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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

ADVAMED ADVOCATES ON A GLOBAL BASIS FOR THE HIGHEST ETHICAL STANDARDS, TIMELY PATIENT ACCESS TO SAFE AND EFFECTIVE PRODUCTS, AND ECONOMIC POLICIES THAT REWARD VALUE CREATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 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 FDA AND CMS ON REGULATIONS AND RULES THAT IMPACT THE ABILITY FOR PATIENTS TO 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

Form 990 (2013)

Part IV

Checklist of Required Schedules

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . .   |     | No |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  . . . . .  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b>   | 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? <i>If "Yes," complete Schedule C, Part III</i>  . . . . .   | Yes |    |
| <b>6</b>   | 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? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .  |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .                 |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .   |     | No |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .  |     | No |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .   |     | No |
| <b>d</b>   | 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? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .  |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .   | Yes |    |
| <b>f</b>   | 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)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .  | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .  |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .  | Yes |    |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  . . . . .  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . .   |     | No |
| <b>17</b>  | 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     |    |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 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? <i>If "Yes," complete Schedule R, Part VI</i> . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

☐

|   |  |     |    |
|---|--|-----|----|
|   |  | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 69  |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 0   |    |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |  | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 88  |    |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                  |  | Yes |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  |  |     | No |
| 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   |  |     |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |  | Yes |    |
| b If "Yes," enter the name of the foreign country: JA<br>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?  |  |     | No |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |  |     | No |
| 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |  |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |  |     | No |
| 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |  |     |    |
| 7 Organizations that may receive deductible contributions under section 170(c).   |  |     |    |
| 7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |  |     |    |
| 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  |  |     |    |
| 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |  |     |    |
| 7d If "Yes," indicate the number of Forms 8282 filed during the year.   |  |     |    |
| 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |  |     |    |
| 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |  |     |    |
| 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |  |     |    |
| 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |  |     |    |
| 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? |  |     |    |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |     |    |
| 9a Did the organization make any taxable distributions under section 4966?  |  |     |    |
| 9b Did the organization make a distribution to a donor, donor advisor, or related person?   |  |     |    |
| 10 Section 501(c)(7) organizations. Enter   |  |     |    |
| 10a Initiation fees and capital contributions included on Part VIII, line 12.   |  |     |    |
| 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  |  |     |    |
| 11 Section 501(c)(12) organizations. Enter  |  |     |    |
| 11a Gross income from members or shareholders.  |  |     |    |
| 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  |  |     |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  |     |    |
| 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |  |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |     |    |
| 13a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |  |     |    |
| 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  |  |     |    |
| 13c Enter the amount of reserves on hand.   |  |     |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  |     | No |
| 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  |  |     |    |

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 or note to any line 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 . . . . .   |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O              |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2   | Yes |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | No  |
| 6  | Did the organization have members or stockholders? . . . . .  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  | 7a  | Yes |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | 7b  | 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 this 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>▶JENNIFER BREAREY 701 PENNSYLVANIA AVE NW STE 800<br>WASHINGTON,DC 200042654 (202) 783-8700  |

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

Form **990** (2013)



## Part VII

|           |  |   |           |   |         |
|-----------|--|---|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>   | ▼ |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | ▼ |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | ▼ | 6,395,842 | 0 | 452,727 |

**2** Total number of individuals (including but not limited to those listed in Item 42) who received more than \$100,000 of reportable compensation from the organization. **42**

|          |   | Yes      | No  |
|----------|---|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> | No  |
| <b>4</b> | 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> . . . . . | <b>4</b> | Yes |
| <b>5</b> | 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> . . . . .                       | <b>5</b> | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| STORY PARTNERS LLC 1000 POTOMAC STREET NW SUITE 102 WASHINGTON DC 20007          | CONSULTING/ MONTHLY RETAINER   | 812,396             |
| ALBRIGHT STONEBRIDGE GROUP LLC 555 13TH ST NW STE 300 W WASHINGTON DC 20004      | CONSULTING/ MONTHLY RETAINER   | 704,236             |
| LATHAM & WATKINS LLP 555 ELEVENTH ST NW STE 1000 WASHINGTON DC 20004             | CONSULTING/ MONTHLY RETAINER   | 422,632             |
| ANALYSIS GROUP INC 180 N STETSON AVENUE CHICAGO IL 60601                         | CONSULTING/ MONTHLY RETAINER   | 348,472             |
| TARPLIN DOWNS & YOUNG LLC 1212 NEW YORK AVENUE NW SUITE 1050 WASHINGTON DC 20005 | CONSULTING/ MONTHLY RETAINER   | 292,500             |

