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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN MEDICAL ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
515 NORTH STATE STREET

City or town, state or country, and ZIP + 4
CHICAGO, IL 606544825

D Employer identification number
36-0727175

E Telephone number
(312)464-5000

G Gross receipts $ 493,671,613

F Name and address of principal officer
JAMES L MADARA
515 NORTH STATE STREET
CHICAGO,IL 606544825

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) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AMA-ASSN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1847 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,051
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	29,329,605
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,271,448

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	38,291,369	37,864,411
9	Program service revenue (Part VIII, line 2g)	49,848,054	55,858,535
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,272,900	13,967,752
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,599,244	139,362,002
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,011,567	247,052,700
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	522,175	528,838
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	115,412,202	119,491,343
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	104,792,123	105,913,286
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	220,726,500	225,933,467
19	Revenue less expenses Subtract line 18 from line 12	15,285,067	21,119,233

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	494,188,040	502,879,547
21	Total liabilities (Part X, line 26)	134,733,073	147,899,740
22	Net assets or fund balances Subtract line 21 from line 20	359,454,967	354,979,807

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 — 2012-11-12 Date

▶ JAMES L MADARA MD EVP/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SHAWNA M JIMENEZ	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01222873
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 111 MONUMENT CIRCLE SUITE 2000 INDIANAPOLIS, IN 462045108			EIN ▶ 86-1065772 Phone no ▶ (317) 464-8600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION BY PROMOTING THE ART AND SCIENCE OF MEDICINE AND THE BETTERMENT OF PUBLIC HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ including grants of $) (Revenue $)

SCIENTIFIC PUBLICATIONS - THE AMA PUBLISHED THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND NINE SPECIALTY JOURNALS THESE JOURNALS WERE DISTRIBUTED TO MORE THAN 600,000 INDIVIDUAL RECIPIENTS WORLDWIDE THE JOURNALS INCLUDED DEFINITIVE, PEER REVIEWED CLINICAL AND INVESTIGATIVE REPORTS SPANNING MAJOR MEDICAL DISCIPLINES TO SUPPORT INFORMED CLINICAL DECISION-MAKING AND TO ENABLE PHYSICIANS TO REMAIN CURRENT PROFESSIONALLY

4b (Code) (Expenses $ including grants of $) (Revenue $)

THE AMA IS COMMITTED TO SEEKING CHANGE IN THE STATE AND FEDERAL LEGAL/REGULATORY ENVIRONMENTS TO PROTECT THE NEEDS OF PATIENTS AND ENABLE PHYSICIANS IN THEIR CARE PREDOMINANT AREAS OF FOCUS ARE MEDICARE PAYMENT REFORM, CARE FOR THE UNINSURED, AND MEDICAL LIABILITY REFORM THE AMA ALSO COMMITS TO HELPING PHYSICIANS OVERCOME SYSTEMIC BARRIERS TO EFFECTIVE PRACTICE MANAGEMENT, PARTICULARLY THOSE THAT INTERFERE WITH THE PATIENT-PHYSICIAN RELATIONSHIP OR IMPEDE THE ECONOMIC VIABILITY OF THE PHYSICIAN PRACTICE A PREDOMINANT AREA OF FOCUS IS REFORM OF PRIVATE HEALTH PLAN PAYMENT AND RELATED PRACTICES AMA CONTINUES TO DEVELOP AND APPLY AMA EXPERTISE TO ACHIEVE APPROPRIATE SCOPE OF PRACTICE REGULATIONS, ADDRESS THE SHORTFALL IN THE PHYSICIAN WORKFORCE RELATIVE TO PATIENT NEEDS AND MONITOR THE IMPACT OF CONSUMER-DRIVEN HEALTH PLANS ON DELIVERY OF HEALTH CARE

4c (Code) (Expenses $ including grants of $) (Revenue $)

THE BOOK AND PRODUCT GROUP IS RESPONSIBLE FOR THE DEVELOPMENT AND SALES OF MEDICAL INFORMATION BOOKS AND PRODUCTS DESIGNED TO MEET THE NEEDS OF MEMBERS, POTENTIAL MEMBERS, CONSUMERS, AND BUSINESSES THE COMPLETE CATALOG INCLUDES MEDICAL PRACTICE INFORMATION AND ETHICS TEXTS, CPT AND OTHER MEDICAL CODING TEXTS, AS WELL AS MANY OTHER RELEVANT TOPICS FOR THE MEDICAL PROFESSION

(Code) (Expenses $ including grants of $) (Revenue $)

