



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

ADVAMED ADVOCATES FOR A LEGAL, REGULATORY, AND ECONOMIC ENVIRONMENT THAT ADVANCES GLOBAL HEALTH CARE BY ASSURING WORLDWIDE PATIENT ACCESS TO THE BENEFITS OF MEDICAL TECHNOLOGY WE PROMOTE POLICIES THAT FOSTER THE HIGHEST ETHICAL STANDARDS, RAPID APPROVAL OF SAFE AND EFFECTIVE PRODUCTS, ADEQUATE REIMBURSEMENT, AND ACCESS TO INTERNATIONAL MARKETS

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 \$)

ADVAMED'S GOVERNMENT AFFAIRS FUNCTION REPRESENTS THE INDUSTRY BEFORE STATE AND FEDERAL POLICYMAKERS, IN GOVERNOR'S OFFICES, STATE LEGISLATURES, THE UNITED STATES CONGRESS, AND RELEVANT FEDERAL AGENCIES ADVAMED'S ADVOCACY STAFF AND OUTSIDE CONSULTANTS PROVIDE INFORMATION ON POLITICAL AND POLICY DEVELOPMENTS, AND PURSUE THE INDUSTRY'S AGENDA FOR A LEGAL, REGULATORY AND ECONOMIC ENVIRONMENT THAT ADVANCES HEALTH CARE BY ASSURING PATIENT ACCESS TO THE BENEFITS OF MEDICAL TECHNOLOGY

4b

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

TAKING MEMBER COMPANY FEEDBACK FROM WORKING GROUPS AND COMMITTEES,ADVAMED STAFF PROVIDE CRITICAL INPUT TO REGULATORY AGENCIES LIKE FDAAND CMS ON REGULATIONS AND RULES THAT IMPACT THE ABILITY FOR PATIENTSTO RECEIVE TIMELY ACCESS TO LIFE CHANGING DEVICES PRODUCED BY ADVAMED MEMBERS

4c

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

OUR CONSULTANTS IN JAPAN, CHINA, AND OTHER OVERSEAS MARKETS REPRESENT ADVAMED IN RAPIDLY EXPANDING OVERSEAS MARKETS AND ATTEND MEETINGS WITH GOVERNMENT OFFICIALS AND INDUSTRY COMMITTEE MEETINGS THESE CONSULTANTS PROVIDE REAL-TIME INFORMATION AND AN INDUSTRY VOICE IN OVERSEAS MARKETS

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?		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. 		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		
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 	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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 		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, line 10? If "Yes," complete Schedule D, Part VI. 	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. 		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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 	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 . . . 	Yes	
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 . . . 		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		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		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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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		

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	Yes	
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 <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	77
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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 .	2a87
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aYes
b	If "Yes," enter the name of the foreign country JA 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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?	6aNo
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
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?	14aNo
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	40	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40	
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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ JENNIFER BRANDELY CFO AND VP FINANCE 701 PENNSYLVANIA AVE NW STE 800 WASHINGTON, DC 200042654 (202) 783-8700	

Check if Schedule O contains a response to any question in this Part VII ☐

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	8,346,766	0	675,345

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 44

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
NEIMAND COLLABORATIVE INC 1025 VERMONT AVENUE NW STE 830 WASHINGTON, DC 20005	CONSULTING/ MONTHLY RETAINER	772,808
KORNFERRY INTERNATIONAL 1700 K STREET NW STE 700 WASHINGTON, DC 20006	CONSULTING/ MONTHLY RETAINER	355,115
ALBRIGHT STONEBRIDGE GROUP LLC 555 13TH ST NW STE 300 WEST WASHINGTON, DC 20004	CONSULTING/ MONTHLY RETAINER	349,107
TARPLIN DOWNS & YOUNG LLC 1212 NEW YORK AVENUE NW STE 1050 WASHINGTON, DC 20005	CONSULTING/ MONTHLY RETAINER	270,000
HEALTH POLICY ALTERNATIVES INC 444 N CAPITOL ST NW WASHINGTON, DC 20001	CONSULTING/ MONTHLY RETAINER	238,774

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 25

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	26,876,350	26,876,350		
	b	SEMINARS	611430	2,002,345	2,002,345		
	c	SPECIAL PROJECTS	900099	730,139	730,139		
	d	PUBLICATION	511190	7,424	7,424		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		29,616,258			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		441,659			441,659
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties		118,508			118,508
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		23,100			
	c	Gain or (loss)		-23,100			
	d	Net gain or (loss)		-23,100			-23,100
	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				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	900099	64,046			64,046	
b	ADMIN FEES REVENUE	900099	12,000	12,000			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		76,046				
12	Total revenue. See Instructions		30,229,371	29,628,258	0	601,113	

