89,350.	89,350.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	407,431.	407,431.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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 . . . . .	0.			
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 contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits . . . . .	0.			
10	Payroll taxes . . . . .	0.			
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	15,712.	4,245.	2,279.	9,188.
c	Accounting . . . . .	21,965.	0.	21,965.	0.
d	Lobbying . . . . .	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	69,410.	0.	69,410.	0.
g	Other . . . . .	195,607.	57,620.	31,470.	106,517.
12	Advertising and promotion . . . . .	0.			
13	Office expenses . . . . .	19,727.	8,950.	5,148.	5,629.
14	Information technology . . . . .	15,966.	7,983.	3,991.	3,992.
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	90,916.	45,458.	22,729.	22,729.
17	Travel . . . . .	176,939.	110,593.	35,274.	31,072.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . .	112,890.	65,084.	20,082.	27,724.
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . . ATCH. 6.	968,591.	260,525.	374,626.	333,440.
22	Depreciation, depletion, and amortization . . . .	0.			
23	Insurance . . . . .	3,958.	0.	3,958.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	ADMINISTRATIVE FEES	255,862.	255,862.	0.	0.
b	PRINTING & PRODUCTION	47,696.	13,120.	10,835.	23,741.
c	SUPPLIES	16,698.	8,326.	44.	8,328.
d	BAD DEBTS	16,755.	16,755.	0.	0.
e	POSTAGE	14,704.	7,179.	250.	7,275.
f	All other expenses	16,481.	5,889.	5,008.	5,584.
25	Total functional expenses. Add lines 1 through 24f	2,556,658.	1,364,370.	607,069.	585,219.
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	505,087.	2	848,545.
	3 Pledges and grants receivable, net . . . . .	1,199,635.	3	1,036,592.
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	108,147.	8	108,979.
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 30,314.		
	b Less accumulated depreciation . . . . .	10b 30,314.	10c	
	11 Investments - publicly traded securities . . . . .	15,984,452.	11	17,372,861.
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .	22.	15	3,595.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	17,797,343.	16	19,370,572.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	170,637.	17	199,971.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	641,263.	21	647,252.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	811,900.	26	847,223.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	10,558,199.	27	11,792,487.
	28 Temporarily restricted net assets . . . . .	5,058,907.	28	5,118,832.
	29 Permanently restricted net assets . . . . .	1,368,337.	29	1,612,030.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	16,985,443.	33	18,523,349.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	17,797,343.	34	19,370,572.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

**Department of the Treasury**  
**Internal Revenue Service**

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public Inspection**

AMERICAN MEDICAL ASSOCIATION FOUNDATION

36-6080517

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above? .....

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

h Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	3,962,701	3,108,064	2,615,100	2,170,291	1,809,027	13,665,183
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .	3,962,701	3,108,064	2,615,100	2,170,291	1,809,027	13,665,183
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). . . . .						
6 Public support. Subtract line 5 from line 4 . . . . .						13,665,183

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	3,962,701	3,108,064	2,615,100	2,170,291	1,809,027	13,665,183
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	520,257	805,444	1,021,686	968,463	689,030	4,004,880
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						17,670,063
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	125,250
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 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	77.34 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	80.96 %
16a 33 1/3 % support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a</b> 33 1/3 % support tests - 2009. 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>b</b> 33 1/3 % support tests - 2008. 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"/>		
<b>20</b> 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 IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an 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 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 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2009

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ 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 XIV

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XI V 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? . . . . . ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	1,368,339	1,276,239			
b Contributions . . . . .	250,278	92,100			
c Net investment earnings, gains, and losses . . . . .	-6,587				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,612,030	1,368,339			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ 100.0000 %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

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

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** 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
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
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<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X** **Other Liabilities.** See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )		

2. FIN 48 Footnote In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,511,437.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,556,658.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-45,221.
4	Net unrealized gains (losses) on investments	4	1,583,126.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,583,126.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,537,905.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,120,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,583,126.
b	Donated services and use of facilities	2b	89,724.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	5,239.
e	Add lines 2a through 2d	2e	1,678,089.
3	Subtract line 2e from line 1	3	2,442,027.
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	69,410.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	69,410.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,511,437.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,582,211.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	89,724.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	5,239.
e	Add lines 2a through 2d	2e	94,963.
3	Subtract line 2e from line 1	3	2,487,248.
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	69,410.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	69,410.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,556,658.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

## INTENDED USES OF ENDOWMENT FUNDS

## SCHEDULE D, PART V, ITEM 4

THE GENERAL ENDOWMENT FUND WAS ESTABLISHED IN 2004 BY AN INITIAL MATCHING CONTRIBUTION OF THE FOUNDATION. EARNINGS ON THE ENDOWMENT ARE AVAILABLE FOR UNRESTRICTED PURPOSES.

