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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

**2010****Open to Public  
Inspection****A** For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

## Doing Business As

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

515 N. STATE STREET

Room/suite

City or town, state or country, and ZIP + 4

CHICAGO, IL 60610

**F** Name and address of principal officer:

STEVE CHURCHILL, EXEC DIRECTOR

515 N. STATE STREET CHICAGO, IL 60610

**D** Employer identification number

36-6080517

**E** Telephone number

(312) 464-4543

**G** Gross receipts \$

9,740,545.

**H(a)** Is this a group return for affiliates?Yes ☐ No ☒**H(b)** Are all affiliates included?Yes ☐ No ☐

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

**H(c)** Group exemption number**I** Tax-exempt status☒

501(c)(3)

☐ 501(c)( )

(insert no )

4947(a)(1) or

☐

527

**J** Website: WWW.AMAFOUNDATION.ORG**K** Form of organization☒

Corporation

☐

Trust

☐

Association

☐

Other

**L** Year of formation 1957**M** State of legal domicile IL**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE AMERICAN MEDICAL ASSOCIATION FOUNDATION'S (THE AMA FOUNDATION) MISSION IS TO IMPROVE THE HEALTH OF AMERICANS THROUGH PHILANTHROPIC SUPPORT OF QUALITY PROGRAMS IN PUBLIC HEALTH AND MEDICAL EDUCATION.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	250.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,809,027.	1,582,450.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	689,030.	1,310,192.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,380.	10,703.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,511,437.	2,903,345.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	496,781.	727,583.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	35,020.
	b	Total fundraising expenses (Part IX, column (D), line 25)	690,604.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,059,877.	2,240,542.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,556,658.	3,003,145.
	19	Revenue less expenses Subtract line 18 from line 12	-45,221.	-99,800.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	19,370,572.	20,253,796.
22		Net assets or fund balances Subtract line 21 from line 20	847,223.	718,644.

**Part II** Signature Block

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

Sign Here

Signature of officer

Date 7/27/11

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/preparer's name

ANIRUM KATZ

Preparer's signature

Date

7/27/11

Check if self-employed

☐

PTIN

P00033618

Firm's name MILLER, COOPER &amp; CO., LTD.

Firm's EIN 36-2897372

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

Phone no 847-205-5000

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

Yes ☒ No ☐

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2010)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ X**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 \$ 497,302. including grants of \$ 355,000 ) (Revenue \$ 228,418. )

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 \$ 293,553 including grants of \$ 21,204 ) (Revenue \$ 267,792. )

THE AMA FOUNDATION PROVIDES SERVICE AWARDS TO ALTRUISTIC  
PHYSICIANS AND MEDICAL STUDENTS WHO ARE LEADERS IN ORGANIZED  
MEDICINE AND/OR COMMUNITY AFFAIRS, WITH THE GOAL OF ENCOURAGING  
VOLUNTEERISM IN THE MEDICAL PROFESSION AND IMPROVING THE HEALTH OF  
UNDERSERVED COMMUNITIES.

**4c** (Code: ) (Expenses \$ 119,472. including grants of \$ 87,395. ) (Revenue \$ 0. )

GRANT PROGRAMS TO SUPPORT MEDICAL EDUCATION AND RESEARCH

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 726,678. including grants of \$ 263,984. ) (Revenue \$ 68,119. )