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	119,550			
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	22,716			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,690,096			
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	6,289,270			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	412,852			
9	Other employee benefits	674,738			
10	Payroll taxes	579,160			
11	Fees for services (non-employees)				
a	Management				
b	Legal	748,882			
c	Accounting	76,975			
d	Lobbying	1,499,236			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,567,907			
12	Advertising and promotion	9,833			
13	Office expenses	665,015			
14	Information technology	319,661			
15	Royalties				
16	Occupancy	1,378,625			
17	Travel	1,198,298			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,306,100			
20	Interest	4,377			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	523,583			
23	Insurance	58,500			
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	DUES & SUBSCRIPTION	354,208			
b	OTHER EXPENSES	93,263			
c	TRAINING	13,263			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	29,606,108			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,358	1	1,371
	2	Savings and temporary cash investments			9,423,052	2	10,060,436
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			181,154	4	66,655
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			1,275	5	1,173
	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				8	
	9	Prepaid expenses and deferred charges			396,275	9	209,409
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,936,449			
	b	Less: accumulated depreciation	10b	3,022,471	2,019,227	10c	1,913,978
	11	Investments—publicly traded securities			875,022	11	852,971
	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			110,324	15	469,965
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,007,687	16	13,575,958
Liabilities	17	Accounts payable and accrued expenses			3,982,544	17	4,305,761
	18	Grants payable				18	
	19	Deferred revenue			2,904,231	19	2,322,283
	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			264,035	25	467,774
	26	Total liabilities. Add lines 17 through 25			7,150,810	26	7,095,818
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,856,877	27	6,480,140
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			5,856,877	33	6,480,140
	34	Total liabilities and net assets/fund balances			13,007,687	34	13,575,958

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,229,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,606,108
3	Revenue less expenses Subtract line 2 from line 1	3	623,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,856,877
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	6,480,140

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

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 ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
---	--

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 ▶ \$

2

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		(b)
		Yes	No	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	26,876,350
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	1,612,027
b	Carryover from last year	2b	-229,836
c	Total	2c	1,382,191
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,478,199
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	-96,008

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
------------	------------------	-------------

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		2,231,531	1,159,757	1,071,774
d Equipment		1,952,570	1,460,210	492,360
e Other		752,348	402,504	349,844
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,913,978

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	130,229,371
2	Total expenses (Form 990, Part IX, column (A), line 25)	29,606,108
3	Excess or (deficit) for the year Subtract line 2 from line 1	623,263
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	623,263

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	131,766,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,537,403	
e	Add lines 2a through 2d2e1,537,403	
3	Subtract line 2e from line 13	30,229,371
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	30,229,371

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	132,940,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d3,334,241	
e	Add lines 2a through 2d2e3,334,241	
3	Subtract line 2e from line 13	29,606,108
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	29,606,108

Part XIVSupplemental 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ADVAMED COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, ADVAMED MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. ADVAMED HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2011. GENERALLY, ADVAMED IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.
PART XII, LINE 2D - OTHER ADJUSTMENTS		INHEALTH REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 1,349,310. ADVAMED PAC REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 164,993. LOSS ON DISPOSAL OF FIXED ASSETS 23,100.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INHEALTH EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 3,153,591. ADVAMED PAC EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 157,550. LOSS ON DISPOSAL OF FIXED ASSETS 23,100.

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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

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
EAST ASIA AND THE PACIFIC -	0	0	GRANTMAKING		15,045
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		7,671
EAST ASIA AND THE PACIFIC -	2	7	PROGRAM SERVICES	CONSULTANT IN ASIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	283,661
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	171,362
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	2	PROGRAM SERVICES	MEETINGS TO PROMOTE THE HARMONIZATION OF INTERNATIONAL STANDARDS	285,455
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	7	PROGRAM SERVICES	CONSULTANT IN EUROPE MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	348,601
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	106,288
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	1	PROGRAM SERVICES	CONSULTANT IN BRAZIL MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	97,535
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	19,672
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	1	PROGRAM SERVICES	CONSULTANTS IN INDIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	18,094
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	11,236
3a Sub-total	2	17			1,315,618
b Total from continuation sheets to Part I	0	1			49,002
c Totals (add lines 3a and 3b)	2	18			1,364,620