**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 ▶33

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|   |   |   | (A)   | (B)   | (C)                              | (D)  |         |
|---|---|---|---|---|----------------------------------|--|---------|
|   |   |   | Total revenue   | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
| Contributions, Gifts, Grants<br>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<br>similar amounts not included above 1f  |   |   |                                  |  |         |
|   | g   | Noncash contributions included in lines<br>1a-1f \$   |   |   |                                  |  |         |
|   | h   | Total. Add lines 1a-1f . . . . .  |   |   |                                  |  |         |
| Program Service Revenue                                   | 2a  | MEMBERSHIP DUES   | Business Code<br>900099   | 28,441,162                                  | 28,441,162                       |  |         |
|   | b   | SEMINARS  | 611430  | 1,921,760                                   | 1,921,760                        |  |         |
|   | c   | SPECIAL PROJECTS  | 900099  | 292,463                                     | 292,463                          |  |         |
|   | d   |   |   |   |                                  |  |         |
|   | e   |   |   |   |                                  |  |         |
|   | f   | All other program service revenue   |   |   |                                  |  |         |
|   | g   | Total. Add lines 2a-2f . . . . .  |   | 30,655,385                                  |                                  |  |         |
|   | Other Revenue   | 3   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . | 480,902                                     |                                  |  | 480,902 |
| 4   |   | Income from investment of tax-exempt bond proceeds . . . . .  |   |   |                                  |  |         |
| 5   |   | Royalties . . . . .   | 102,720   |   |                                  | 102,720  |         |
| 6a  |   | Gross rents   | (i) Real  | (ii) Personal                               |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
| b   |   | Less rental expenses  |   |   |                                  |  |         |
| c   |   | Rental income or (loss)   |   |   |                                  |  |         |
| d   |   | Net rental income or (loss) . . . . .   |   |   |                                  |  |         |
| 7a  |   | Gross amount from sales of assets other than inventory  | (i) Securities  | (ii) Other                                  |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
|   |   |   |   |   |                                  |  |         |
| b   |   | Less cost or other basis and sales expenses   |   |   |                                  |  |         |
| c   |   | Gain or (loss)  |   |   |                                  |  |         |
| d   |   | Net gain or (loss) . . . . .  |   |   |                                  |  |         |
| 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  | 102,182   |   |                                  | 102,182  |         |
| b   | ADMIN FEES REVENUE  | 900099  | 9,000   | 9,000                                       |                                  |  |         |
| c   |   |   |   |   |                                  |  |         |
| d   | All other revenue . . . . .                                       |   |   |   |                                  |  |         |
| e   | Total. Add lines 11a-11d . . . . .                                |   | 111,182   |   |                                  |  |         |
| 12  | Total revenue. See Instructions . . . . .                         |   | 31,350,189  | 30,664,385                                  | 0                                | 685,804  |         |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.  | 167,661               |                                 |  |                             |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22.  |                       |                                 |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.   |                       |                                 |  |                             |
| 4  | Benefits paid to or for members.  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees.   | 4,822,745             |                                 |  |                             |
| 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.   | 9,238,075             |                                 |  |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   | 753,611               |                                 |  |                             |
| 9  | Other employee benefits.  | 1,057,420             |                                 |  |                             |
| 10   | Payroll taxes.  | 646,397               |                                 |  |                             |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management.   |                       |                                 |  |                             |
| b  | Legal.  | 499,976               |                                 |  |                             |
| c  | Accounting.   | 60,000                |                                 |  |                             |
| d  | Lobbying.   | 2,377,868             |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17.  |                       |                                 |  |                             |
| f  | Investment management fees.   |                       |                                 |  |                             |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 5,245,374             |                                 |  |                             |
| 12   | Advertising and promotion.  | 9,605                 |                                 |  |                             |
| 13   | Office expenses.  | 658,455               |                                 |  |                             |