**4e** Total program service expenses ▶ 1,637,005.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	20b	

**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 line 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
26	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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)? . . . . .		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b>		
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. <b>2a</b> 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2b</b>		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O <b>3b</b>		
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)? <b>4a</b>		X
b If "Yes," enter the name of the foreign country <b>4b</b> See instructions for filing requirements for Form TDF 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? <b>5a</b>		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>		
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? <b>6a</b>		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <b>7a</b>		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>		X
d If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? <b>9a</b>		X
b Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>		X
10 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11 Section 501(c)(12) organizations. Enter.		
a Gross income from members or shareholders <b>11a</b>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <b>13a</b>		
Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
c Enter the amount of reserves on hand <b>13c</b>		
14a Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a 23	
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b 23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a The governing body? . . . . .	8a X	
b Each committee with authority to act on behalf of the governing body? . . . . .	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
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? . . . . .	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .	12a X	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c X	
13 Does the organization have a written whistleblower policy? . . . . .	13 X	
14 Does the organization have a written document retention and destruction policy? . . . . .	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
a The organization's CEO, Executive Director, or top management official . . . . .	15a X	
b Other officers or key employees of the organization . . . . .	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b If "Yes," 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? . . . . .	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 2**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PETER W. CARMEL, MD DIRECTOR	10.00	X								
(2) CLARENCE CHOU, MD TREASURER	10.00	X		X						
(3) DIANNE FENYK DIRECTOR	10.00	X								
(4) LINDA B. FORD, MD DIRECTOR	10.00	X								
(5) OWEN GARRICK, MD PRESIDENT-ELECT	10.00	X		X						
(6) ARDIS D. HOVEN, MD DIRECTOR	10.00	X								
(7) RICHARD H. HOVLAND, CPA IMMEDIATE PAST-PRESIDENT	10.00	X		X						
(8) DON Q. MITCHELL, MD SECRETARY	10.00	X		X						
(9) CRAIG W. ANDERSON, MD DIRECTOR	10.00	X								
(10) BARNEY R. MAYNARD, MD PRESIDENT	10.00	X		X						
(11) FRANCIS X VAN HOUTEN, MD DIRECTOR	10.00	X								
(12) EDMOND CABBABE, MD DIRECTOR	10.00	X								
(13) ANDREW W. GURMAN, MD DIRECTOR	10.00	X								
(14) JEFFREY A. NEMETZ DIRECTOR	10.00	X								
(15) ROSE DOHERTY, CPA DIRECTOR	10.00	X								
(16) EMMA BORDERS DIRECTOR	10.00	X								



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) STEPHEN R. PERMUT MD, JD DIRECTOR	10.00	X								
(18) WILLIAM KOBLER, MD DIRECTOR	10.00	X								
(19) SUSAN TODD DIRECTOR	10.00	X								
(20) NANCY KYLER DIRECTOR	10.00	X								
(21) STEVE MARTIN DIRECTOR	10.00	X								
(22) JOHN O'ROURKE DIRECTOR	10.00	X								
(23) JORDAN METZ VANLARE STUDENT REPRESENTATIVE	10.00	X								
(24) STEVEN CHURCHILL EXECUTIVE DIRECTOR	40.00				X			0.	214,302.	7,302.
(25) THOMAS A. NOWAK CHIEF FINANCIAL OFFICER	40.00					X			117,455.	4,346.
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								0.	331,757.	11,648.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0.	331,757.	11,648.

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	<b>1</b>	

**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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	1,582,450				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .						
	h	Total. Add lines 1a-1f . . . . .		1,582,450				
Program Service Revenue	Business Code							
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
g	Total. Add lines 2a-2f . . . . .		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 4 . . . . .		503,313	503,313			
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		0				
		(i) Real	(ii) Personal					
	6a	Gross Rents . . . . .						
	b	Less rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .		0				
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		7,640,606						
	b	Less cost or other basis and sales expenses . . . . .						
		6,833,727						
	c	Gain or (loss) . . . . .						
		806,879						
	d	Net gain or (loss) . . . . .		806,879				
	8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . . . . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .		0					
10a	Gross sales of inventory, less returns and allowances . . . . .	a	14,176					
b	Less cost of goods sold . . . . .	b	3,473					
c	Net income or (loss) from sales of inventory . . . . . ATCH. 5 . . . . .		10,703					
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		0					
12	Total revenue. See instructions . . . . .		2,903,345	503,313				

