See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990 — Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [x] Amended return
- [ ] Application pending

C Name of organization
AMERICAN MEDICAL ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
330 N. WABASH AVENUE 39300

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60611-5885

F Name and address of principal officer JAMES L. MADARA, M.D.
SAME AS C ABOVE

D Employer identification number
36-0727175

E Telephone number
(312) 464-5000

G Gross receipts $ 500,926,692.

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [ ] 501(c)(3) [x] 501(c) (6) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.AMA-ASSN.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1847

M State of legal domicile: IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	995
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,359,727.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,034,508.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,219,936.	40,805,083.
9	Program service revenue (Part VIII, line 2g)	59,100,928.	59,720,704.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,567,597.	29,112,798.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,633,818.	131,729,467.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	258,522,279.	261,368,052.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,849,612.	3,635,777.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	133,651,220.	133,869,171.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,978,428.	94,363,423.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	265,479,260.	231,868,371.
19	Revenue less expenses. Subtract line 18 from line 12	-6,956,981.	29,499,681.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	662,412,060.	664,330,253.
21	Total liabilities (Part X, line 26)	208,169,736.	220,123,852.
22	Net assets or fund balances. Subtract line 21 from line 20	454,242,324.	444,206,401.

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Part II Signature Block

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

Sign Here
▶ Signature of officer — Date 10/20/15
▶ JAMES L. MADARA, M.D., EVP/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: SHAWNA M. JIMENEZ	Preparer's signature: Shawna M. Jimenez	Date: 10/12/15	Check [ ] if self-employed	PTIN: P01222873
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶	86-1065772
Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108			Phone no.	(317) 464-8600

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

P2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION BY PROMOTING THE ART AND SCIENCE OF MEDICINE AND THE BETTERMENT OF PUBLIC HEALTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ _____)
SCIENTIFIC PUBLICATIONS - THE AMA PUBLISHED THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND NINE SPECIALTY JOURNALS. THESE JOURNALS WERE DISTRIBUTED TO MORE THAN 600,000 INDIVIDUAL RECIPIENTS WORLDWIDE. THE JOURNALS INCLUDED DEFINITIVE, PEER REVIEWED CLINICAL AND INVESTIGATIVE REPORTS SPANNING MAJOR MEDICAL DISCIPLINES TO SUPPORT INFORMED CLINICAL DECISION-MAKING AND TO ENABLE PHYSICIANS TO REMAIN CURRENT PROFESSIONALLY.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
THE AMA IS COMMITTED TO SEEKING CHANGE IN THE STATE AND FEDERAL LEGAL/REGULATORY ENVIRONMENTS TO PROTECT THE NEEDS OF PATIENTS AND ENABLE PHYSICIANS IN THEIR CARE. PREDOMINANT AREAS OF FOCUS ARE MEDICARE PAYMENT REFORM, CARE FOR THE UNINSURED, AND MEDICAL LIABILITY REFORM. THE AMA ALSO COMMITS TO HELPING PHYSICIANS OVERCOME SYSTEMIC BARRIERS TO EFFECTIVE PRACTICE MANAGEMENT, PARTICULARLY THOSE THAT INTERFERE WITH THE PATIENT-PHYSICIAN RELATIONSHIP OR IMPEDE THE ECONOMIC VIABILITY OF THE PHYSICIAN PRACTICE. A PREDOMINANT AREA OF FOCUS IS REFORM OF PRIVATE HEALTH PLAN PAYMENT AND RELATED PRACTICES. AMA CONTINUES TO DEVELOP AND APPLY AMA EXPERTISE TO ACHIEVE APPROPRIATE SCOPE OF PRACTICE REGULATIONS, ADDRESS THE SHORTFALL IN THE PHYSICIAN WORKFORCE RELATIVE TO PATIENT NEEDS AND MONITOR THE IMPACT OF

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)
THE BOOK AND PRODUCT GROUP IS RESPONSIBLE FOR THE DEVELOPMENT AND SALES OF MEDICAL INFORMATION BOOKS AND PRODUCTS DESIGNED TO MEET THE NEEDS OF MEMBERS, POTENTIAL MEMBERS, CONSUMERS, AND BUSINESSES. THE COMPLETE CATALOG INCLUDES MEDICAL PRACTICE INFORMATION AND ETHICS TEXTS, CPT AND OTHER MEDICAL CODING TEXTS, AS WELL AS MANY OTHER RELEVANT TOPICS FOR THE MEDICAL PROFESSION.