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC -	PROGRAM SUPPORT	15,045	WIRE TRANSFER			
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	7,671	WIRE TRANSFER			

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

2

3

Enter total number of other organizations or entities

0

Part III

[illegible]

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

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

[illegible]

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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

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

13

3

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

1

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 ADVAMED BUDGETS ANNUALLY FOR CHARITABLE DONATIONS AND OTHER CHARITABLE GIVING THAT IS CLOSELY ALIGNED WITH ITS STRATEGIC PLAN AND MISSION IN ADDITION, ADVAMED MAY IDENTIFY CAUSES THROUGHOUT THE YEAR THAT MAY REQUIRE REPURPOSING OF FUNDS FROM ANOTHER EXPENSE CATEGORY TO SUPPORT CERTAIN MEDICAL DEVICE ISSUES OR MEMBERSHIP INITIATIVES ALL SUCH SPENDING IS PROCESSED THROUGH ADVAMED'S PURCHASE ORDER SYSTEM, WHICH REQUIRES SEVERAL LEVELS OF EXECUTIVE APPROVAL BEFORE ANY FUNDING IS MADE

Software ID:
Software Version:
EIN: 52-1006053
Name: ADVANCED MEDICAL TECHNOLOGY 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
AIDS INSTITUTE17 DAVIS BLVD STE 403 TAMPA, FL 33606	65-0380952	501(C)(3)	5,000				PROGRAM SUPPORT
ALLIANCE FOR AGING RESEARCH 2021 K STREET NW STE 305 WASHINGTON, DC 20006	54-1379174	501(C)(3)	7,000				PROGRAM SUPPORT

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
ALZHEIMER ASSOCIATION MAINE CHAPTER163 LANCASTER STREET STE 160B PORTLAND, ME 04101	13-3039601	501(C)(3)	5,000				PROGRAM SUPPORT
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES1629 K STREET NW STE 950 WASHINGTON, DC 20006	52-1930174	501(C)(3)	7,000				PROGRAM SUPPORT

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
AORN INC2170 SOUTH PARKER ROAD STE 300 DENVER, CO 80231	13- 1882322	501(C)(6)	5,000				PROGRAM SUPPORT
BISHOP IRETON HIGH SCHOOL3106 RUSSELL ROAD ALEXANDRIA, VA 22305	54- 0757735	501(C)(3)	5,000				PROGRAM SUPPORT

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
CAPITAL AREA REACH PROGRAMPO BOX 77213 WASHINGTON, DC 20013	26-4088542	501(C)(3)	5,000				PROGRAM SUPPORT
INFORMATION TECHNOLOGY & INNOVATION FOUNDATION1101 K STREET NW STE 610 WASHINGTON, DC 20005	20-4403497	501(C)(3)	5,000				PROGRAM SUPPORT

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
RETIRE SAFE1616 H STREET NW STE 902 WASHINGTON, DC 20006	48-1108057	501(C)(3)	5,000				PROGRAM SUPPORT
SOCIETY FOR WOMEN'S HEALTH RESEARCH1828 L STREET NW STE 625 WASHINGTON, DC 20036	52-1694732	501(C)(3)	10,000				PROGRAM SUPPORT

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
UNITED SPINAL ASSOCIATION75-20 ASTORIA BLVD STE 120 JACKSON HEIGHTS, NY 11370	13-5612621	501(C)(3)	5,000				PROGRAM SUPPORT
UTAH FAMILIES FOUNDATION9160 SOUTH 300 WEST 21 SANDY,UT 84070	87-0509416	501(C)(3)	5,000				PROGRAM SUPPORT

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
WASHINGTON LEGAL FOUNDATION2009 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	52-1071570	501(C)(3)	5,000				PROGRAM SUPPORT
WOMENHEART818 18TH STREET NW STE 930 WASHINGTON, DC 20006	52-2148006	501(C)(3)	7,500				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision 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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 <div>a Receive a severance payment or change-of-control payment?</div> <div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> <div>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4a	No
	4b	No
	4c	No
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 <div>a The organization?</div> <div>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</div>	5a	
	5b	
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 <div>a The organization?</div> <div>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</div>	6a	
	6b	
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For 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.