A PATIENT SAFETYB QUALITY IMPROVEMENT IN HEALTHCAREC LONG-TERM AND GERIATRIC CARED HEALTHCARE DISPARITIESE HEALTHY LIFESTYLESF DISASTER PREPAREDNESSG IMMUNIZATIONS AND INFLUENZAH PROFESSIONALISM AND ETHICSI GRADUATE MEDICAL EDUCATION POLICY & RESEARCHJ UNDERGRADUATE MEDICAL EDUCATION POLICY & RESEARCHK CONTINUING MEDICAL EDUCATION POLICY & RESEARCHL HEALTHCARE INFORMATION TECHNOLOGYM SCIENCE, RESEARCH & TECHNOLOGYN PREVENTIVE MEDICINE & PUBLIC HEALTHO POLITICAL EDUCATIONP LEGAL REPRESENTATIONQ INTERNATIONAL MEDICINER HEALTH POLICY RESEARCH & DEVELOPMENTS MEDICAL PRACTICE BOOKS, PRODUCTS & SERVICEST MEDICAL STUDENT SERVICESU RESIDENT PHYSICIAN SERVICESV YOUNG PHYSICIAN SERVICESW HOSPITAL MEDICAL STAFF SERVICESX MEDICAL SCHOOL SERVICESY MEDICAL SOCIETY RELATIONSZ COMMUNICATIONS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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*	**21**	Yes	
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*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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*	**25a**		
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*	**25b**		
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*	**26**		No
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*	**27**		No
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*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
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*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
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*	**36**		
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*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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	**1a**	515		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,051			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

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	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DENISE M HAGERTY
515 N STATE STREET
CHICAGO,IL 606544825
(312)464-5000

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								7,875,066	0	1,019,623

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 260

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACQUITY GROUP LLC DEPARTMENT 20-1016 PO BOX 5940 CAROL STREAM, IL 60197	PROVIDED IT CONSULTING SERVICES	1,736,820
KNOWLYSIS LLC 1125 WEST CENTER STREET OREM, UT 84057	PROVIDED IT CONSULTING SERVICES	1,462,780
HIGHWIRE PRESS STANFORD UNIVERSITY LIBRARIES 1454 PALO ALTO, CA 94304	PROVIDED THIRD PARTY HOSTING SERVICES	1,398,268
INCITE PARTNERS LLC 661 BROADMOOR DRIVE BLUE BELL, PA 19422	PROVIDED MGMT & IT CONSULTING SERVICES	467,578
WEST MONROE PARTNERS LLC 175 WEST JACKSON BLVD CHICAGO, IL 60604	PROVIDED IT CONSULTING SERVICES	387,610
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 40		

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	37,864,411			
	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				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		37,864,411			
Program Service Revenue			Business Code				
	2a	SUBSCRIPTION	511120	30,397,106	30,397,106		
	b	CREDENTIALING SERVICES	541900	12,259,068	12,259,068		
	c	REPRINT & PERMISSIONS	511190	5,833,170	5,833,170		
	d	EDUCATIONAL PROGRAMS	611710	2,066,823	2,066,823		
	e	GRAD MEDICAL PROGRAM	611710	628,600	628,600		
	f	All other program service revenue		4,673,768	4,673,768		
	g	**Total.** Add lines 2a–2f		55,858,535			
	3	Investment income (including dividends, interest and other similar amounts)		10,104,384		20,018	10,084,366
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		65,824,668			65,824,668
			(i) Real / (ii) Personal				
	6a	Gross rents	1,273,668 /				
	b	Less rental expenses	1,273,668 /				
	c	Rental income or (loss)	0 /				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	242,437,502 / 6,071				
	b	Less cost or other basis and sales expenses	238,580,205 / 0				
	c	Gain or (loss)	3,857,297 / 6,071				
	d	Net gain or (loss)		3,863,368			3,863,368
Other Revenue	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					
	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					
	10a	Gross sales of inventory, less returns and allowances	a 47,747,882				
	b	Less cost of goods sold	b 6,765,040				
	c	Net income or (loss) from sales of inventory		40,982,842	40,982,842		
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING	541800	29,171,062		29,171,062	
	b	SUBSIDIARY SERVICE FEE	561000	898,006	898,006		
	c	CAFETERIA SALES	722210	620,180	620,180		
	d	All other revenue		1,865,244	1,482,027	138,525	244,692
	e	**Total.** Add lines 11a–11d		32,554,492			
	12	**Total revenue.** See Instructions		247,052,700	99,841,590	29,329,605	80,017,094

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	528,838			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,576,186			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,316,190			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,361,796			
9	Other employee benefits	15,842,181			
10	Payroll taxes	6,394,990			
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,178,851			
c	Accounting	241,376			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	138,225			
g	Other	11,267,970			
12	Advertising and promotion	10,834,481			
13	Office expenses	4,826,845			
14	Information technology	6,913,873			
15	Royalties . .	679,766			
16	Occupancy	15,680,830			
17	Travel	6,220,787			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,384,968			
20	Interest	128,865			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,878,285			
23	Insurance	880,952			
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)				
a	PUBLICATIONS COSTS	21,142,810			
b	MEMBERSHIP SOLICITATION	4,681,242			
c	OUTBOUND TELEMARKETING	1,656,784			
d	MARKET RESEARCH	1,057,258			
e					
f	All other expenses	7,119,118			
25	**Total functional expenses.** Add lines 1 through 24f	225,933,467			
26	**Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	23,282,799	2	8,541,803
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,810,710	4	20,679,771
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,868,709	8	2,686,598
	9	Prepaid expenses and deferred charges	10,135,200	9	6,169,942
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 110,591,110			
	b	Less accumulated depreciation — 10b: 91,707,581	21,192,531	10c	18,883,529
	11	Investments—publicly traded securities	408,959,241	11	432,674,281
	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	9,938,850	15	13,243,623
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	494,188,040	16	502,879,547
Liabilities	17	Accounts payable and accrued expenses	29,571,845	17	29,622,319
	18	Grants payable		18	
	19	Deferred revenue	43,550,736	19	46,252,113
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	61,610,492	25	72,025,308
	26	**Total liabilities.** Add lines 17 through 25	134,733,073	26	147,899,740
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	357,420,537	27	352,950,143
	28	Temporarily restricted net assets	2,034,430	28	2,029,664
	29	Permanently restricted net assets		29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	359,454,967	33	354,979,807
	34	Total liabilities and net assets/fund balances	494,188,040	34	502,879,547