| 14   | Information technology.   | 202,456               |                                 |  |                             |
| 15   | Royalties.  |                       |                                 |  |                             |
| 16   | Occupancy.  | 1,558,208             |                                 |  |                             |
| 17   | Travel.   | 1,344,660             |                                 |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings.   | 1,503,438             |                                 |  |                             |
| 20   | Interest.   |                       |                                 |  |                             |
| 21   | Payments to affiliates.   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization.  | 555,223               |                                 |  |                             |
| 23   | Insurance.  | 75,354                |                                 |  |                             |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |  |                             |
| a  | DUES & SUBSCRIPTION   | 327,907               |                                 |  |                             |
| b  | TRAINING  | 127,249               |                                 |  |                             |
| c  | OTHER EXPENSES  | 118,507               |                                 |  |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses  |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24e.   | 31,350,189            |                                 |  |                             |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |   |  |              | (A)               |     | (B)         |
|-----------------------------|---|--|--------------|-------------------|-----|-------------|
|                             |   |  |              | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing  |              | 717               | 1   | 265         |
|                             | 2   | Savings and temporary cash investments   |              | 9,493,477         | 2   | 12,003,693  |
|                             | 3   | Pledges and grants receivable, net   |              |                   | 3   |             |
|                             | 4   | Accounts receivable, net   |              | 183,977           | 4   | 696,165     |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |              | 3,434             | 5   |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net  |              |                   | 7   |             |
|                             | 8   | Inventories for sale or use  |              |                   | 8   |             |
|                             | 9   | Prepaid expenses and deferred charges  |              | 569,444           | 9   | 499,107     |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a5,290,443 |                   |     |             |
|                             | b   | Less accumulated depreciation  | 10b3,996,549 | 1,559,924         | 10c | 1,293,894   |
|                             | 11  | Investments—publicly traded securities   |              | 1,014,194         | 11  | 1,316,783   |
|                             | 12  | Investments—other securities See Part IV, line 11  |              |                   | 12  |             |
|                             | 13  | Investments—program-related See Part IV, line 11   |              |                   | 13  |             |
|                             | 14  | Intangible assets  |              |                   | 14  | 15,073      |
|                             | 15  | Other assets See Part IV, line 11  |              | 466,168           | 15  | 5,000       |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  |              | 13,291,335        | 16  | 15,829,980  |
| Liabilities                 | 17  | Accounts payable and accrued expenses  |              | 3,948,473         | 17  | 3,978,799   |
|                             | 18  | Grants payable   |              |                   | 18  |             |
|                             | 19  | Deferred revenue   |              | 351,357           | 19  | 2,957,902   |
|                             | 20  | Tax-exempt bond liabilities  |              |                   | 20  |             |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   |              |                   | 21  |             |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  |              |                   | 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   |              | 2,342,975         | 25  | 2,244,749   |
|                             | 26  | Total liabilities. Add lines 17 through 25   |              | 6,642,805         | 26  | 9,181,450   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |              |                   |     |             |
|                             | 27  | Unrestricted net assets  |              | 6,648,530         | 27  | 6,648,530   |
|                             | 28  | Temporarily restricted net assets  |              |                   | 28  |             |
|                             | 29  | Permanently restricted net assets  |              |                   | 29  |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |  |              |                   |     |             |
|                             | 30  | Capital stock or trust principal, or current funds   |              |                   | 30  |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund  |              |                   | 31  |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds   |              |                   | 32  |             |
|                             | 33  | Total net assets or fund balances  |              | 6,648,530         | 33  | 6,648,530   |
|                             | 34  | Total liabilities and net assets/fund balances   |              | 13,291,335        | 34  | 15,829,980  |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