[illegible]

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	FIRST CLASS TRAVEL IS AUTHORIZED ONLY IN EXCEPTIONAL CIRCUMSTANCES, SUCH AS WHEN IT IS NECESSARY TO TAKE A SPECIFIC FLIGHT WHERE BUSINESS OR COACH CLASS IS NOT AVAILABLE, AND MUST FIRST HAVE PRIOR WRITTEN APPROVAL BY DEPARTMENT HEADS AND ADVAMED'S PRESIDENT. OTHER EXPENSES INCURRED BY THE TRAVELER FOR TRAVEL OUTSIDE THE DEFINITION OF A BUSINESS TRIP, INCLUDING EXPENSES FOR FAMILY MEMBERS TRAVELING WITH THE EMPLOYEE, ARE ALSO THE RESPONSIBILITY OF THE TRAVELER AND NOT ADVAMED. SUCH EXPENSES ARE KEPT SEPARATE FROM REIMBURSABLE BUSINESS EXPENDITURES. PERSONAL TRAVEL FOR FAMILY MEMBERS/FRIENDS MAY BE BOOKED THROUGH ADVAMED'S TRAVEL AGENCY BUT ARE IDENTIFIED SEPARATELY AND BILLED DIRECTLY TO THE EMPLOYEE. DUE TO THE FREQUENT TRAVEL SCHEDULE AND DEMANDS ON TIME REQUIRED BY THE POSITION, THE PRESIDENT OF ADVAMED MAY TRAVEL BUSINESS CLASS ON ALL INTERNATIONAL FLIGHTS AND FOR TRAVEL OVER 4 HOURS, WHERE SUCH SEATING IS AVAILABLE. SPOUSE'S TRAVEL WILL BE REIMBURSED ONLY WHERE SPOUSE'S ATTENDANCE IS REQUIRED FOR BUSINESS PURPOSES. TRAVEL IS NOT INCLUDED IN TAXABLE INCOME. ADVAMED'S CEO RECEIVED NONTAXABLE SOCIAL CLUB DUES AT THE AMOUNT OF \$5,400 DURING 2011.

Software ID:
Software Version:
EIN: 52-1006053
Name: ADVANCED MEDICAL TECHNOLOGY 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				
STEPHEN J UBL	(i) (ii)	958,001 0	303,500 0	39,519 0	32,500 0	18,356 0	1,351,876 0	0 0
CHRISTOPHER L WHITE	(i) (ii)	464,270 0	102,975 0	810 0	32,500 0	12,776 0	613,331 0	0 0
KENNETH MENDEZ	(i) (ii)	373,345 0	87,800 0	810 0	32,500 0	12,776 0	507,231 0	0 0
MARTYN HOWGILL	(i) (ii)	379,977 0	40,000 0	1,290 0	32,500 0	5,378 0	459,145 0	0 0
RALPH IVES	(i) (ii)	348,741 0	76,275 0	3,564 0	32,500 0	1,582 0	462,662 0	0 0
ANN-MARIE LYNCH	(i) (ii)	429,000 0	91,900 0	148 0	32,500 0	1,582 0	555,130 0	0 0
ANDREW FISH	(i) (ii)	393,592 0	39,275 0	540 0	18,796 0	12,979 0	465,182 0	0 0
DAVID NEXON	(i) (ii)	533,660 0	122,875 0	3,564 0	32,500 0	1,380 0	693,979 0	0 0
JANET TRUNZO	(i) (ii)	332,929 0	96,275 0	3,564 0	32,500 0	10,777 0	476,045 0	0 0
FRANK WILTON	(i) (ii)	240,997 0	71,700 0	810 0	25,700 0	12,796 0	352,003 0	0 0
STEVEN BROTMAN	(i) (ii)	271,035 0	64,350 0	1,242 0	28,742 0	12,714 0	378,083 0	0 0
PHILIP AGRESS	(i) (ii)	240,927 0	52,575 0	2,231 0	25,043 0	1,529 0	322,305 0	0 0
TERESA LEE	(i) (ii)	114,981 0	50,725 0	230 0	22,230 0	2,659 0	190,825 0	0 0
JUAN CARLOS SCOTT	(i) (ii)	279,419 0	0 0	324 0	0 0	8,652 0	288,395 0	0 0
GARY KARR	(i) (ii)	296,277 0	0 0	743 0	0 0	12,776 0	309,796 0	0 0
RICHARD PRICE	(i) (ii)	214,072 0	20,300 0	3,042 0	21,416 0	5,278 0	264,108 0	0 0
JOSEPH T GATEWOOD	(i) (ii)	191,283 0	21,375 0	672 0	20,205 0	12,515 0	246,050 0	0 0
DECHANE L DORSEY	(i) (ii)	197,161 0	20,550 0	444 0	19,978 0	5,294 0	243,427 0	0 0