Part XI Reconcilliation 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	247,052,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,933,467
3	Revenue less expenses Subtract line 2 from line 1	3	21,119,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	359,454,967
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-25,594,393
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	354,979,807

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-0727175
Name: AMERICAN MEDICAL ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ including grants of $) (Revenue $)

A PATIENT SAFETYB QUALITY IMPROVEMENT IN HEALTHCAREC LONG-TERM AND GERIATRIC CARED HEALTHCARE DISPARITIESE HEALTHY LIFESTYLESF DISASTER PREPAREDNESSG IMMUNIZATIONS AND INFLUENZAH PROFESSIONALISM AND ETHICSI GRADUATE MEDICAL EDUCATION POLICY & RESEARCHJ UNDERGRADUATE MEDICAL EDUCATION POLICY & RESEARCHK CONTINUING MEDICAL EDUCATION POLICY & RESEARCHL HEALTHCARE INFORMATION TECHNOLOGYM SCIENCE, RESEARCH & TECHNOLOGYN PREVENTIVE MEDICINE & PUBLIC HEALTHO POLITICAL EDUCATIONP LEGAL REPRESENTATIONQ INTERNATIONAL MEDICINER HEALTH POLICY RESEARCH & DEVELOPMENTS MEDICAL PRACTICE BOOKS, PRODUCTS & SERVICEST MEDICAL STUDENT SERVICESU RESIDENT PHYSICIAN SERVICESV YOUNG PHYSICIAN SERVICESW HOSPITAL MEDICAL STAFF SERVICESX MEDICAL SCHOOL SERVICESY MEDICAL SOCIETY RELATIONSZ COMMUNICATIONS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAJ AMBAY MD TRUSTEE	12 00	X						13,250	0	0
JOSEPH P ANNIS MD TRUSTEE	17 00	X						76,472	0	0
SUSAN R BAILEY MD HOD VICE-SPEAKER	14 00	X						34,066	0	0
DAVID O BARBE MD TRUSTEE	20 00	X						83,300	0	0
PETER W CARMEL MD PRES-ELECT/PRESIDENT	54 00	X						276,500	0	0
ALEXANDER DING MD TRUSTEE	19 00	X						32,950	0	0
WILLIAM A DOLAN MD TRUSTEE	13 00	X						28,750	0	0
ANDREW W GURMAN MD HOD SPEAKER	26 00	X						91,298	0	16,500
PATRICE A HARRIS MD TRUSTEE	17 00	X						35,950	0	0
CYRIL M HETSKO MD TRUSTEE	16 00	X						0	0	6,000
ARDIS D HOVEN MD CHAIR/PAST-CHAIR	40 00	X						48,100	0	16,500
CHRISTOPHER K KAY TRUSTEE	13 00	X						7,200	0	0
EDWARD L LANGSTON MD TRUSTEE	25 00	X						11,262	0	16,500
JEREMY A LAZARUS MD HOD SPEAKER/PRES-ELECT	36 00	X						189,697	0	16,500
BARBARA L MCANENY MD TRUSTEE	17 00	X						1,548	0	16,500
MARY ANNE MCCAFFREE MD TRUSTEE	22 00	X						74,000	0	16,500
ALBERT T OSBAHR MD TRUSTEE	16 00	X						31,926	0	2,500
REBECCA J PATCHIN MD PAST CHAIR	26 00	X						36,868	0	0
STEPHEN R PERMUT MD TRUSTEE	17 00	X						70,700	0	0
J JAMES ROHACK MD PAST PRESIDENT	33 00	X						1,600	0	0
CARL A SIRIO MD TRUSTEE	27 00	X						93,221	0	16,500
STEVEN J STACK MD TRUSTEE/CHAIR-ELECT	30 00	X						171,100	0	0
GEORGIA A TUTTLE MD TRUSTEE	16 00	X						25,900	0	8,250
JORDAN M VANLARE TRUSTEE	17 00	X						30,550	0	0
ROBERT M WAH MD CHAIR-ELECT/CHAIR	34 00	X						218,978	0	16,500