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. REALIZED INCOME FROM THIS FUND CAN BE USED FOR UNRESTRICTED PURPOSES.

THE DR. LIN AND MINTA HILL ALEXANDER SCHOLARSHIP FUND WAS ESTABLISHED IN 2009 WITH PROCEEDS FROM THE ESTATE OF MARY FRANCES ALEXANDER TO PROVIDE MEDICAL SCHOOL SCHOLARSHIPS FROM THE EARNINGS OF THE FUND.

## CUSTODIAL ARRANGEMENTS

## SCHEDULE D, PART IV, ITEM 2B

THE FOUNDATION HOLDS FUNDS FOR THE DR. NATHAN DAVIS INTERNATIONAL AWARD AND RELEASES FUNDS ANNUALLY ONCE AWARD RECIPIENTS ARE SELECTED.

THE FOUNDATION HOLDS AND PROCESSES DONATIONS FOR THE MEDICAL SCHOLARS FUND. FUNDS ARE DISTRIBUTED ON AN ANNUAL BASIS TO SPECIFIC MEDICAL

**Part XIV** Supplemental Information (continued)

SCHOOLS AFTER THE BALANCE COLLECTED FOR THAT SCHOOL REACHES \$1,000 AND  
THE SCHOOL'S DEAN HAS SELECTED THE RECIPIENTS.

OTHER REVENUE RECONCILING ITEM

SCHEDULE D, PART XII, LINE 2D

COST OF HEALTH LITERACY KITS SOLD

OTHER EXPENSE RECONCILING ITEM

SCHEDULE D, PART XIII, LINE 2D

COST OF HEALTH LITERACY KITS SOLD

FIN 48 FOOTNOTE

SCHEDULE D, PART X, ITEM 2

FASB ASC 740-10 (FORMERLY KNOWN AS FASB INTERPRETATION NO. 48),  
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, CLARIFIES THE ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL  
STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT  
ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A  
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC  
740-10 ALSO PROVIDES GUIDANCE ON DERECOGNITION OF TAX BENEFITS,  
CLASSIFICATION ON THE BALANCE SHEET, INTEREST AND PENALTIES, ACCOUNTING  
IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE ADOPTION OF FASB ASC  
740-10 DID NOT IMPACT THE FOUNDATION'S FINANCIAL POSITION OR RESULTS OF

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Schedule D (Form 990) 2009

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**Part XIV** Supplemental Information (continued)

OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2009.





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE ATTACHED LIST	93	397,579.			
SEE ATTACHED LIST	35		8,928	COST	AWARD PLAQUES
SEE ATTACHED LIST	212		923		HEALTH LITERACY KITS

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

SCHEDULE I, PART I, ITEM 2

THE FOUNDATION REQUIRES AN ANNUAL SUMMARY STATEMENT/ACCOUNTING OF THE USE

OF FUNDS FROM THE GRANT RECIPIENT WHICH IS REVIEWED TO ENSURE THE GRANT

FUNDS WERE USED AS INTENDED.

American Medical Association Foundation  
2009 Form 990 Schedule I, Part III  
Grant to Individuals in the United States