**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 . . .	163,714.	163,714.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	563,869.	563,869.		
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)	0.			
a Management . . . . .	12,622.	914.	108.	11,600.
b Legal . . . . .	21,735.		21,735.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	35,020.			35,020.
e Professional fundraising services See Part IV, line 17	108,690.		108,690.	
f Investment management fees . . . . .	211,180.	80,007.	28,550.	102,623.
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	40,970.	1,271.	8,000.	31,699.
13 Office expenses . . . . .	30,363.	15,181.	7,591.	7,591.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	103,343.	51,671.	25,836.	25,836.
16 Occupancy . . . . .	160,139.	96,827.	30,273.	33,039.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	126,758.	54,547.	27,107.	45,104.
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	1,064,408.	293,817.	394,904.	375,687.
21 Payments to affiliates . . . . . ATCH .6 .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,974.		3,974.	
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	186,045.	186,045.		
a ADMINISTRATIVE FEES . . . . .	15,702.	7,267.	2,765.	5,670.
b PRINTING & PRODUCTION . . . . .	18,420.	5,397.	3,623.	9,400.
c SUPPLIES . . . . .	113,783.	113,783.		
d BAD DEBTS . . . . .	11,567.	2,695.	2,551.	6,321.
e BANK FEES . . . . .	10,843.		9,829.	1,014.
f All other expenses . . . . .	3,003,145.	1,637,005.	675,536.	690,604.
25 Total functional expenses Add lines 1 through 24f				
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

JSA

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Form 990 (2010)

**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	848,545.	2	835,118.
	3 Pledges and grants receivable, net	1,036,592.	3	794,419.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	108,979.	8	101,073.
	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	17,372,861. ATCH 7	11	18,516,067.
	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	3,595.	15	7,119.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,370,572.	16	20,253,796.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	199,971.	17	189,822.
	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	647,252.	21	528,822.
	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	847,223.	26	718,644.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,792,487.	27	13,204,191.
	28 Temporarily restricted net assets	5,118,832.	28	4,680,883.
	29 Permanently restricted net assets	1,612,030.	29	1,650,078.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	18,523,349.	33	19,535,152.
34 <b>Total liabilities and net assets/fund balances</b>	19,370,572.	34	20,253,796.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,903,345.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,003,145.
3	Revenue less expenses. Subtract line 2 from line 1	3	-99,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,523,349.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,111,603.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,535,152.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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? ☐
- (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).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	3,108,064.	2,615,100.	2,170,291.	1,809,027.	1,582,450.	11,284,932.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	3,108,064.	2,615,100.	2,170,291.	1,809,027.	1,582,450.	11,284,932.
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						11,284,932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,108,064	2,615,100	2,170,291.	1,809,027.	1,582,450	11,284,932
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	805,444	1,021,686	968,463	689,030	1,310,192	4,794,815
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						16,079,747.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	57,473
<b>13</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>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	70.18 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	77.34 %
<b>16a</b> <b>33 1/3 % support test - 2010.</b> 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>b</b> <b>33 1/3 % support test - 2009.</b> 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"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2010.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2009.</b> 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"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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



---

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

---

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

2010

Open to Public  
Inspection

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) relating to these items

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

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

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

Schedule D (Form 990) 2010

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

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

- a ☐ Public exhibition 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 . . . . .	1,612,030	1,368,339	1,276,239		
b Contributions . . . . .	23,000	250,278	92,100		
c Net investment earnings, gains, and losses . . . . .	15,048	-6,587			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,650,078	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 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)) . . . . .

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		

Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) 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 (ASC 740)

**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	2,903,345.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,003,145.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-99,800.
4	Net unrealized gains (losses) on investments	4	1,111,603.
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	1,111,603.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,011,803.

**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	4,000,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,111,603.
b	Donated services and use of facilities	2b	90,335.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,473.
e	Add lines 2a through 2d	2e	1,205,411.
3	Subtract line 2e from line 1	3	2,794,655.
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	108,690.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	108,690.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,903,345.