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONICA C WEHBY MD TRUSTEE	15 00	X						24,250	0	7,500
MEREDITH WILLIAMS TRUSTEE	20 00	X						20,950	0	0
CECIL B WILSON MD PA PRESIDENT/PAST-PRESIDENT	52 00	X						289,235	0	0
JAMES L MADARA MD EVP & CEO	60 00			X				439,236	0	90,855
MICHAEL D MAVES MD MBA EVP & CEO THRU 6/30/2011	60 00			X				979,049	0	394,784
BERNARD L HENGESBAUGH CHIEF OPERATING OFFICER	60 00			X				825,874	0	53,317
RICHARD A DEEM SVP, ADVOCACY	60 00				X			579,993	0	37,207
CATHERINE D DEANGELIS MD SVP, EDITOR-IN CHIEF	60 00					X		703,215	0	75,570
JON N EKDAHL GENERAL COUNSEL	60 00					X		485,279	0	54,014
MODENA H WILSON MD SVP, PROF STANDARDS	60 00					X		536,524	0	46,573
ROBERT A MUSACCHIO SVP, BUSINESS SERVICES	60 00					X		509,338	0	75,739
ELIZABETH A JONES SVP, PUBLISHING	60 00					X		502,850	0	35,314
JOSEPH M HEYMAN MD PAST TRUSTEE	0 00						X	171,164	0	0
NANCY H NIELSEN MD PAST TRUSTEE	0 00						X	122,923	0	0

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AMERICAN MEDICAL ASSOCIATION	36-0727175

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ 0

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	37,864,411
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	21,030,892
b	Carryover from last year	2b	3,184,049
c	Total	2c	24,214,941
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	24,542,802
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-327,861

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		24,450,645	19,161,123	5,289,522
d Equipment		4,334,231	3,677,378	656,853
e Other		81,806,234	68,869,080	12,937,154
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				18,883,529

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		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	1,431,289
PENSION LIABILITY	904,021
POST RETIREMENT HEALTHCARE BENEFITS	62,883,494
DEFERRED COMPENSATION	3,626,263
DEFERRED TENANT ALLOWANCES RECEIVED	1,436,177
RESERVE FOR SUBLEASED OFFICE SPACE	1,744,064
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	72,025,308

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	247,052,700
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	225,933,467
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,119,233
4	Net unrealized gains (losses) on investments	4	-10,164,709
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-15,429,684
9	Total adjustments (net) Add lines 4 - 8	9	-25,594,393
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,475,160

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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, 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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY IN EARNINGS OF SUBSIDIARY 6,317,297 DEFINED BENEFIT PLAN CHARGES -21,290,204 RESTRICTED ASSETS RELEASED -456,777 TOTAL TO SCHEDULE D, PART XI, LINE 8 -15,429,684
		PART X, LINE 2 - FIN 48 (ASC740) LIABILITY FOR UNCERTAIN TAX POSITIONS IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (WHICH IS CURRENTLY PART OF ASC TOPIC 740) ASC TOPIC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE AMA'S TAX RETURNS TO DETERMINE WHETHER TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY TAX BENEFITS OR POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE IN THE CURRENT YEAR THE AMA ADOPTED ASC TOPIC 740 IN 2009 AND AS THE IMPACT OF ADOPTION WAS NOT MATERIAL, NO DISCLOSURE IS INCLUDED IN THE FOOTNOTES

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	SUBSCRIPTIONS	117,258
CENTRAL AMERICA & THE CARIBBEAN	0	2	PROGRAM SERVICES	SUBSCRIPTIONS	33,534
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	6,697
3a Sub-total	0	6			157,489
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	6			157,489

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 6

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE AMA PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE RECOGNIZED PUBLIC CHARITIES AND RECOGNIZED TRADE ASSOCIATIONS PRIMARILY ASSOCIATED WITH THE MEDICAL FIELD THE AMA MAINTAINS CONTACT WITH THE GRANTEES THROUGH THE PERFORMANCE OF ITS EXEMPT ACTIVITIES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-0727175
Name: AMERICAN MEDICAL ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES (AAMSE)555 E WELLS STREET SUITE 1100 MILWAUKEE,WI 53202	36-2915937	501(C)(6)	50,000				GRANT TO SUPPORT PROGRAMS AND SERVICES
AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)601 E STREET NW WASHINGTON,DC 20049	95-1985500	501(C)(4)	20,000				CONTRIBUTION TO THE HEALTH CARE AND YOU COALITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN HEART ASSOCIATION4301 NORTH FAIRFAX DRIVE STE 530 ARLINGTON,VA 22203	13-5613797	501(C)(3)	7,500				SPONSOR FUNDRAISER
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	10,707				DONATION TO DISASTER RELIEF FOR JAPAN TSUNAMI VICTIMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ASSOCIATION OF AMERICAN MEDICAL COLLEGES2450 N STREET NW WASHINGTON,DC 20037	36-2169124	501(C)(3)	102,248				GRANT - LIAISONCOMMITTEE ON MEDICAL EDUCATION
COLORADO MEDICAL SOCIETY 7351 E LOWRY BOULEVARD DENVER,CO 80230	84-0174440	501(C)(6)	10,000				GRANT TO SUPPORT COLORADO'S FALSE ADVERTISING CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CONNECTICUT STATE MEDICAL SOCIETY160 RONAN STREET NEW HAVEN,CT 06511	06-0665164	501(C)(6)	20,000				GRANT FOR PSYCHOTROPIC STUDY ON PHYSICIAN PRESCRIBING PATTERNS
MARCH OF DIMES 2700 SOUTH QUINCY STREET SUITE 220 ARLINGTON,VA 22206	13-1846366	501(C)(3)	10,000				SUPPORT 2011 MARCH OF DIMES GALA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MEDCHI THE MARYLAND STATE MEDICAL SOCIETY 1211 CATHEDRAL STREET BALTIMORE,MD 21201	52-0410730	501(C)(6)	55,000				GRANT TO SUPPORT TRUTH IN ADVERTISING CAMPAIGN
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	7,500				SPONSORSHIP OF CONFERENCE FORSTATE LEGISLATURES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NATIONAL MULTIPLE SCLEROSIS SOCIETY1800 M STREET NW SUITE 750 SOUTH WASHINGTON,DC 20036	53-0237585	501(C)(3)	10,000				SPONSORSHIP 2011 MULTIPLE SCLEROSISFUNDRAISERS
NORTH CAROLINIANS FOR AFFORDABLE HEALTH CARE222 NORTH PERSON STREET RALEIGH,NC 27601	27-5457632	501(C)(3)	100,000				GRANT - MEDICAL LIABILITY CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PARTNERSHIP FOR A DRUG FREE AMERICA (DARWILL PRESS)156 FIFTH AVENUE SUITE 1100 NEW YORK,NY 10010	13-3413627	501(C)(3)	6,832				CONTRIBUTION FOR PARTNERSHIP FOR DRUG FREE AMERICA 2011 GALA JOURNAL
PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY 777 EAST PARK DRIVE PO BOX 8820 HARRISBURG,PA 171058820	23-2611653	501(C)(6)	50,000				GRANT TO ASSIST IN PASSAGE OF OPTHALMIC SURGICAL PATIENT PROTECTION ACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PROJECT HOPE255 CARTER HALL LANE MILLWOOD,VA 22646	53-0242962	501(C)(3)	15,000				SUPPORT VOLUNTEER HUMANITARIAN MISSIONS
US CAPITOL HISTORICAL SOCIETY200 MARYLAND AVENUE NE WASHINGTON,DC 20002	52-0796820	501(C)(3)	10,000				SUPPORT TO PRESERVE AND INTERPRET THE HISTORY OF THE CAPITOL AND THE CONGRESS