|    |   |    |            |
|----|---|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 31,350,189 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 31,350,189 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 0          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 6,648,530  |
| 5  | Net unrealized gains (losses) on investments  | 5  |            |
| 6  | Donated services and use of facilities  | 6  |            |
| 7  | Investment expenses   | 7  |            |
| 8  | Prior period adjustments  | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 0          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,648,530  |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| 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 |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1006053  
**Name:** ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

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

| (A)<br>Name and Title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 DVORAK<br>CHAIRMAN/DIRECTOR | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| JOE ALMEIDA<br>SECRETARY/DIRECTOR | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| DAVID PEREZ<br>TREASURER/DIRECTOR | 1 00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| PETER ARDUINI<br>DIRECTOR         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL BALL<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JOANNE BAUER<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JEFFREY BINDER<br>DIRECTOR        | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| BRIAN BLASER<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT BROOKS<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| KEVIN BUEHLER<br>DIRECTOR         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| GARY BURBACH<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| DONALD CASEY<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ROBERT M DAVIS<br>DIRECTOR        | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JOSEPH DEVIVO<br>DIRECTOR         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| ROLAND DIGGELMANN<br>DIRECTOR     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| DEBORAH DISANZO<br>DIRECTOR       | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CAMILLE FARHAT<br>DIRECTOR        | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MAURICE FERRE<br>DIRECTOR         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| CAMERON FINDLAY<br>DIRECTOR       | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| VINCENT A FORLENZA<br>DIRECTOR    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL FRAZZETTE<br>DIRECTOR     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| KIERAN T GALLAHUE<br>DIRECTOR     | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL GENAU<br>DIRECTOR         | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN GREISCH<br>DIRECTOR          | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| MICHAEL GRESAVAGE<br>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)<br>Name and Title           | (B)<br>Average<br>hours per<br>week (list<br>any hours for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
|                                 |  | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |  |   |
| TIMOTHY GUERTIN<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| THOMAS HOOK<br>DIRECTOR         | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| LESTER KNIGHT<br>DIRECTOR       | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| KAREN LICITRA<br>DIRECTOR       | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| KEVIN LOBO<br>DIRECTOR          | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| DAVID LUCCHINO<br>DIRECTOR      | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| MICHAEL MAHONEY<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| ALAN MAIN<br>DIRECTOR           | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| V GEORGE MALIEKEL<br>DIRECTOR   | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| JAMES MAZZO<br>DIRECTOR         | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| STEPHEN F MEYER<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| MICHAEL R MINOGUE<br>DIRECTOR   | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| MICHAEL A MUSSALLEM<br>DIRECTOR | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| CAROLL NEUBAUER<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| STUART A RANDLE<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| DEBRA RECTENWALD<br>DIRECTOR    | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| TIMOTHY M RING<br>DIRECTOR      | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| WALTER M ROSEBROUGH<br>DIRECTOR | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| MICHAEL ROUSSEAU<br>DIRECTOR    | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| VIRGINIA RYBSKI<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| BRENTON SAUNDERS<br>DIRECTOR    | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| BENSON SMITH<br>DIRECTOR        | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| DANIEL WECHSLER<br>DIRECTOR     | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| DOW WILSON<br>DIRECTOR          | 1 00   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| JOSEPH WOODY<br>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)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| NADIM YARED<br>DIRECTOR                            | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| STEPHEN J UBL<br>CHIEF EXECUTIVE OFFICER           | 40 00  |   |                       | X       |              |                              |        | 1,501,061  | 0   | 50,130  |
| CHRISTOPHER L WHITE<br>SR EXEC VP, GENERAL COUNSEL | 40 00  |   |                       | X       |              |                              |        | 613,814  | 0   | 43,830  |
| KENNETH MENDEZ<br>SR EXEC VP & CAO                 | 40 00  |   |                       | X       |              |                              |        | 482,049  | 0   | 43,950  |
| JENNIFER BRANDELY<br>CHIEF FINANCIAL OFFICER       | 30 00  |   |                       | X       |              |                              |        | 117,025  | 0   | 8,998   |
| RALPH IVES<br>EXEC VP, GLOBAL STRATEGY             | 40 00  |   |                       |         | X            |                              |        | 423,470  | 0   | 30,879  |
| ANN-MARIE LYNCH<br>EXEC VP, PAYMENT & HEALTH       | 40 00  |   |                       |         | X            |                              |        | 365,402  | 0   | 30,222  |
| ANDREW FISH<br>EXEC DIRECTOR, ADVAMEDDX            | 40 00  |   |                       |         | X            |                              |        | 503,364  | 0   | 41,850  |
| JUAN CARLOS SCOTT<br>SR EXEC VP, GOVT AFFAIRS      | 40 00  |   |                       |         | X            |                              |        | 518,036  | 0   | 31,035  |
| DAVID NEXON<br>SR EXEC VP                          | 40 00  |   |                       |         |              | X                            |        | 434,254  | 0   | 29,739  |
| JANET TRUNZO<br>SR EXEC VP, TECH & REGULATION      | 40 00  |   |                       |         |              | X                            |        | 478,785  | 0   | 35,450  |
| PHILIP AGRESS<br>SR VP, GLOBAL STRATEGY            | 40 00  |   |                       |         |              | X                            |        | 288,582  | 0   | 30,930  |
| RICHARD PRICE<br>SR VP, PAYMENT & HEALTH           | 40 00  |   |                       |         |              | X                            |        | 320,719  | 0   | 32,202  |
| STEVEN BROTMAN<br>SR VP, PAYMENT & HEALTH          | 40 00  |   |                       |         |              | X                            |        | 349,281  | 0   | 43,512  |



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

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

|   |  |
|---|--|
| Name of the organization<br>ADVANCED MEDICAL TECHNOLOGY ASSOCIATION | Employer identification number<br><br>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 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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 <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |  | (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?  |     |    |        |
| j   | Total. Add 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).

|   |   |   |     |    |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                      | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2 |     | No |
| 3 | Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |  |    |            |
|---|--|----|------------|
| 1 | Dues, assessments and similar amounts from members   | 1  | 27,462,487 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |            |
| a | Current year   | 2a | 2,377,868  |
| b | Carryover from last year   | 2b | 62,664     |
| c | Total  | 2c | 2,440,532  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  | 1,510,437  |
| 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  | 930,095    |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5  |            |

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, SCHEDULE C, PART III-B, LINE 4 | THE ORGANIZATION WILL INCREASE THE LOBBYING PERCENTAGE FROM 5.5% TO 11.5% FOR THE YEAR END DECEMBER 31, 2014, TO MAKE UP FOR THE CURRENT YEAR SHORTFALL. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

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

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

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

- 3

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

☐ Public exhibition

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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                |                              |                |
| b Buildings  |                                      |                                |                              |                |
| c Leasehold improvements   |                                      | 2,419,163                      | 1,633,095                    | 786,068        |
| d Equipment  |                                      | 2,063,619                      | 1,810,784                    | 252,835        |
| e Other  |                                      | 807,661                        | 552,670                      | 254,991        |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 1,293,894      |



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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 31,552,106 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 201,917    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 201,917    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 31,350,189 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 0          |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 31,350,189 |

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 32,142,713 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 792,524    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 792,524    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 31,350,189 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 0          |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 31,350,189 |