Prefix	First Name	Last Name	Title	Address	City	State	Zip	Sk date	Category	Grant
Dr	Randi	Abramson	MD	Bread for the City	Washington	DC	20001	1,000	3/6/2009 Pride in the Profession	Excellence in Medicine
Dr	Regina	Benjamin	MD, MBA	Bayou La Batre Rural Health Clinic	Spanish Fort	AL	36527	1,000	3/6/2009 Pride in the Profession	Excellence in Medicine
Dr	David	Muller	MD	Mount Sinai Visiting Doctors	One Gustave L. Levy Place	NY	10029	1,000	3/6/2009 Pride in the Profession	Excellence in Medicine
Dr	Nancy	Onof	MD	Harvard Medical School	260 Longwood Ave., Ste. 2	MA	02115	1,000	3/6/2009 Pride in the Profession	Excellence in Medicine
Dr	Appa Rao	Mukkamala	MD	Hurley Medical Center	4545 Warwick Circle	MI	48439	1,000	3/6/2009 Nathan Davis International	Excellence in Medicine
Dr	Richard	Bayler	MD	Northern Neck Free Health Clinic	51 William B. Graham Ct., Kilmarnock	VA	22482	1,000	3/6/2009 Jack B. McConnell, MD	Excellence in Medicine
SUBTOTAL								6,000		
Dr	Erin	Kennedy	MD	Millennium Medical Group, PLLC	2950 Cullen Blvd., Ste. 109	TX	77584	2,500	1/28/2009 Ike	Health Care Recovery
Dr	Roger	Le	MD	East Houston Urology, PA	13111 East Freeway #108	TX	77015	2,500	2/27/2009 Ike	Health Care Recovery
Dr	Marwan	Purghol	MD	Neurology Associates of SE Texas	2400 Hwy 635, Ste. 201	TX	77627	2,500	2/19/2009 Ike	Health Care Recovery
Dr	Jay	Pector	III, MD	Beaumont Family Practice Assoc	6450 Folsom Dr	TX	77706	3,750	1/29/2009 Ike	Health Care Recovery
Dr	Mazie	Sprott	II, MD	Center for Women's Health and Birthcare	2627 Calder St	TX	77702	2,500	2/10/2009 Ike	Health Care Recovery
Dr	Stephen	Janecek	MD	Family Practice Clinic of Manvel	7523 Russel	TX	77578	2,500	1/29/2009 Ike	Health Care Recovery
Dr	Steven	Elietee	DO	Liberty Medical Rural Health Clinic	720 Travis	TX	77575	3,750	1/29/2009 Ike	Health Care Recovery
SUBTOTAL								20,000		
Dr	Scottie	Doy	MD	8550 Woodcreek Dr	Florence	KY	41042	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Ali	Hamedani	MD	300 W. Lombard St., Apt. 1206	Baltimore	MD	21201	2,200	8/27/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Stacey	House	MD, PhD	4942 Schollmeyer Ave	St. Louis	MO	63109	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Michael	Jan	MD	Temple University School of Medicine, Dept. of Medical Research Bldg Rm Philadelphia		PA	19140	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Tad	Kim	MD	13200 W. Newberry Rd	Newberry	FL	32669	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Adam	Mecca	MD	2951 SW 40th Ave	Gainesville	FL	32608	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Peter	Moschovis	MD, MPH	16 Rushmore St	Brighton	MA	02135	2,500	6/12/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Kazuma	Nakagawa	MD	University of California, San Francisco, Neurov.505 Parnassus Ave., M-831	San Francisco	CA	94143	2,500	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Ming-Sing	Si	MD	1050 Wall St., Apt. #1B	Ann Arbor	MI	48105	2,388	3/13/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Ashley	Vavra	MD	Institute for BioNanotechnology in Medicine, Rm 303 E Superior St., 11th Fl	Chicago	IL	60611	2,500	3/24/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Guadalupe	Villarreal	Jr	Harvard Medical School	107 Avenue Louis Pasteur	MA	02115	2,475	3/24/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Vijay	Yanamadala	MD	Harvard Medical School	107 Avenue Louis Pasteur	MA	02115	2,500	8/25/2009 Cardiovascular/Pulmonary Diseases	Seed Grant
Dr	Celine	Gounder	MD, ScM	Johns Hopkins University, Center for Tuberculo	1820 Lancaster St., Ste. 30	MD	21231	2,500	4/21/2009 HIV/AIDS	Seed Grant
Dr	Joshua	Smith	MD	Century Towers, Apt. 904	Kansas City	MO	64124	2,500	2/27/2009 HIV/AIDS	Seed Grant
Dr	Giang	Nguyen	MD, PhD	1 Cloister Ct. Office 266	Beltsville	MD	20814	2,480	4/8/4009 Leukemia	Seed Grant
Dr	Sachia	Ujton	MD	89 Park Dr. #6	Boston	MA	02215	2,500	8/27/2009 Neoplastic Diseases	Seed Grant
Dr	Linda	Asapolu	MD	393 Columbus Dr	Ann Arbor	MI	48103	2,440	3/13/2009 Neoplastic Diseases	Seed Grant
Dr	Mohammed	Aslam	MD	4400 Horizon Hill Blvd., Apt. 4023	San Antonio	TX	78229	2,500	3/24/2009 Neoplastic Diseases	Seed Grant
Dr	Eric	Cheon	MD	Northwestern University	Lurie Bldg. Rm 3-250, 303	IL	60611	2,500	3/13/2009 Neoplastic Diseases	Seed Grant
Dr	Jason	Hawkes	MD	1 Cloister Ct. #213	Beltsville	MD	20814	2,500	3/24/2009 Neoplastic Diseases	Seed Grant
Dr	Sunny	Khichi	MD	2104 Buckhaven Dr	Augusta	GA	30909	2,500	4/1/2009 Neoplastic Diseases	Seed Grant
Dr	Onar	Mian	MD	Virginia Commonwealth University	Goodwin Research Lab. Rm	VA	23288	2,500	3/24/2009 Neoplastic Diseases	Seed Grant
Dr	Brian	Nahed	MD	1 Charles St. South, Apt. 14H	Boston	MA	02116	2,500	3/13/2009 Neoplastic Diseases	Seed Grant
Dr	Amr	Reval	MD	8 Fayette St., Apt. 4L	Boston	MA	02116	2,500	6/24/2009 Neoplastic Diseases	Seed Grant
Dr	Noah	Rodriguez	MD	9 Park Vale, Apt. 6	Brookline	MA	02446	2,500	4/1/2009 Neoplastic Diseases	Seed Grant
Dr	Edward	Sillas	MD	4771 Sugar Hollow Rd	Crozet	VA	22932	2,500	3/24/2009 Neoplastic Diseases	Seed Grant
Dr	Nikhil	Thakar	MD	402 S. Evaline St. Apt. #1	Pittsburgh	PA	15224	2,500	4/1/2009 Neoplastic Diseases	Seed Grant
Dr	Steven	Tsai	MD	Children's Hospital Los Angeles	4650 Sunset Blvd. MS #62	CA	90027	2,500	3/13/2009 Neoplastic Diseases	Seed Grant
SUBTOTAL								69,493		
Dr	Nicole	Borgas	PhD	Wright State University Boonshoft School of Medical Academic Affairs, Willie Ha	Dayton	OH	45435	10,000	4/29/2009	Joan F. Glambalvo
SUBTOTAL								10,000		
Dr	Rashad	Belin	PhD	University of Chicago Pritzker School of Medicine 11843 S. Vincennes	Chicago	IL	60643	10,000	6/1/2009	Minority Scholars Award
Dr	Natalie	Casaagrande	PhD	University of Kansas Medical Center	1438 Acorn St	KS	66025	10,000	7/2/2009	Minority Scholars Award
Dr	Kofi	Essel	PhD	The George Washington School of Medicine & PO Box 59296	Washington	DC	20037	10,000	8/10/2009	Minority Scholars Award