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		
b	Any related organization?	**5b**		
	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**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) PETER W CARMEL MD	(i)	276,500	0	0	0	0	276,500	0
	(ii)	0	0	0	0	0	0	0
(2) JEREMY A LAZARUS MD	(i)	182,250	0	7,447	16,500	0	206,197	0
	(ii)	0	0	0	0	0	0	0
(3) STEVEN JSTACK MD	(i)	171,100	0	0	0	0	171,100	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT M WAH MD	(i)	218,000	0	978	16,500	0	235,478	0
	(ii)	0	0	0	0	0	0	0
(5) CECIL B WILSON MD PA	(i)	276,500	0	12,735	0	0	289,235	0
	(ii)	0	0	0	0	0	0	0
(6) JAMES L MADARA MD	(i)	416,642	0	22,594	64,700	26,155	530,091	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL D MAVES MD MBA	(i)	343,595	242,180	393,274	359,314	35,470	1,373,833	0
	(ii)	0	0	0	0	0	0	0
(8) BERNARD L HENGESBAUGH	(i)	472,736	300,000	53,138	14,700	38,617	879,191	0
	(ii)	0	0	0	0	0	0	0
(9) RICHARD A DEEM	(i)	380,292	170,027	29,674	14,700	22,507	617,200	0
	(ii)	0	0	0	0	0	0	0
(10) CATHERINE D DEANGELIS MD	(i)	595,907	41,410	65,898	14,700	60,870	778,785	0
	(ii)	0	0	0	0	0	0	0
(11) JON N EKDAHL	(i)	366,610	60,501	58,168	14,700	39,314	539,293	0
	(ii)	0	0	0	0	0	0	0
(12) MODENA H WILSON MD	(i)	358,342	128,633	49,549	14,700	31,873	583,097	0
	(ii)	0	0	0	0	0	0	0
(13) ROBERT A MUSACCHIO	(i)	322,163	146,156	41,019	14,700	61,039	585,077	0
	(ii)	0	0	0	0	0	0	0
(14) ELIZABETH A JONES	(i)	312,963	148,649	41,238	14,700	20,614	538,164	0
	(ii)	0	0	0	0	0	0	0
(15) JOSEPH M HEYMAN MD	(i)	0	0	171,164	0	0	171,164	171,164
	(ii)	0	0	0	0	0	0	0
(16) NANCY H NIELSEN MD	(i)	0	0	122,923	0	0	122,923	122,923
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	AMA REIMBURSES FIVE SENIOR EXECUTIVES FOR MEMBERSHIP DUES IN LUNCHEON OR SOCIAL BUSINESS CLUBS IN ADDITION, AMA PAID $300 TO $400 IN SOCIAL CLUB DUES EACH FOR THE BOARD CHAIR, CHAIR-ELECT, PRESIDENT, PRESIDENT-ELECT AND PAST-PRESIDENT THE DUES ARE TAXABLE TO THE INDIVIDUAL TO THE EXTENT USED FOR PERSONAL PURPOSES EXPENSES RELATED TO UTILIZATION OF THESE CLUBS ARE SUBJECT TO THE ORGANIZATION'S TRAVEL AND ENTERTAINMENT EXPENSE POLICY ALL EXECUTIVES CAN BE REIMBURSED FOR HEALTH CLUB DUES WHICH ARE REPORTED AS COMPENSATION TO THE INDIVIDUAL, TO THE EXTENT REIMBURSED IN RARE INSTANCES FOR MEMBERS OF THE BOARD, IT IS RECOGNIZED THAT SHORT NOTICE ASSIGNMENTS MAY REQUIRE FIRST CLASS TRAVEL BECAUSE OF THE LACK OF AVAILABILITY OF COACH SEATING THIS MUST BE AUTHORIZED WHEN NECESSARY BY THE BOARD CHAIR, PRIOR TO TRAVEL
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4A MICHAEL D MAVES, M D WAS ENTITLED TO RECEIVE ONGOING COMPENSATION AS A RESULT OF NON-RENEWAL OF HIS CONTRACT AS EVP & CEO, WITH PAYMENTS FROM JULY 2011 THROUGH JUNE 2012 IN 2011, HE RECEIVED $349,514, WHICH IS INCLUDED IN PART VII, COLUMN D, REPORTABLE COMPENSATION THE REMAINING $349,514 TO BE PAID IN 2012 IS INCLUDED IN PART VII, COLUMN F, OTHER COMPENSATION BOTH AMOUNTS ARE REPORTED ON SCHEDULE J
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4B AMA ESTABLISHED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN 1994 FOR KEY EXECUTIVES AND LIMITED PARTICIPATION IN THE PLAN TO INDIVIDUALS IN EXECUTIVE POSITIONS IN 1994 THE PLAN WAS LINKED TO AMA'S PENSION PLAN AND WAS DESIGNED TO PROVIDE PENSION BENEFITS TO REPLACE BENEFITS LOST DUE TO REDUCTIONS IN COVERED COMPENSATION UNDER THE IRS LIMITS BENEFITS CEASED ACCRUING IN THE PLAN AT THE TIME THE AMA GENERAL PENSION PLAN WAS FROZEN, AS OF DECEMBER 31, 2002 ONE EXECUTIVE CONTINUES TO BE A VESTED PARTICIPANT IN BENEFITS THAT ACCRUED PRIOR TO THAT DATE, ROBERT A MUSACCHIO AMA ESTABLISHED A KEY EMPLOYEE OPTION PLAN AND AN OPTION PLAN FOR TRUSTEES IN 1987 THESE PLANS WERE SUSPENDED IN 2002, PURSUANT TO CHANGE IN IRS REGULATIONS IN ADDITION, THE AMA HAS A DEFERRED COMPENSATION PLAN AS DEFINED IN SECTION 457(B) OF THE INTERNAL REVENUE CODE WHICH IS AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT OF THE AMA UNDER THIS PLAN, INDIVIDUALS MAY DEFER UP TO THE ANNUAL PERMITTED BY THE INTERNAL REVENUE CODE THE AMA MAKES NO CONTRIBUTIONS TO THIS PLAN CONTRIBUTIONS BY THE PARTICIPANTS ARE INCLUDED IN THE COMPENSATION INFORMATION ABOVE, EMPLOYEE CONTRIBUTIONS ARE INCLUDED IN COLUMN B(III) AND BOARD MEMBER CONTRIBUTIONS ARE INCLUDED IN COLUMN C DR NANCY H NIELSEN AND DR JOSEPH M HEYMAN BOTH RECEIVED PAYMENTS FROM A DEFERRED COMPENSATION PLAN OF $122,923 AND $171,164 RESPECTIVELY, AFTER LEAVING THE BOARD IN JUNE 2011, WHICH ARE INCLUDED IN COLUMN B(III) ABOVE NO OTHER INDIVIDUALS LISTED ON SCHEDULE J WERE PAID FROM THIS PLAN COLUMN C ALSO INCLUDES THE CONTRIBUTION TO THE 401(K) PLAN FOR EMPLOYEES IN 2011, AMA AND JAMES L MADARA ENTERED INTO A DEFERRED COMPENSATION AGREEMENT SUBJECT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE, CALLING FOR ANNUAL CONTRIBUTIONS BY AMA TO THE DEFERRED ACCOUNT THE ACCOUNT VESTS OVER TIME AND PAYMENT OF UNDISTRIBUTED AMOUNTS WILL OCCUR ON THE VESTING DATES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-0727175
Name: AMERICAN MEDICAL ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
PETER W CARMEL MD	(I)	276,500	0	0	0	0	276,500	0
	(II)	0	0	0	0	0	0	0
JEREMY A LAZARUS MD	(I)	182,250	0	7,447	16,500	0	206,197	0
	(II)	0	0	0	0	0	0	0
STEVEN JSTACK MD	(I)	171,100	0	0	0	0	171,100	0
	(II)	0	0	0	0	0	0	0
ROBERT M WAH MD	(I)	218,000	0	978	16,500	0	235,478	0
	(II)	0	0	0	0	0	0	0
CECIL B WILSON MD PA	(I)	276,500	0	12,735	0	0	289,235	0
	(II)	0	0	0	0	0	0	0
JAMES L MADARA MD	(I)	416,642	0	22,594	64,700	26,155	530,091	0
	(II)	0	0	0	0	0	0	0
MICHAEL D MAVES MD MBA	(I)	343,595	242,180	393,274	359,314	35,470	1,373,833	0
	(II)	0	0	0	0	0	0	0
BERNARD L HENGESBAUGH	(I)	472,736	300,000	53,138	14,700	38,617	879,191	0
	(II)	0	0	0	0	0	0	0
RICHARD A DEEM	(I)	380,292	170,027	29,674	14,700	22,507	617,200	0
	(II)	0	0	0	0	0	0	0
CATHERINE D DEANGELIS MD	(I)	595,907	41,410	65,898	14,700	60,870	778,785	0
	(II)	0	0	0	0	0	0	0
JON N EKDAHL	(I)	366,610	60,501	58,168	14,700	39,314	539,293	0
	(II)	0	0	0	0	0	0	0
MODENA H WILSON MD	(I)	358,342	128,633	49,549	14,700	31,873	583,097	0
	(II)	0	0	0	0	0	0	0
ROBERT A MUSACCHIO	(I)	322,163	146,156	41,019	14,700	61,039	585,077	0
	(II)	0	0	0	0	0	0	0
ELIZABETH A JONES	(I)	312,963	148,649	41,238	14,700	20,614	538,164	0
	(II)	0	0	0	0	0	0	0
JOSEPH M HEYMAN MD	(I)	0	0	171,164	0	0	171,164	171,164
	(II)	0	0	0	0	0	0	0
NANCY H NIELSEN MD	(I)	0	0	122,923	0	0	122,923	122,923
	(II)	0	0	0	0	0	0	0