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

1	Total expenses and losses per audited financial statements	1	2,988,263.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	90,335.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,473.
e	Add lines 2a through 2d	2e	93,808.
3	Subtract line 2e from line 1	3	2,894,455.
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	108,690.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	108,690.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,003,145.

**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  
OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2010.

SCHEDULE I  
(Form 990)

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

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	501(C)3	93,714				MEDICAL RESEARCH
(2)	SEE ATTACHED LIST		501(C)3	70,000				HEALTHY COMMUNITIES/ HEALTHY AMERICA
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.
- Schedule I (Form 990) (2010)



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SEE ATTACHED LIST	99	559,298			
2	SEE ATTACHED LIST	35		8,704	COST	AWARD PLAQUES
3	SEE ATTACHED LIST	590		4,433	COST	HEALTH LITERACY KITS
4						
5						
6						
7						

**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.

**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

**2010**

**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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

**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:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- 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:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- 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:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- 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.

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** ☐ Yes ☒ No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVEN CHURCHILL	(i) 184,302.	(ii) 30,000.	(iii) 0.	7,302.		221,604.	0.
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Schedule J (Form 990) 2010

**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 \$599 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 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AMERICAN MEDICAL ASSOCIATION FOUNDATION

Employer identification number

36-6080517

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  
DOCUMENTED AND RETAINED. COMPENSATION LEVELS FOR ALL OTHER POSITIONS ARE

Name of the organization

Employer identification number

AMERICAN MEDICAL ASSOCIATION FOUNDATION

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 RESPONSABILITIES 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.

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

THE AMOUNT ON LINE 6 OF PART XI, OTHER CHANGES IN NET ASSETS OR FUND  
BALANCES, \$1,111,603 IS UNREALIZED GAIN ON INVESTMENTS.

Name of the organization

Employer identification number

AMERICAN MEDICAL ASSOCIATION FOUNDATION

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MEDICAL STUDENT RESEARCH FORUMS	93,714.	96,137.	0.
EDUCATION PROGRAMS TO HELP ALLEVIATE LOW HEA			
LITERACY	0.	18,471.	0.
HEALTHY COMMUNITIES/HEALTHY AMERICA	70,000.	77,608.	50,837.
HEALTHY LIVING GRANTS	100,270.	119,049.	17,282.
PHYSICIANS CONSORTIUM	0.	46,203.	0.
PROGRAM SUPPORT SERVICES	0.	255,427.	0.
BAD DEBT EXPENSE	0.	113,783.	0.
TOTALS	<u>263,984.</u>	<u>726,678.</u>	<u>68,119.</u>

ATTACHMENT 2

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 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERICAN MEDICAL ASSOCIATION 515 N. STATE STREET CHICAGO, IL 60610	ADMIN SERVICES	1,339,971.
TOTAL COMPENSATION		<u>1,339,971.</u>

Name of the organization

Employer identification number

AMERICAN MEDICAL ASSOCIATION FOUNDATION

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	503,313.	503,313.		
TOTALS	<u>503,313.</u>	<u>503,313.</u>		

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

GROSS SALES LESS RETURNS AND ALLOWANCES .....	14,176.
INVENTORY AT BEGINNING OF YEAR .....	108,979.
PURCHASES .....	
SALARIES AND WAGES .....	
OTHER COSTS .....	-4,433.
SUBTOTAL .....	<u>104,546.</u>
MINUS ENDING INVENTORY .....	101,073.
COST OF GOODS SOLD .....	<u><u>3,473.</u></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	1,064,408.	293,817.	394,904.	375,687.
TOTALS	<u>1,064,408.</u>	<u>293,817.</u>	<u>394,904.</u>	<u>375,687.</u>

ATTACHMENT 7



Name of the organization

Employer identification number

AMERICAN MEDICAL ASSOCIATION FOUNDATION

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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EQUITY SECURITIES AND	
MUTUAL FUNDS	577,360.
FIXED INCOME SECURITIES AND	
MUTUAL FUNDS	6,806,469.
COMMON STOCKS	11,132,238.
TOTALS	<u>18,516,067.</u>