American Medical Association Foundation  
2009 Form 990 Schedule I, Part III  
Grant to Individuals in the United States

Prefix	First Name	Last Name	Title	Address	City	St	Zip	sk date	Category	Grant
Ms	Suzanne	Garber		University of Minnesota Medical School	Apple Valley	MN	55124	10,000	6/11/2009	Minority Scholars Award
Mr	Carl	Lambert		Rush Medical College	1458 W. Harrison St. Apt. 1	IL	60607	10,000	6/11/2009	Minority Scholars Award
Ms	Melene	Matin		Stanford University School of Medicine	PO Box 61255	CA	94306	10,000	6/11/2009	Minority Scholars Award
Ms	Lisa	Ochoa-Francia		Mount Sinai School of Medicine	50 E 98th St. Apt. 7L-3	NY	10029	10,000	9/22/2009	Minority Scholars Award
Ms	Elizabeth	Phillips		Case Western Reserve University School of Medicine	60 Presidential Plaza 1507	OH	44120	10,000	6/11/2009	Minority Scholars Award
Ms	Kassandra	Solo		SUNY Upstate Medical University	60 Presidential Plaza 1507	NY	13202	10,000	6/11/2009	Minority Scholars Award
Ms	Catalina	Scio		Ohio University College of Osteopathic Medicine	13 Station St. Apt. G	OH	45701	10,000	7/21/2009	Minority Scholars Award
Mr	Manuel	Tapia		University of California, Davis School of Medicine	1414 Walton Ave. Apt. #3E	CA	95621	10,000	6/11/2009	Minority Scholars Award
Ms	Lucille	Torres		Mount Sinai School of Medicine	1414 Walton Ave. Apt. #3E	NY	10452	10,000	6/11/2009	Minority Scholars Award
SUBTOTAL								120,000		
Mr	Jason	Barrios		Stanford University School of Medicine	359 Hawthorne Ave	CA	94301	10,000	9/10/2009	Physicians of Tomorrow
Mr	Jared	Benley		University of Cincinnati College of Medicine	4619 Duneden Ave	OH	45236	10,000	10/9/1009	Physicians of Tomorrow
Mr	Chad	Ferguson		University of Minnesota Medical School	PO Box 24266	MN	55424	10,000	9/10/2009	Physicians of Tomorrow
Ms	Susan	Lipsett		University of Pennsylvania Medical School	708 N. 5th St.	PA	19123	10,000	9/10/2009	Physicians of Tomorrow
Ms	Sharon	Meas		West Virginia University School of Medicine	977 Northwestern Ave	WV	26505	10,000	8/28/2009	Physicians of Tomorrow
Ms	Jay	Pandit		University of California, San Francisco School of Medicine	1545 Eddy St. Apt. S3 221	CA	94115	10,000	9/10/2009	Physicians of Tomorrow
Ms	Michelle	Scott		Harvard Medical School	56 Parkton Rd. Apt. 3	MA	02130	10,000	9/10/2009	Physicians of Tomorrow
Mr	Andrew	Yew		University of Michigan Medical School	1114 Malden Lane Court, A Ann Arbor	MI	48105	10,000	8/28/2009	Physicians of Tomorrow
Ms	Tina	Wu		UCLA, David Geffen School of Medicine	6 Soldiers Field Park #101	CA	02163	10,000	8/28/2009	Physicians of Tomorrow
Ms	Ishant	Ganguli		Harvard Medical School	159 Longwood Ave. Apt. 1	MA	02446	10,000	9/10/2009	Physicians of Tomorrow
SUBTOTAL								100,000		
Ms	E	Sophia	Spencer	University of Washington School of Medicine	2225 E Miller St	WA	98112	5,000	9/11/2009	Arthur N. Wilson, MD Scholar
SUBTOTAL								5,000		
Ms	Allison	Clark		ACTION Health	113 Mill St. Ste 1-N	PA	17824	3,000	9/22/2009	Nutrition/Physical Fitness
Dr	Hong	Liu	PhD	Asian Health Coalition of Illinois	4753 N. Broadway Ave., St. Chicago	IL	60640	1,000	9/22/2009	Nutrition/Physical Fitness