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION BY PROMOTING THE ART AND SCIENCE OF MEDICINE AND THE BETTERMENT OF PUBLIC HEALTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD OF TRUSTEE MEMBERS RAJ AMBAY, M D AND CHRISTOPHER K KAY HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE AMERICAN MEDICAL ASSOCIATION (AMA) IS COMPOSED OF INDIVIDUAL MEMBERS WHO ARE REPRESENTED IN THE HOUSE OF DELEGATES, A POLICY MAKING BODY, THROUGH STATE ASSOCIATIONS AND OTHER CONSTITUENT ASSOCIATIONS, NATIONAL MEDICAL SPECIALTY SOCIETIES AND OTHER ENTITIES TO WHICH THEY BELONG MEMBERS MUST POSSESS THE UNITED STATES DEGREE OF DOCTOR OF MEDICINE (MD) OR DOCTOR OF OSTEOPATHIC MEDICINE (DO), OR A RECOGNIZED INTERNATIONAL EQUIVALENT OR BE MEDICAL STUDENTS IN EDUCATIONAL PROGRAMS PROVIDED BY A COLLEGE OF MEDICINE OR OSTEOPATHIC MEDICINE ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION OR THE AMERICAN OSTEOPATHIC ASSOCIATION LEADING TO THE MD OR DO DEGREE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ALL TWENTY-ONE MEMBERS OF THE AMA BOARD OF TRUSTEES, THE GOVERNING BODY, ARE ELECTED BY THE AMA HOUSE OF DELEGATES THE HOUSE OF DELEGATES INCLUDES DELEGATES FROM STATE, TERRITORIAL, NATIONAL SPECIALTY OR PROFESSIONAL INTEREST MEDICAL ASSOCIATIONS THAT QUALIFY UNDER THE AMA BY-LAWS, PLUS THE FIVE FEDERAL SERVICES AND CERTAIN INTERNAL SECTIONS AND CONSORTIUMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AMA'S 2011 FORM 990 WAS PREPARED BY DELOITTE TAX LLP USING THE INFORMATION PROVIDED BY AMA THE COMPLETED FORM 990 WAS REVIEWED BY AMA'S FINANCE MANAGEMENT BEFORE BEING REVIEWED BY THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES REVIEWED THE FORM 990 FOR 2011 AT A REGULARLY SCHEDULED BOARD MEETING ALL 21 BOARD MEMBERS RECEIVED A COPY OF THE RETURN AND THE COMMITTEE REPORTED ON THE REVIEW OF THE FORM 990 TO THE FULL BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE OFFICE OF GENERAL COUNSEL AND THE ORGANIZATION AND OPERATIONS COMMITTEE OF THE AMA BOARD OF TRUSTEES THROUGHOUT THE COURSE OF THE YEAR REVIEW BOARD MEMBER AND KEY EMPLOYEE DISCLOSURES OF ACTIVITIES AND AFFILIATIONS FROM A CONFLICT OF INTEREST STANDPOINT WRITTEN ANALYSES ARE PREPARED AND RECOMMENDATIONS MADE TO THE BOARD AS TO WHETHER CONFLICTS EXIST ANNUALLY, THE OFFICE OF GENERAL COUNSEL REVIEWS AND ANALYZES ALL BOARD AND KEY EMPLOYEE CONFLICT OF INTEREST DISCLOSURES, AND PREPARES A WRITTEN ANALYSIS OF SAME