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				
WANDA MOEBIUS	(i)	200,340	41,925	453	20,532	5,267	268,517	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH PIKA SHARP	(i)	223,281	36,300	451	22,376	5,339	287,747	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH KEGLER	(i)	217,605	40,350	397	22,446	5,476	286,274	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) ANDREW FISH		X	1,656	1,173		No		No	Yes	
Total ▶ \$ 1,173										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS		(A) NAME OF PERSON ANDREW FISH(A) PURPOSE OF LOAN COMPUTER LOAN(B) LOAN TO OR FROM ORGANIZATION? = FROM(C) ORIGINAL PRINCIPAL AMOUNT \$ 1,656 (D) BALANCE DUE \$ 1,173 (E) LOAN IN DEFAULT? = NO (F) APPROVED BY BOARD OR COMMITTEE? = NO (G) WRITTEN AGREEMENT? = YES

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 ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
---	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION HAS TWO CLASSES OF MEMBERSHIPS - ACTIVE AND ASSOCIATE ANY FIRM OR CORPORATION WHICH, THROUGH ITSELF OR THROUGH ANY OF ITS SUBSIDIARIES OR DIVISIONS, IS SIGNIFICANTLY ENGAGED IN THE MANUFACTURE OF AND/OR THE RESEARCH WITH THE INTENT TO MANUFACTURE MEDICAL DEVICES, DIAGNOSTIC PRODUCTS AND/OR HEALTH CARE INFORMATION SYSTEMS WITHIN THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS, SHALL BE ELIGIBLE FOR ACTIVE MEMBERSHIP ANY COMPANY OR ORGANIZATION MAY BE ELIGIBLE AS AN ASSOCIATE MEMBER, IN ACCORDANCE WITH SUCH RULES AND REGULATIONS AS THE BOARD OF DIRECTORS OF THE ASSOCIATION MAY ADOPT ESTABLISHING A CLASS OR CLASSES OF ASSOCIATE MEMBERS AND DETERMINING ELIGIBILITY FOR MEMBERSHIP IN SUCH CLASS OR CLASSES ASSOCIATE MEMBERS MAY PARTICIPATE IN SUCH AFFAIRS OF THE ASSOCIATION AS MAY BE DETERMINED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	EACH ACTIVE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON ANY QUESTION COMING BEFORE THE GENERAL MEMBERSHIP, INCLUDING THE ELECTION OF THE BOARD OF DIRECTORS ANNUALLY THE BOARD NOMINATING AND GOVERNANCE COMMITTEE PRESENTS A PROPOSED SLATE OF DIRECTORS BI-ANNUALLY TO THE MEMBERSHIP FOR VOTE EACH ACTIVE MEMBER SHALL, IN WRITING, DESIGNATE ITS OFFICIAL REPRESENTATIVE TO VOTE AND REPRESENT THAT MEMBER IN ALL OF THE AFFAIRS OF THE ASSOCIATION, INCLUDING THE HOLDING OF OFFICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	EACH ACTIVE MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON ANY QUESTION COMING BEFORE THE GENERAL MEMBERSHIP EACH ACTIVE MEMBER SHALL, IN WRITING, DESIGNATE ITS OFFICIAL REPRESENTATIVE TO VOTE AND REPRESENT THAT MEMBER IN ALL OF THE AFFAIRS OF THE ASSOCIATION, INCLUDING THE HOLDING OF OFFICE SUCH OFFICIAL REPRESENTATIVE SHALL BE THE CHIEF EXECUTIVE OFFICER OR CHIEF OPERATING OFFICER OF THE MEMBER OR SUCH OTHER SENIOR OPERATING OFFICER AS THE CHIEF EXECUTIVE OFFICER MAY DESIGNATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AT ITS MEETING IN DECEMBER 2008, THE BOARD OF DIRECTORS RESOLVED TO DELEGATE ITS AUTHORITY FOR THE REVIEW AND APPROVAL OF THE FORM 990 TO THE BOARD COMMITTEE ON FINANCE, AUDIT AND COMPENSATION (FAC) THE FAC REVIEWS THE 990 FILING BEFORE IT IS MADE WITH THE IRS THE DRAFT OF THE FORM 990 IS MADE AVAILABLE FOR REVIEW BY ALL BOARD MEMBERS ON THE BOARD OF DIRECTORS SECTION OF ADVAMED'S WEBSITE PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>ADVAMED HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT IS MONITORED REGULARLY EXCERPTS FROM THE POLICY RELATED TO THIS QUESTION ARE SHOWN BELOW THE CONFLICT OF INTEREST POLICY OF ADVAMED (1) DEFINES CONFLICTS OF INTEREST, (2) IDENTIFIES CLASSES OF INDIVIDUALS WITHIN THE ASSOCIATION COVERED BY THIS POLICY , (3) FACILITATES DISCLOSURE OF INFORMATION THAT MAY HELP IDENTIFY CONFLICTS OF INTEREST, AND (4) SPECIFIES PROCEDURES TO BE FOLLOWED IN MANAGING CONFLICTS OF INTEREST 1 A CONFLICT OF INTEREST ARISES