American Medical Association Foundation  
2010 Form 990 Schedule 1, Part II  
Grants to Organizations in the United States

Organization	EIN	Address	City	St	Zip	check#	ck date	Grant
Agape Clinic	14-1847977	4105 Junius St	Dallas	TX		75246		
Bethesda Health Clinic	26-0036574	PO Box 1999	Tyler	TX		75710		3/4/2010 Healthy Communities/ Healthy America
Church Hill Free Medical Clinic	62-1391365	PO Box 166	Church Hill	TN		37642		2/24/2010 Healthy Communities/ Healthy America
Coastal Medical Access Project	01-0576945	PO Box 1357	Brunswick	GA		31520		3/4/2010 Healthy Communities/ Healthy America
Hope Health Clinic, Inc	20-0719396	125 N. 10th St	Groff	GA		30223		2/24/2010 Healthy Communities/ Healthy America
Samaritan's Touch Care Center, Inc	02-0775338	3015 Herwig Ave	Searcy	FL		33870		2/24/2010 Healthy Communities/ Healthy America
Volunteers in Medicine Clinic	93-1278816	2280 Marcola Road	Springfield	OR		97477-2594		2/24/2010 Healthy Communities/ Healthy America
						<b>SUBTOTAL</b>		<b>\$70,000</b>
Total Number of Organizational Cash Recipients							<b>8</b>	
<b>TOTAL GRANTS MADE TO ORGANIZATIONS IN THE UNITED STATES</b>								<b>\$163,714</b>
Total Number of all Cash Recipients								<b>107</b>

American Medical Association Foundation  
2010 Form 990 Schedule 1, Part B  
Grants to Individuals in the United States