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	BASE SALARY AND INCENTIVE OPPORTUNITY OF THE CEO IS ESTABLISHED BY THE COMPENSATION COMMITTEE OF THE AMA BOARD OF TRUSTEES AFTER REVIEW OF EXTERNAL COMPENSATION DATA PROVIDED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING/SURVEY FIRMS COMPARABILITY DATA IS UPDATED AS NECESSARY THE COMPENSATION COMMITTEE'S RECOMMENDATION FOR THE CEO IS SUBJECT TO APPROVAL BY THE FULL BOARD BASE SALARY AND INCENTIVES FOR ALL SENIOR VICE PRESIDENTS ARE ALSO REVIEWED BY THE COMPENSATION COMMITTEE ON AN ANNUAL BASIS COMPENSATION OF KEY EMPLOYEES IS MATCHED TO MARKET USING INDEPENDENT COMPENSATION SURVEY DATA THIS DATA IS UPDATED AS MARKET CONDITIONS DICTATE AN INDEPENDENT COMPENSATION CONSULTANT WAS EMPLOYED BY THE COMPENSATION COMMITTEE TO ASSIST THE COMMITTEE IN REVIEWING EXECUTIVE COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AMA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL REPORT AVAILABLE TO THE PUBLIC BY POSTING THE ABOVE ITEMS ON THE AMA'S WEBSITE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -10,164,709 EQUITY IN EARNINGS OF SUBSIDIARY 6,317,297 DEFINED BENEFIT PLAN CHARGES -21,290,204 RESTRICTED ASSETS RELEASED -456,777 TOTAL TO FORM 990, PART XI, LINE 5 -25,594,393