WHEN A PERSON IN A POSITION OF AUTHORITY OVER THE ASSOCIATION MAY BENEFIT FINANCIALLY FROM A DECISION HE OR SHE COULD MAKE IN THAT CAPACITY , INCLUDING INDIRECT BENEFITS SUCH AS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED ADVAMED'S POLICY IS FOCUSED UPON MATERIAL FINANCIAL INTEREST OF, OR BENEFIT TO, SUCH PERSONS 2 PERSONS COVERED BY THIS POLICY ARE THE ASSOCIATION'S STAFF OFFICERS, DIRECTORS, CHIEF EXECUTIVE OFFICER, AND CHIEF ADMINISTRATIVE OFFICER 3 PERSONS COVERED BY THIS POLICY ANNUALLY DISCLOSE TO THE GENERAL COUNSEL ON A FORM PROVIDED BY THE ASSOCIATION THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY MEMBERS 4 FOR EACH INTEREST DISCLOSED TO THE GENERAL COUNSEL, THE GENERAL COUNSEL WILL DETERMINE WHETHER TO (A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY , (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ASSOCIATION, OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE ASSOCIATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH THE ASSOCIATION'S REMOVAL PROCEDURES THE ASSOCIATION'S CHIEF ADMINISTRATIVE OFFICER AND VICE PRESIDENT OF FINANCE WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED INTERESTS IN MEMBER COMPANIES AT TIMES, ADVAMED STAFF AND/OR DIRECTORS MAY BE AWARE OF THE SIGNIFICANT AMOUNT OF INTEREST GENERATED IN CONNECTION WITH NEW PRODUCT DEVELOPMENT, SALES AND PROFITS, PRODUCT REGULATORY STATUS, AND ACQUISITIONS IN THE HEALTH CARE TECHNOLOGY INDUSTRY THUS, ANYONE IN POSSESSION OF MATERIAL INFORMATION NOT GENERALLY AVAILABLE TO THE INVESTING PUBLIC MUST, IN ORDER TO COMPLY WITH THIS POLICY , EITHER DISCLOSE THAT KNOWLEDGE OR REFRAIN FROM TRADING IN THE STOCK IN ADDITION, THE PURCHASE OF STOCK IN MEMBER COMPANIES CAN LEAD TO THE APPEARANCE THAT A MEMBER OF THE STAFF AND/OR BOARD OF DIRECTORS IS FAVORING THE INTERESTS OF THAT COMPANY BECAUSE OF SUCH FINANCIAL INTEREST EVEN IF THERE IS NO ACTUAL CONFLICT OF INTEREST, THE APPEARANCE OF IMPROPRIETY MUST BE AVOIDED NO EMPLOYEE OF THE ASSOCIATION OR MEMBER OF ITS BOARD OF DIRECTORS, EITHER IN HIS OR HER OWN NAME, OR IN THE NAME OF HIS OR HER SPOUSE OR CHILDREN, MAY PURCHASE STOCK IN ANY MEMBER COMPANY WITHOUT ADVISING THE ASSOCIATION PRESIDENT OF SUCH OWNERSHIP OR CONTEMPLATED OWNERSHIP IN 2010, ADVAMED REQUIRED EMPLOYEES AND DIRECTORS TO SUBMIT AN ANNUAL FINANCIAL DISCLOSURE STATEMENT TO THE GENERAL COUNSEL REGARDING HOLDINGS IN MEMBER COMPANIES AFTER REVIEW OF THE COMPLETED FORMS BY THE GENERAL COUNSEL, POTENTIAL CONFLICTS ARE REPORTED TO THE PRESIDENT, WHO REPORTS ANY SUCH DISCLOSURES TO THE CHAIRMAN OF THE BOARD OF DIRECTORS INTERESTS IN ENTITIES DOING BUSINESS WITH ADVAMED IN THE COURSE OF ITS DAY -TO-DAY OPERATIONS, ADVAMED CONTRACTS WITH NUMEROUS FIRMS THAT PROVIDE GOODS AND SERVICES IT IS IMPORTANT THAT THESE FIRMS ARE CHOSEN FOR BUSINESS PURPOSES AND NOT BECAUSE THEY ARE INAPPROPRIATELY FAVORED BY ADVAMED EMPLOYEES OR DIRECTORS WHO MAY HAVE A FINANCIAL INTEREST IN PARTICULAR TRANSACTIONS ACCORDINGLY, ADVAMED EMPLOYEES AND DIRECTORS MUST DISCLOSE, ON AN ONGOING BASIS, ANY FINANCIAL INTEREST IN A COMPANY WITH WHICH ADVAMED CONTRACTS, OR IS CONSIDERING</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS INCLUDES ALL OF THESE ELEMENTS (1) REVIEW AND APPROVAL BY THE BOARD COMMITTEE ON FINANCE, AUDIT AND COMPENSATION OF THE ASSOCIATION, (2) USE OF DATA AS TO COMPARABLE COMPENSATION, AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING 1 REVIEW AND APPROVAL THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD COMMITTEE ON FINANCE, AUDIT AND COMPENSATION OF THE ASSOCIATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS 3 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 16A	THE ASSOCIATION FORMED A LIMITED LIABILITY COMPANY CALLED MEDTECH CONFERENCE PARTNERS, LLC WITH LIFE SCIENCES CONFERENCE GROUP LLC (LSCG) TO OWN AND OPERATE THE ANNUAL CONFERENCE