Prefix/Last Name	Title	Address1	Address2	City	St	Zip	checka	ck date	Category	Grant
Dr. Zaven Aykanian	MD, FACP	Perkin Family Health Center	211 Shrewsbury Ave	Red Bank	NJ	07701	\$2,500	2/25/2010	Jack B. McConnell, MD	Excellence in Medicine
Dr. Robert Kendall	MD	Our Health, Inc.	332 Ridge Ave	Winchester	VA	22801	\$2,500	2/25/2010	Jack B. McConnell, MD	Excellence in Medicine
Dr. Randolph Brantford	MD, FACS	Bethany Kids at Kijabe	PO Box 61-00220	Kijabe Kenya	East Africa		\$2,500	2/25/2010	Dr. Nathan Davis International	Excellence in Medicine
Dr. Judith Broder	MD	The Soldiers Project	c/o LMS/PS, 12011 San Vicente Blvd., Ste. 310	Los Angeles	CA	90049	\$2,500	2/25/2010	Pride in Profession	Excellence in Medicine
Dr. Javier Davis	MD	American Indian Health Center	12458 E. Washington Blvd	Whittier	CA	90602	\$2,500	2/25/2010	Pride in Profession	Excellence in Medicine
SUBTOTAL							\$12,500			
Mr. David Clifton	MS	3433 Cove View Blvd., Apt. 2214		Gaithersburg	TX	77554	\$2,500	4/14/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Jeffrey Costas	MS	6233 W. Belvedere Dr., Apt. 3082		Glenview	AZ	85308	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Kelley Danks	MD	518 Park Dr., Box 6301		Boston	MA	02215	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Darshan Doshi	MD	Columbia University College of Physicians and Surgeons	Marx Lab 630 W. 188th St., P-4S Bldg Room 9-515	New York	NY	10032	\$2,500	8/18/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Carlos Gabriel	MD	205 Ashton Park Dr. #14		Nashville	TN	37203	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Ann-Johanne Glazovne	MD, MPH	Division of Neurology, 2nd floor Main Bldg		Philadelphia	PA	19103	\$2,500	4/16/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Anna Kamp	PhD	University of Michigan Health System		Ann Arbor	MI	48109	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Rung-Chi Li	MS	151 Hill Dr		Vallejo	CA	94590	\$2,500	3/25/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Shreyas Roy	MS	University of Virginia Dept. of Biomedical Engineering		Charlottesville	VA	22908	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Hersh Sagreya	MS	Dept. of General Surgery, SUNY Upstate Medical University	415 Lane Rd. MRS Room 2318	Syracuse	NY	13210	\$2,500	3/25/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Shihai San	DO	121 Campus Dr. West, Apt. 1313B	750 E. Adams St.	Houston	TX	77054	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Nicholas Scher	MD	8055 Cambridge St. #64		Syracuse	NY	13206	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Dr. Nicholas Scher	MD	151 W. Main St.		Baltimore	MD	02415	\$2,500	3/17/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Jesse Seltzer	MS	Dept. of Physiology, LSU Health Sciences Center		Baton Rouge	LA	44768	\$2,500	3/25/2010	Cardiovascular/Pulmonary Diseases	Seed Grant
Mr. Deanna Gattis	MS	15844 50th Ave.	1901 Perdido St.	Plymouth	MI	55446	\$2,500	4/1/2010	HIV/AIDS	Seed Grant
Mr. Andrea Dean	MS	3551 Tilden St. NW		Washington	DC	20008	\$2,500	3/25/2010	HIV/AIDS	Seed Grant
Mr. Callin Egarten	MS	612 Garfield Ave., Apt. 804		Kansas City	MO	64124	\$2,500	3/4/2010	HIV/AIDS	Seed Grant
Mr. Greg Rice	MS	1830 Lombard St. #408		Philadelphia	PA	19146	\$2,500	3/17/2010	Leukemia	Seed Grant
Mr. Lynn Ruder	MS	3611 S. St.		Philadelphia	UT	84103	\$2,500	4/1/2010	Leukemia	Seed Grant
Mr. Christopher Alvarez-Breckenridge	MS	2620 Daring Rd		Blacklick	OH	43004	\$2,500	4/29/2010	Neoplastic Diseases	Seed Grant
Mr. Hana Anora	MS	540 W. Belmont Ave. #2N	107 Avenue Louis Pasteur Box 184	Chicago	IL	60657	\$2,500	3/4/2010	Neoplastic Diseases	Seed Grant
Mr. Kevin Chen	MD	Harvard Medical School		Boston	MA	02115	\$2,500	8/18/2010	Neoplastic Diseases	Seed Grant
Dr. Dustin Deming	MD	2106 Front St., Apt. E2		Durham	NC	27705	\$2,500	3/17/2010	Neoplastic Diseases	Seed Grant