Identifier	Return Reference	Explanation
	FORM 990, PART VII AND SCHEDULE J	TRUSTEE CYRIL M HETSKO, M D , FACP ASSIGNED $27,550 OF HIS 2011 COMPENSATION TO BE PAID TO HETSKO HEALTHCARE CONSULTING SERVICES, LLC CHAIR-ELECT AND CHAIR ARDIS D HOVEN, M D , ASSIGNED $126,500 OF HER 2011 COMPENSATION TO BE PAID TO UNIVERSITY OF KENTUCKY TRUSTEE CHRISTOPHER K KAY ASSIGNED $51,500 OF HIS 2011 COMPENSATION TO BE PAID TO ATTRACTIONS DEVELOPMENT TRUSTEE EDWARD L LANGSTON, M D , ASSIGNED $33,850 OF HIS 2011 COMPENSATION TO BE PAID TO AMERICAN FAMILY NETWORK TRUSTEE BARBARA L MCANENY, M D , ASSIGNED $57,200 OF HER 2011 COMPENSATION TO BE PAID TO NEW MEXICO ONCOLOGY CONSULTANTS CHAIR AND PAST-CHAIR REBECCA J PATCHIN, M D , ASSIGNED $25,750 OF HER 2011 COMPENSATION TO BE PAID TO LOMA LINDA UNIVERSITY ANESTHESIOLOGY MEDICAL GROUP PRESIDENT AND PAST-PRESIDENT J JAMES ROHACK, M D , ASSIGNED $137,000 OF HIS 2011 COMPENSATION TO BE PAID TO SCOTT & WHITE CLINIC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMA ASSIST 515 NORTH STATE STREET CHICAGO, IL 60654 30-0590166	FOUNDATION-INACTIVE	IL	501(C)(3)	LINE 7 170(B)(1)(A)	AMERICAN MEDICAL ASSOCIATION	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AMA SERVICES INC 515 NORTH STATE STREET CHICAGO, IL 60654 36-3229022	HOLDING COMPANY - BUSINESS AND PERSONAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C	11,639,010	39,386,523	100 000 %
(2) AMA INSURANCE AGENCY INC 515 NORTH STATE STREET CHICAGO, IL 60654 36-3305962	INSURANCE BROKERAGE	IL	AMA SERVICES INC	C			100 000 %
(3) AMAGINE INC 515 NORTH STATE STREET CHICAGO, IL 60654 27-3034169	PHYSICIAN PRACTICE PRODUCTS	IL	AMA SERVICES INC	C			100 000 %
(4) AMERICAN MEDICAL ASSURANCE COMPANY 515 NORTH STATE STREET CHICAGO, IL 60654 36-2874262	BUSINESS SERVICES REINSURANCE COMPANY	IL	AMERICAN MEDICAL ASSOCIATION	C	-22,599	3,887,685	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f	Yes	
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-0727175
Name: AMERICAN MEDICAL ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	AMA INSURANCE AGENCY	P	2,934,836	COST/FAIR MARKET VALUE
(2)	AMA INSURANCE AGENCY	A	1,026,561	COST/FAIR MARKET VALUE
(3)	AMA INSURANCE AGENCY	K	633,600	COST/FAIR MARKET VALUE
(4)	AMA INSURANCE AGENCY	M	200,000	COST/FAIR MARKET VALUE
(5)	AMAGINE INC	P	1,121,530	COST/FAIR MARKET VALUE
(6)	AMAGINE INC	A	247,107	COST/FAIR MARKET VALUE
(7)	AMAGINE INC	K	28,442	COST/FAIR MARKET VALUE
(8)	AMAGINE INC	F	14,692	COST/FAIR MARKET VALUE
(9)	AMERICAN MEDICAL ASSURANCE CO	P	647	COST/FAIR MARKET VALUE
(10)	AMERICAN MEDICAL ASSURANCE CO	K	20,100	COST/FAIR MARKET VALUE
(11)	AMA SERVICES INC	P	1,461	COST/FAIR MARKET VALUE
(12)	AMA SERVICES INC	F	1,316,820	COST/FAIR MARKET VALUE
(13)	AMA SERVICES INC	R	3,000,000	COST/FAIR MARKET VALUE