**Part XIII Supplemental Information**

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

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| PART X, LINE 2                        | ADVAMED COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED ADVAMED'S TAX POSITIONS AND CONCLUDED THAT IT HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, ADVAMED IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS  | INHEALTH REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 228. ADVAMED PAC REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 179,889. ADVAMED CA PAC REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 21,800.   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | INHEALTH EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 614,833. ADVAMED PAC EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 169,275. ADVAMED CA PAC EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 8,416.  |
|                                       |   |
|                                       |   |
|                                       |   |
|                                       |   |



[illegible]

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (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 and investments in region |
|--|-------------------------------------|--|---|--|--|
| ( 1 ) See Add'l Data                       |                                     |  |   |  |  |
| ( 2 )                                      |                                     |  |   |  |  |
| ( 3 )                                      |                                     |  |   |  |  |
| ( 4 )                                      |                                     |  |   |  |  |
| ( 5 )                                      |                                     |  |   |  |  |
| 3a Sub-total                               | 1                                   | 15   |   |  | 1,439,386  |
| b Total from continuation sheets to Part I | 0                                   | 1  |   |  | 588,946  |
| c Totals (add lines 3a and 3b)             | 1                                   | 16   |   |  | 2,028,332  |

**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. Part II can be duplicated 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) |
|-------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| ( 1 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 2 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 3 ) |                          |  |            |                      |                          |                                 |                                   |  |   |
| ( 4 ) |                          |  |            |                      |                          |                                 |                                   |  |   |

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

Part III

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| ( 1 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 2 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 3 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 4 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 5 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 6 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 7 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 8 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 9 )                           |            |                          |                          |                                 |                                   |  |   |
| ( 10 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 11 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 12 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 13 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 14 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 15 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 16 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 17 )                          |            |                          |                          |                                 |                                   |  |   |
| ( 18 )                          |            |                          |                          |                                 |                                   |  |   |

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Additional Data

Software ID:  
Software Version:  
EIN: 52-1006053  
Name: ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                             | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC              | 1                                   | 4   | PROGRAM SERVICES   | CONSULTANT IN ASIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS                                     | 461,749                           |
| EAST ASIA AND THE PACIFIC              | 0                                   | 0   | PROGRAM SERVICES   | STAFF TRAVEL TO REGION FOR MEETINGS  | 214,440                           |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 8   | PROGRAM SERVICES   | CONSULTANT IN EUROPE MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS                                   | 408,187                           |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                             | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 0   | PROGRAM SERVICES   | STAFF TRAVEL TO REGION FOR MEETINGS  | 42,181                            |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 2   | PROGRAM SERVICES   | MEETINGS TO PROMOTE THE HARMONIZATION OF INTERNATIONAL STANDARDS                                   | 245,213                           |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0                                   | 0   | PROGRAM SERVICES   | PREPAYMENTS FOR 2014 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS                       | 26,363                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| NORTH AMERICA | 0                                   | 1   | PROGRAM SERVICES   | CONSULTANT IN NORTH AMERICA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS                            | 40,045                            |
| NORTH AMERICA | 0                                   | 0   | PROGRAM SERVICES   | STAFF TRAVEL TO REGION FOR MEETING   | 1,208                             |
| SOUTH AMERICA | 0                                   | 0   | PROGRAM SERVICES   | CONSULTANT IN BRAZIL MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS                                   | 346,135                           |