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

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) INSTITUTE FOR HEALTH TECHNOLOGY STUDIES 1319 F STREET NW STE 900 WASHINGTON, DC 20004 52-2281033	PROVIDE SUPPORT FOR MEDICAL DEVICE RESEARCH	DC	501(C)(3)	LINE 11A, I	ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Yes	
(2) ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE 701 PENNSYLVANIA AVENUE NW STE 800 WASHINGTON, DC 20004	POLITICAL ACTION COMMITTEE	DC	527		ADVANCED MEDICAL TECHNOLOGY 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) Disproporionate 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	

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

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

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) INSTITUTE FOR HEALTH TECHNOLOGY STUDIES	P	990,838	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

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

Software ID:

Software Version:

EIN: 52-1006053

Name: ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

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			
JAMES V MAZZO DIRECTOR AND CHAIRMAN	1 00	X		X				0	0	0
STEPHEN P MACMILLAN DIRECTOR AND CHAIRMAN ELECT	1 00	X		X				0	0	0
ALEX GORSKY DIRECTOR AND SECRETARY	1 00	X		X				0	0	0
MICHAEL A LYNCH DIRECTOR AND TREASURER	1 00	X		X				0	0	0
JOE ALMEIDA DIRECTOR	1 00	X						0	0	0
PETER ARDUINI DIRECTOR	1 00	X						0	0	0
MICHAEL BALL DIRECTOR	1 00	X						0	0	0
CHRISTOPHER BEGLEY DIRECTOR	1 00	X						0	0	0
ANTHONY P BIHL DIRECTOR	1 00	X						0	0	0
JEFFREY BINDER DIRECTOR	1 00	X						0	0	0
KEVIN BUEHLER DIRECTOR	1 00	X						0	0	0
CATHERINE BURZIK DIRECTOR	1 00	X						0	0	0
ROBERT M DAVIS DIRECTOR	1 00	X						0	0	0
JOSEPH DEVIVO DIRECTOR	1 00	X						0	0	0
DAVID DVORAK DIRECTOR	1 00	X						0	0	0
STUART ESSIG DIRECTOR	1 00	X						0	0	0
CAMERON FINDLAY DIRECTOR	1 00	X						0	0	0
VINCENT A FORLENZA DIRECTOR	1 00	X						0	0	0
MICHAEL FRAZZETTE DIRECTOR	1 00	X						0	0	0
KIERAN T GALLAHUE DIRECTOR	1 00	X						0	0	0
ROBERT GRANT DIRECTOR	1 00	X						0	0	0
JOHN GREISCH DIRECTOR	1 00	X						0	0	0
TIMOTHY E GUERTIN DIRECTOR	1 00	X						0	0	0
WILLIAM HAWKINS DIRECTOR	1 00	X						0	0	0
THOMAS HOOK DIRECTOR	1 00	X						0	0	0