Ms	Karen	Harden		Boys & Girls Club of Lac Courte Oreilles, Inc	13394 W. Trepana Rd	WI	54843	1,000	9/22/2009	Nutrition/Physical Fitness
Ms	Aissa	Matthews		California Medical Association Foundation	3835 N. Freeway Blvd., Ste Sacramento	CA	95835	5,000	9/22/2009	Nutrition/Physical Fitness
Ms	Charisse	Smith-Mitchell		Girls on the Run of Ottawa and Allegan Counties	4111 Buller Rd	MI	49424	3,000	9/22/2009	Nutrition/Physical Fitness
Ms	Katherine	Sims		Green Mountain Farm-to-School	194 Main St., Ste 207	VT	05855	3,000	9/22/2009	Nutrition/Physical Fitness
Mr	Stanley	Stanton	MS, RD, LDN	The Nutrition Center, Inc	94 West Ave	MA	01230	3,000	9/10/2009	Nutrition/Physical Fitness
Mr	Brahm	Ahmad		PowerPlay NYC, Inc	3236 Market St. #103	CA	94608	5,000	9/22/2009	Nutrition/Physical Fitness
Ms	Belth	Rasin		The Youth Foundation	307 Seventh Ave., Ste 16C	NY	10001	5,000	9/10/2009	Nutrition/Physical Fitness
Ms	Susie	Davis		Hawaii COPD Coalition	PO Box 2761	CO	81632	1,000	10/9/2009	Nutrition/Physical Fitness
Ms	Valerie	Chang	JD	Healthy Tobacco-Free Madison County Inc	733 Bishop St., Ste 1550	HI	96813	2,000	9/22/2009	Alcohol/Drug/Smoking Prevention
Ms	Kareasa	Becker		Northeast Mississippi Medical Society Alliance	3229 N. Hill Dr	MS	46016	2,500	9/22/2009	Alcohol/Drug/Smoking Prevention
Ms	Rachel	Nelson		Pediatricians Against Secondhand Smoke	100 N. Mario Capeschi Dr	UT	38804	500	10/9/2009	Alcohol/Drug/Smoking Prevention
Dr	Kevin	Lemons	MD, PhD	Schools for Healthy Lifestyles	500 N. Broadway, Ste 225	OK	84113	3,000	10/9/2009	Alcohol/Drug/Smoking Prevention
Ms	Lindal	Doney	MPH	Siskiyou Community Health Center Outreach	P 125 NE Manzanita Ave	OR	97326	2,845	9/22/2009	Alcohol/Drug/Smoking Prevention
Ms	Jacquie	Williams	MD	MDNLRWJMS Addiction Psychiatry	120 Albany St., Tower 11, New Brunswick	NJ	08901	4,602	9/22/2009	Alcohol/Drug/Smoking Prevention
Dr	Steve	LaPore		1mb, Inc	PO Box 222033	CA	95821	5,000	9/22/2009	Alcohol/Drug/Smoking Prevention
Ms	Beth	Meeks		Council on Domestic Violence Inc	PO Box 498	OH	91322	1,850	9/10/2009	Violence Prevention
Ms	Patricia	Kosinski	MS	Family Support Line	100 W. Sixth St	PA	45839	1,000	9/22/2009	Violence Prevention
Ms	Diana	Christen		Flager Ecumenical Social Service Center	PO Box 2058	FL	19063	2,500	9/10/2009	Violence Prevention
Ms	Camil	Pond		Indiana State Medical Association Alliance	5730 Autumn Woods Trail	IN	32110	3,500	9/10/2009	Violence Prevention
Ms	Shelly	Nelson		Interprofessional Commission of Ohio	29 W. Woodruff Ave., 0011	OH	46835	4,850	9/10/2009	Violence Prevention
Ms	Uchi	Hall		Mea County Medical Society Alliance	335 Dakota Cir	CO	43210	1,000	9/25/2009	Violence Prevention
Ms	Lisa	Smith		Samartian Hospital	2215 Burdett Ave	NY	81507	1,000	9/10/2009	Violence Prevention
Ms	Ellen	Kyes		Take Ten/Robinson Community Learning Center	921 N. Eddy St	IN	12180	1,200	9/22/2009	Violence Prevention
Ms	Melissa	Spatz		Women & Girls Collective Action Network	11 E. Adams St., Ste 902	IL	46817	1,000	9/10/2009	Violence Prevention
Ms	Denisse	Wolfenzon		WomensLaw.org	55 Washington St., Ste 61	NY	60603	1,000	9/25/2009	Violence Prevention
SUBTOTAL								1,000	8/10/2009	Violence Prevention