**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH AMERICA | 0                                   | 0   | PROGRAM SERVICES   | STAFF TRAVEL TO REGION FOR MEETINGS  | 13,834                            |
| SOUTH AMERICA | 0                                   | 0   | PROGRAM SERVICES   | PREPAYMENTS FOR 2014 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS                       | 79,635                            |
| SOUTH ASIA    | 0                                   | 1   | PROGRAM SERVICES   | CONSULTANTS IN INDIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS                                   | 128,909                           |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, 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 |
|------------|-------------------------------------|---|--|---|-----------------------------------|
| SOUTH ASIA | 0                                   | 0   | PROGRAM SERVICES   | STAFF TRAVEL TO REGION FOR MEETINGS   | 20,433                            |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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. Part II can be duplicated 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (1) NATIONAL HEALTH COUNCIL<br>1730 M STREET NW STE 500<br>WASHINGTON,DC 20036                       | 13-1624107 | 501(C)(3)                          | 14,000                   |                                   |  |  | PROGRAM SUPPORT                    |
| (2) SPINA BIFIDA ASSOCIATION<br>4590 MACARTHUR BOULEVARD NW STE 250<br>250<br>WASHINGTON,DC 20007    | 58-1342181 | 501(C)(3)                          | 7,500                    |                                   |  |  | PROGRAM SUPPORT                    |
| (3) RESEARCHAMERICA<br>1101 KING STREET STE 520<br>ALEXANDRIA,VA 22314                               | 52-1609875 | 501(C)(3)                          | 6,000                    |                                   |  |  | PROGRAM SUPPORT                    |
| (4) ALLIANCE FOR AGING RESEARCH<br>2021 K STREET NW STE 305<br>WASHINGTON,DC 20006                   | 54-1379174 | 501(C)(3)                          | 10,000                   |                                   |  |  | PROGRAM SUPPORT                    |
| (5) SOCIETY FOR WOMEN'S HEALTH RESEARCH<br>1828 L STREET NW STE 625<br>WASHINGTON,DC 20036           | 52-1694732 | 501(C)(3)                          | 10,000                   |                                   |  |  | PROGRAM SUPPORT                    |
| (6) DAVID A WINSTON HEALTH POLICY FELLOWSHIP<br>2000 14TH STREET NORTH STE 780<br>ARLINGTON,VA 22201 | 52-1492039 | 501(C)(3)                          | 11,000                   |                                   |  |  | PROGRAM SUPPORT                    |
| (7) AMERICAN ACTION FORUM<br>555 13TH STREET NW STE 510 WEST<br>WASHINGTON,DC 20004                  | 27-0567765 | 501(C)(3)                          | 10,000                   |                                   |  |  | PROGRAM SUPPORT                    |
| (8) WOMENHEART<br>818 18TH STREET NW STE 930<br>WASHINGTON,DC 20006                                  | 52-2148006 | 501(C)(3)                          | 7,500                    |                                   |  |  | PROGRAM SUPPORT                    |
|  |            |                                    |                          |                                   |  |  |                                    |
|  |            |                                    |                          |                                   |  |  |                                    |
|  |            |                                    |                          |                                   |  |  |                                    |
|  |            |                                    |                          |                                   |  |  |                                    |

2

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

8

3

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

0

**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.  
Part III can be duplicated if additional space is needed.

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

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation  |
|------------------|--|
| 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 |

Additional Data

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NATIONAL HEALTH COUNCIL<br>1730 M STREET NW STE 500<br>WASHINGTON,DC 20036 | 13-1624107 | 501(C)(3)                          | 14,000                   |                                   |   |  | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| SPINA BIFIDA ASSOCIATION<br>4590 MACARTHUR BOULEVARD NW STE 250<br>250 WASHINGTON,DC 20007 | 58-1342181 | 501(C)(3)                          | 7,500                    |                                   |  |  | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| RESEARCHAMERICA<br>1101 KING STREET STE 520<br>ALEXANDRIA,VA 22314 | 52-1609875 | 501(C)(3)                          | 6,000                    |                                   |  |  | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALLIANCE FOR AGING RESEARCH<br>2021 K STREET NW STE 305<br>WASHINGTON, DC 20006 | 54-1379174 | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| SOCIETY FOR WOMEN'S HEALTH RESEARCH<br>1828 L STREET NW STE 625<br>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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| DAVID A WINSTON<br>HEALTH POLICY<br>FELLOWSHIP<br>2000 14TH STREET NORTH<br>STE 780<br>ARLINGTON,VA 22201 | 52-1492039 | 501(C)(3)                          | 11,000                   |                                   |  |  | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| AMERICAN ACTION FORUM<br>555 13TH STREET NW STE 510 WEST<br>WASHINGTON,DC 20004 | 27-0567765 | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| WOMENHEART<br>818 18TH STREET NW STE 930<br>WASHINGTON,DC 20006 | 52-2148006 | 501(C)(3)                          | 7,500                    |                                   |  |  | PROGRAM SUPPORT                    |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number  
52-1006053

Part I

Questions Regarding Compensation

|  | Yes               | No |
|--|-------------------|----|
| <div><div>1a</div><div>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><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><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><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |                   |    |
| <div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>   | <div>1b</div> Yes |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>   | <div>2</div> Yes  |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>  |                   |    |
| <div><div>4</div><div>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></div>   |                   |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>  | <div>4a</div>     | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>  | <div>4b</div>     | No |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>   | <div>4c</div>     | No |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>  |                   |    |
| <div><div>5</div><div>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></div>  |                   |    |
| <div><div>a</div><div>The organization?</div></div>  | <div>5a</div>     |    |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>  | <div>5b</div>     |    |
| <div><div>6</div><div>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></div>  |                   |    |
| <div><div>a</div><div>The organization?</div></div>  | <div>6a</div>     |    |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>  | <div>6b</div>     |    |
| <div><div>7</div><div>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</div></div>   | <div>7</div>      |    |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>  | <div>8</div>      |    |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>   | <div>9</div>      |    |

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

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

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

| (A) Name and Title        |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |  |                                     |                                     |  |                         |                                 |   |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| 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 SOCIAL CLUB DUES IN THE AMOUNT OF \$6,180 DURING 2013. |