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			
DAVID I JOHNSON DIRECTOR	1 00	X						0	0	0
KAZUAKI KITABATAKI DIRECTOR	1 00	X						0	0	0
LESTER KNIGHT DIRECTOR	1 00	X						0	0	0
DAVID L LUCCHINO DIRECTOR	1 00	X						0	0	0
MICHAEL MAHONEY DIRECTOR	1 00	X						0	0	0
ALAN MAIN DIRECTOR	1 00	X						0	0	0
V GEORGE MALIEKEL DIRECTOR	1 00	X						0	0	0
MICHAEL R MINOGUE DIRECTOR	1 00	X						0	0	0
MICHAEL A MUSSALLEM DIRECTOR	1 00	X						0	0	0
CAROLL NEUBAUER DIRECTOR	1 00	X						0	0	0
DANIEL O'DAY DIRECTOR	1 00	X						0	0	0
DAVID PEREZ DIRECTOR	1 00	X						0	0	0
TIMOTHY PRATT DIRECTOR	1 00	X						0	0	0
STUART A RANDLE DIRECTOR	1 00	X						0	0	0
DEBRA RECTENWALD DIRECTOR	1 00	X						0	0	0
TIMOTHY M RING DIRECTOR	1 00	X						0	0	0
WALTER M ROSEBROUGH DIRECTOR	1 00	X						0	0	0
STEVE RUSCKOWSKI DIRECTOR	1 00	X						0	0	0
VIRGINIA RYBSKI DIRECTOR	1 00	X						0	0	0
BRADLEY SAUER DIRECTOR	1 00	X						0	0	0
JULIE A SHIMER DIRECTOR	1 00	X						0	0	0
DWIGHT WINSTEAD DIRECTOR	1 00	X						0	0	0
NADIM YARED DIRECTOR	1 00	X						0	0	0
STEPHEN J UBL CHIEF EXECUTIVE OFFICER	40 00			X				1,301,020	0	50,856
CHRISTOPHER L WHITE EXEC VP, GENERAL COUNSEL	40 00			X				568,055	0	45,276

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				
KENNETH MENDEZ SR EXEC VP & CAO	40 00			X				461,955	0	45,276	
MARTYN HOWGILL EXEC DIRECTOR, INHEALTH FOUNDATION	40 00				X			421,267	0	37,878	
RALPH IVES EXEC VP, GLOBAL STRATEGY	40 00				X			428,580	0	34,082	
ANN-MARIE LYNCH EXEC VP, PAYMENT AND HEALTH CARE DELIVERY POLICY	40 00				X			521,048	0	34,082	
ANDREW FISH EXEC DIRECTOR, ADVAMEDDX	40 00				X			433,407	0	31,775	
DAVID NEXON SR EXEC VP	40 00				X			660,099	0	33,880	
JANET TRUNZO EXEC VP, TECH AND REGULATORY AFFAIRS	40 00				X			432,768	0	43,277	
FRANK WILTON SR VP, MEMBERSHIP & MARKETING	40 00				X			313,507	0	38,496	
STEVEN BROTMAN SR VP, PAYMENT AND HEALTH CARE DELIVERY POLICY	40 00				X			336,627	0	41,456	
PHILIP AGRESS SR VP, GLOBAL STRATEGY	40 00				X			295,733	0	26,572	
TERESA LEE SR VP, PAYMENT AND HEALTH CARE DELIVERY POLICY	40 00				X			165,936	0	24,889	
JUAN CARLOS SCOTT SR EXEC VP, GOVT AFFAIRS	40 00				X			279,743	0	8,652	
GARY KARR EXEC VP, PUBLIC AFFAIRS	40 00				X			297,020	0	12,776	
RICHARD PRICE SR VP, PAYMENT AND HEALTH CARE DELIVERY POLICY	40 00				X			237,414	0	26,694	
JOSEPH T GATEWOOD VP, GLOBAL STRATEGY AND ANALYSIS	40 00					X		213,330	0	32,720	
DECHANE L DORSEY VP, PAYMENT AND HEALTH CARE DELIVERY POLICY	40 00					X		218,155	0	25,272	
WANDA MOEBIUS DIRECTOR, MEDIA RELATIONS, PUBLIC AFFAIRS	40 00					X		242,718	0	25,799	
ELIZABETH PIKA SHARP VP, GOVERNMENT AFFAIRS	40 00					X		260,032	0	27,715	
ELIZABETH KEGLER VP, GOVERNMENT AFFAIRS	40 00					X		258,352	0	27,922	