RETURNED UNSPENT PORTIONS OF PRIOR YEAR GRANTS TO INDIVIDUALS		
TOTAL CASH GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES		
TOTAL NUMBER OR CASH RECIPIENTS	93	70,447
NONCASH GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES		
DONATION OF HEALTH LITERACY KITS	923	(3,361)
GRANT RELATED NONCASH EXPENSES (COST OF AWARD PLAQUES)	8,928	397,579
TOTAL NUMBER OF NONCASH GRANT RECIPIENTS		
DONATION OF HEALTH LITERACY KITS	212	
GRANT RELATED NONCASH EXPENSES (COST OF AWARD PLAQUES)	35	
TOTAL GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES		407,431

**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" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

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

**1b**

X

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

**2**

X

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

**4a**

X

**a** Receive a severance payment or change-of-control payment?

**4b**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

**5a**

X

**a** The organization?

**5b**

X

**b** Any related organization?

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

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

**6a**

X

**a** The organization?

**6b**

X

**b** Any related organization?

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

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

**7**

X

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

**8**

X

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

**9**

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

Schedule J (Form 990) 2009



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HEALTH CLUB DUES

SCHEDULE J, PART I, ITEM 1A

THE EXECUTIVE DIRECTOR'S HEALTH CLUB DUES TOTALING \$969 WERE PAID FOR BY  
THE FOUNDATION.