**Additional Data****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<br>CHIEF EXECUTIVE<br>OFFICER           | (i)<br>(ii) | 1,120,470<br>0                                     | 351,500<br>0                        | 29,091<br>0              | 29,739<br>0               | 20,391<br>0             | 1,551,191<br>0                  | 0<br>0   |
| CHRISTOPHER L<br>WHITE SR EXEC VP,<br>GENERAL COUNSEL | (i)<br>(ii) | 512,662<br>0                                       | 100,000<br>0                        | 1,152<br>0               | 29,739<br>0               | 14,091<br>0             | 657,644<br>0                    | 0<br>0   |
| KENNETH MENDEZ SR<br>EXEC VP & CAO                    | (i)<br>(ii) | 398,464<br>0                                       | 82,775<br>0                         | 810<br>0                 | 29,739<br>0               | 14,211<br>0             | 525,999<br>0                    | 0<br>0   |
| RALPH IVES EXEC<br>VP, GLOBAL<br>STRATEGY             | (i)<br>(ii) | 367,386<br>0                                       | 52,520<br>0                         | 3,564<br>0               | 29,739<br>0               | 1,140<br>0              | 454,349<br>0                    | 0<br>0   |
| ANN-MARIE LYNCH<br>EXEC VP, PAYMENT &<br>HEALTH       | (i)<br>(ii) | 302,902<br>0                                       | 62,500<br>0                         | 0<br>0                   | 29,739<br>0               | 483<br>0                | 395,624<br>0                    | 0<br>0   |
| ANDREW FISH EXEC<br>DIRECTOR,<br>ADVAMEDDX            | (i)<br>(ii) | 440,624<br>0                                       | 62,200<br>0                         | 540<br>0                 | 27,639<br>0               | 14,211<br>0             | 545,214<br>0                    | 0<br>0   |
| JUAN CARLOS SCOTT<br>SR EXEC VP, GOVT<br>AFFAIRS      | (i)<br>(ii) | 435,320<br>0                                       | 82,230<br>0                         | 486<br>0                 | 29,739<br>0               | 1,296<br>0              | 549,071<br>0                    | 0<br>0   |
| DAVID NEXON SR<br>EXEC VP                             | (i)<br>(ii) | 360,710<br>0                                       | 69,980<br>0                         | 3,564<br>0               | 29,739<br>0               | 0<br>0                  | 463,993<br>0                    | 0<br>0   |
| JANET TRUNZO SR<br>EXEC VP, TECH &<br>REGULATION      | (i)<br>(ii) | 399,073<br>0                                       | 73,540<br>0                         | 6,172<br>0               | 29,739<br>0               | 5,711<br>0              | 514,235<br>0                    | 0<br>0   |
| PHILIP AGRESS SR<br>VP, GLOBAL<br>STRATEGY            | (i)<br>(ii) | 250,230<br>0                                       | 35,160<br>0                         | 3,192<br>0               | 29,660<br>0               | 1,270<br>0              | 319,512<br>0                    | 0<br>0   |
| RICHARD PRICE SR<br>VP, PAYMENT &<br>HEALTH           | (i)<br>(ii) | 251,245<br>0                                       | 62,850<br>0                         | 6,624<br>0               | 26,645<br>0               | 5,557<br>0              | 352,921<br>0                    | 0<br>0   |
| STEVEN BROTMAN<br>SR VP, PAYMENT &<br>HEALTH          | (i)<br>(ii) | 304,589<br>0                                       | 43,450<br>0                         | 1,242<br>0               | 29,301<br>0               | 14,211<br>0             | 392,793<br>0                    | 0<br>0   |



**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.**  
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

|   |  |
|---|--|
| Name of the organization<br>ADVANCED MEDICAL TECHNOLOGY ASSOCIATION | Employer identification number<br>52-1006053 |
|---|--|

| Return Reference                        | Explanation  |
|---|--|
| FORM 990, PART VI,<br>SECTION A, LINE 2 | BASED ON A RESPONSE TO A SURVEY DISTRIBUTED TO EACH MEMBER OF ADVAMED, 2 MEMBERS - CAROLL NEUBAUER AND JOE WOODY - INDICATED BUSINESS RELATIONSHIPS WITH OTHER MEMBERS OF THE BOARD MAURICE FERRE & KEVIN LOBO ALSO HAVE A BUSINESS RELATIONSHIP |

| Return<br>Reference                           | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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. |

| Return<br>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 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 |

| Return<br>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 |

| Return<br>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 |

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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.</p> <p>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.</p> <p>2. PERSONS COVERED BY THIS POLICY ARE THE ASSOCIATION'S STAFF OFFICERS, DIRECTORS, CHIEF EXECUTIVE OFFICER, AND CHIEF ADMINISTRATIVE OFFICER.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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> |