Mr. Nicolas Dummer	MD, PhD	Harvard Medical School		Boston	MA	02115	\$2,500	3/25/2010	Neoplastic Diseases	Seed Grant
Dr. T. Cheng Lu	MD, PhD	302 Old Farm Rd		Yanhuia	MO	10955	\$2,500	3/4/2010	Neoplastic Diseases	Seed Grant
Mr. Benjamin Nacey	MS	21400 University Ave. #63		Baltimore	MD	02114	\$2,500	3/17/2010	Neoplastic Diseases	Seed Grant
Dr. Michael Nigren	MS	2651 Glen Cove Ct.		Baltimore	MD	02114	\$2,500	3/4/2010	Neoplastic Diseases	Seed Grant
Dr. Tord Patel	MD	19 Beauty Lane		San Jose	CA	95148	\$2,500	10/27/2010	Neoplastic Diseases	Seed Grant
Mr. Jarrod Predine	MS	2128 Pine St., Apt. #4		Bloomfield	CT	06002	\$2,500	3/25/2010	Neoplastic Diseases	Seed Grant
Mr. Sarah Russell	MS	4437 W. Avocado St. #107		Philadelphia	PA	19103	\$2,500	3/25/2010	Neoplastic Diseases	Seed Grant
Ms. Presli Sukerik	MS	2408 Indian Ridge Dr		Los Angeles	CA	90027	\$2,500	3/25/2010	Neoplastic Diseases	Seed Grant
Mr. Rabi Upadhyay	MS	1 Envelope Terrace, Unit #102		Glenview	IL	60026	\$2,500	3/17/2010	Neoplastic Diseases	Seed Grant
SUBTOTAL							\$91,328			
Dr. Rachel Levine	MD	Johns Hopkins University	5200 Eastern Ave., Mason F. Lord Bldg. Center Tower Ste. 2100	Baltimore	MD	21224	\$10,000	4/29/2010		Joan F. Glambako
Dr. Hil Meckeser	MD	University of Miami, Miller School of Medicine	PO Box 016960 (R 126)	Miami	FL	33101	\$10,000	Join project with Dr. Rachel Levine - above		Joan F. Glambako
SUBTOTAL							\$10,000			
Ms. Crystal Cardenas	MS	7720 C Stanton Ave. #208		Philadelphia	PA	19118	\$10,000	6/25/2010		Minority Scholars Award
Ms. Vanessa Correa	MS	1127 Nelson Ct., Apt. 2		Ann Arbor	MI	48105	\$10,000	6/25/2010		Minority Scholars Award
Mr. Victor Cuello	MS	3411 Rubin Ave., Apt. #1		Riverside	CA	92507	\$10,000	6/25/2010		Minority Scholars Award
Mr. Angelo Echiverri	MS	1028 W. 87 St.		Hialeah	FL	33012	\$10,000	6/25/2010		Minority Scholars Award
Ms. Lisette Jimenez	MS	435 2nd Ave., Apt. 1		San Francisco	CA	94118	\$10,000	8/2/2010		Minority Scholars Award
Ms. Diana Leatherswood	MS	500 NE 55th St., Apt. 307		Seattle	WA	98115	\$10,000	6/25/2010	Ronald M. Davis Memorial Scholarship	Minority Scholars Award
Ms. Erica Loudon	MS	3132 Sherwood Ave		Alhambra	CA	91801	\$10,000	6/25/2010		Minority Scholars Award
Ms. Laddy Malone	MS	200 Riverfront Dr. #15H		Detroit	MI	48226	\$10,000	6/25/2010		Minority Scholars Award
Ms. Kerry Ann Stewart	MS	11443 S. Choudeau St.		Otse	KS	66081	\$10,000	6/25/2010		Minority Scholars Award
Ms. Bianca Tavares	MS	3818 Alameda de las Pulgas, Apt. 5		Mend Park	CA	94025	\$10,000	8/12/2010		Minority Scholars Award
Mr. Nathan Tavares	MS	11443 S. Choudeau St.		San Jose	CA	95128	\$10,000	8/12/2010		Minority Scholars Award
Mr. Omar Washington	MS	517 E. 6th St., Apt. 2		Duluth	MN	55805	\$10,000	8/2/2010		Minority Scholars Award
SUBTOTAL							\$10,000			
SUBTOTAL							\$130,000			

PreFirst Name	Last Name	Title

**Total Cash Grants Made to Individuals in the United States**  
**Total Number of Individual Cash Recipients**  
**Returned Unspent Portions of Prior Year Grants to Individuals**  
**Noncash Grants Made to Individuals in the United States**  
**Donation of Health Utility Kits**  
**Grant Related Noncash Expenses (Cost of Award Plaques)**  
**TOTAL GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES**  
**TOTAL GRANTS IN THE UNITED STATES**

**Total Cash Grants Made to Individuals in the United States**  
**Total Number of Individual Cash Recipients**  
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**Donation of Health Utility Kits**  
**Grant Related Noncash Expenses (Cost of Award Plaques)**  
**TOTAL GRANTS MADE TO INDIVIDUALS IN THE UNITED STATES**  
**TOTAL GRANTS IN THE UNITED STATES**

Description of Property

[illegible][illegible]

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