DEFERRED COMPENSATION

SCHEDULE J, PART II, COLUMN (C)

THE DEFERRED COMPENSATION AMOUNT CONSISTS OF 401K MATCHING CONTRIBUTIONS.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

ATTACHMENT 1

REVIEW OF ANNUAL FORM 990

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.

CONFLICT OF INTEREST POLICY

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.

COMPENSATION DETERMINATION

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

AN EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED  
WITH DETERMINING AND APPROVING THE EXECUTIVE DIRECTOR'S COMPENSATION  
ANNUALLY. THE EXECUTIVE COMPENSATION COMMITTEE 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

Name of the organization

Employer identification number

AMERICAN MEDICAL ASSOCIATION FOUNDATION

36-6080517

ATTACHMENT 1 (CONT'D)

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 RESPONSABILTIES ARE GROUPED TOGETHER IN JOB GRADES AND ASSIGNED A STANDARD SALARY RANGE TO EACH GRADE.

AVAILABILTY TO THE PUBLIC

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).

OTHER COMPENSATION

PART VII, SECTION A, COLUMN (F)

THE AMOUNTS LISTED AS OTHER COMPENSATION CONSIST OF 401K MATCHING CONTRIBUTIONS.

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GRANTS FOR DISASTER RELIEF	20,000.	28,204.	0.

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

ATTACHMENT 2 (CONT'D)

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEED GRANTS FOR MEDICAL RESEARCH	61,353	118,114.	0
EDUCATION PROGRAMS TO HELP ALLEVIATE LOW HEALTH			
LITERACY	0.	9,768.	0
HEALTHY COMMUNITIES/HEALTHY AMERICA	0	8,727	0.
FUND FOR BETTER HEALTH	70,447	90,183.	0
TOTALS	<u>151,800</u>	<u>254,996.</u>	<u>0</u>

## ATTACHMENT 3

## FORM 990, PART VI, LINE 17 - STATES

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

## ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMERICAN MEDICAL ASSOCIATION 515 N. STATE STREET CHICAGO, IL 60610	ADMIN SERVICES	1,291,067.
TOTAL COMPENSATION		<u>1,291,067</u>

## ATTACHMENT 5

## FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

ATTACHMENT 5 (CONT'D)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	247,770	247,770.		
TOTALS	<u>247,770</u>	<u>247,770</u>		

ATTACHMENT 6FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
LEASED EMPLOYEES	968,591	260,525	374,626	333,440
TOTALS	<u>968,591</u>	<u>260,525</u>	<u>374,626</u>	<u>333,440</u>

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

DESCRIPTION	ENDING BOOK VALUE
EQUITY SECURITIES AND MUTUAL FUNDS	10,494,277.
FIXED INCOME SECURITIES AND MUTUAL FUNDS	6,878,584.
TOTALS	<u>17,372,861.</u>

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

ATTACHMENT 8

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS, ENDING INVENTORY	COST OF GOODS SOLD
HEALTH LITERACY KITS	18,619	108,147	6,071			108,979.	5,239
TOTALS	18,619	108,147	6,071			108,979.	5,239

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions

Name of Exempt Organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Number, street, and room or suite no. If a P.O. box, see instructions

515 N. STATE STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions

CHICAGO, IL 60610

**Check type of return to be filed** (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► MR. THOMAS NOWAK

Telephone No. ► 312 464-4543

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2009 or  
 ► ☐ tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>AMERICAN MEDICAL ASSOCIATION FOUNDATION</b>	Employer identification number <b>36-6080517</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>515 N. STATE STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60610</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

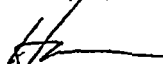
- The books are in the care of **MR. THOMAS NOWAK**  
Telephone No. **312 464-4543** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/2010**.
- For calendar year **2009**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/9/10**

**MILLER, COOPER & CO., LTD.**  
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Form 8868 (Rev 4-2009)