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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 |

| Return Reference                         | Explanation   |
|--|---|
| FORM 990, PART VI,<br>SECTION C, LINE 19 | FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE<br>UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) |



| Return Reference               | Explanation  |
|--------------------------------|--|
| FORM 990, PART VI,<br>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 |

| Return Reference            | Explanation  |
|-----------------------------|--|
| FORM 990, PART IX, LINE 11G | CONSULTING 4,174,627 OTHER PROFESSIONAL FEES 1,070,747 |

| 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                     | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity        | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|---|--|----|
|  |   |  |                            |   |   | Yes  | No |
| (1) INSTITUTE FOR HEALTH TECHNOLOGY STUDIES<br><br>1319 F STREET NW STE 900<br><br>WASHINGTON, DC 20004<br>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<br><br>701 PENNSYLVANIA AVENUE NW STE 800<br><br>WASHINGTON, DC 20004 | POLITICAL ACTION COMMITTEE                  | DC   | 527                        |   | ADVANCED MEDICAL TECHNOLOGY ASSOCIATION | Yes  |    |
| (3) ADVANCED MEDICAL TECHNOLOGY ASSOCIATION CA PAC<br><br>701 PENNSYLVANIA AVENUE NW STE 800<br><br>WASHINGTON, DC 20004<br>45-5309081       | 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)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity              | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
|  |                            |  |  |  |                                 |  | Yes                                    | No |  | Yes                                       | No |                                |
| (1) MEDTECH CONFERENCE PARTNERS<br>LLC<br><br>701 PENNSYLVANIA AVENUE NW STE 800<br>WASHINGTON, DC 20004<br>36-4725626 | TRADE SHOW                 | DC   | ADVANCED<br>MEDICAL<br>TECHNOLOGY<br>ASSOCIATION | RELATED  | 478,257                         | 83,379                                   | Yes                                    |    |  | Yes                                       |    | 75 000 %                       |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |
|  |                            |  |  |  |                                 |  |  |    |  |   |    |                                |

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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

Part V

Transactions With Related Organizations

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

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s 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

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

Yes

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

| (a)<br>Name of related organization         | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) INSTITUTE FOR HEALTH TECHNOLOGY STUDIES | Q                                | 154,853                | CASH   |
| (2) MEDTECH CONFERENCE PARTNERS LLC         | S                                | 478,257                | CASH   |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |
|   |                                  |                        |  |

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2013**

Attachment  
Sequence No **179**

Name(s) shown on return  
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Business or activity to which this form relates  
FORM 990 PAGE 10

**Identifying number**  
  
52-1006053

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|   |  |   |           |
|---|--|---|-----------|
| 1 | Maximum amount (see instructions)  | 1 | 500,000   |
| 2 | Total cost of section 179 property placed in service (see instructions)  | 2 |           |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | 4 |           |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |           |

| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |   |
|----|---|------------------------------|------------------|---|
|    |   |                              |                  |   |
|    |   |                              |                  |   |
| 7  | Listed property Enter the amount from line 29   | 7                            |                  |   |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                               | 8                            |                  |   |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8   | 9                            |                  |   |
| 10 | Carryover of disallowed deduction from line 13 of your 2012 Form 4562   | 10                           |                  |   |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                           |                  |   |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              | 12                           |                  | 0 |
| 13 | Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12  | 13                           |                  |   |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

|    |   |    |         |
|----|---|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2013  | 17 | 550,811 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |         |

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

Part IV Summary (see instructions.)

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property Enter amount from line 28  | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 550,811 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

|  |                               |  |                            |  |                        |   |                                |                                 |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |  |                            |  |                        | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |
| (a)<br>Type of property (list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention   | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                               |  |                            |  |                        |   | 25                             |                                 |
| 26 Property used more than 50% in a qualified business use   |                               |  |                            |  |                        |   |                                |                                 |
|  |                               | %  |                            |  |                        |   |                                |                                 |
|  |                               | %  |                            |  |                        |   |                                |                                 |
|  |                               | %  |                            |  |                        |   |                                |                                 |
| 27 Property used 50% or less in a qualified business use   |                               |  |                            |  |                        |   |                                |                                 |
|  |                               | %  |                            |  |                        | S/L -   |                                |                                 |
|  |                               | %  |                            |  |                        | S/L -   |                                |                                 |
|  |                               | %  |                            |  |                        | S/L -   |                                |                                 |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  |                               |  |                            |  |                        | 28  |                                |                                 |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1   |                               |  |                            |  |                        |   | 29                             |                                 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 31 Total commuting miles driven during the year  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal(noncommuting) miles driven   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year Add lines 30 through 32                                      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 34 Was the vehicle available for personal use during off-duty hours?                               | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?                       |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use?  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

|   |     |    |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?   |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )  |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles   |     |    |

Part VI Amortization

|   |                                 |                           |                     |  |                                   |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2013 tax year (see instructions)   |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| 43 Amortization of costs that began before your 2013 tax year                       |                                 |                           |                     | 43                                       | 4,412                             |
| 44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report |                                 |                           |                     | 44                                       | 4,412                             |