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a	N/A	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b	N/A	
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? *If "Yes," complete Schedule L, Part II*	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	408		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	995		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ UNITED KINGDOM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).** N/A				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

[ ] Own website [ ] Another's website [X] Upon request [ ] 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, address, and telephone number of the person who possesses the organization's books and records: ▶

DENISE M. HAGERTY - 312-464-5000

330 N. WABASH AVENUE, SUITE 39300, CHICAGO, IL 60611-5885

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH P. ANNIS, M.D.	12.00									
TRUSTEE (THRU JUNE 2014)		X						38,167.	0.	8,750.
MAYA A. BABU, M.D., MBA	17.00									
TRUSTEE		X						71,700.	0.	0.
SUSAN R. BAILEY, M.D.	16.00									
HOD VICE-SPEAKER		X						80,448.	0.	0.
DAVID O. BARBE, M.D.	23.00									
CHAIR/PAST CHAIR		X						178,700.	0.	0.
JESSE EHRENFELD, M.D.	4.00									
TRUSTEE (BEGINNING JULY 2014)		X						31,125.	0.	0.
JULIE K. GOONEWARDENE	10.00									
TRUSTEE		X						61,500.	0.	0.
ANDREW W. GURMAN, M.D.	23.00									
HOD SPEAKER		X						85,526.	0.	17,500.
GERALD E. HARMON, M.D.	17.00									
TRUSTEE		X						55,092.	0.	14,400.
PATRICE A. HARRIS, M.D.	18.00									
TRUSTEE		X						78,300.	0.	0.
ARDIS D. HOVEN, M.D.	43.00									
PRESIDENT/PAST PRESIDENT		X						270,000.	0.	16,500.
WILLIAM E. KOBLER, M.D.	16.00									
TRUSTEE		X						74,700.	0.	0.
RUSSELL W.H. KRIDEL, M.D.	14.00									
TRUSTEE (BEGINNING JULY 2014)		X						30,750.	0.	0.
JEREMY A. LAZARUS, M.D.	34.00									
PAST PRESIDENT (THRU JUNE 2014)		X						137,124.	0.	17,500.
SAMUEL MACKENZIE	16.00									
TRUSTEE (BEGINNING JULY 2014)		X						30,750.	0.	0.
BARBARA L. MCANENY, M.D.	23.00									
CHAIR ELECT/CHAIR		X						224,376.	0.	17,500.
MARY ANNE MCCAFFREE, M.D.	21.00									
TRUSTEE		X						71,600.	0.	17,500.
ALBERT T. OSBAHR, M.D.	20.00									
TRUSTEE		X						70,829.	0.	17,419.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN R. PERMUT, M.D.	26.00									
TRUSTEE/CHAIR ELECT		X						155,356.	0.	0.
JACK RESNECK, M.D.	18.00									
TRUSTEE (BEGINNING JULY 2014)		X						38,070.	0.	0.
RYAN J. RIBEIRA	16.00									
TRUSTEE (THRU JUNE 2014)		X						30,750.	0.	0.
CARL A. SIRIO, M.D.	22.00									
TRUSTEE		X						79,748.	0.	17,500.
STEVEN J.STACK, M.D.	36.00									
PAST CHAIR/PRES-ELECT		X						208,050.	0.	0.
GEORGIA A. TUTTLE, M.D.	13.00									
TRUSTEE		X						49,400.	0.	17,500.
ROBERT M. WAH, M.D.	53.00									
PRES-ELECT/PRESIDENT		X						270,548.	0.	17,500.
JAMES L. MADARA, M.D.	60.00									
EVP & CEO				X				1,882,047.	0.	152,969.
BERNARD L. HENGESBAUGH	60.00									
CHIEF OPERATING OFFICER				X				907,939.	0.	62,198.
1b Sub-total ▶								5,212,595.	0.	394,736.
c Total from continuation sheets to Part VII, Section A ▶								4,060,687.	0.	251,888.
d Total (add lines 1b and 1c) ▶								9,273,282.	0.	646,624.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 335

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WS LIVE LLC 131 WEST 10TH STREET, DUBUQUE, IA 52001	PROVIDED TELEMARKETING SERVICES	1,759,272.
SILVERCHAIR, 310 EAST MAIN STREET, CHARLOTTESVILLE, VA 22902	PROVIDED IT SERVICES	1,422,475.
PBD, INC., 1650 BLUEGRASS LAKES PARKWAY, ALPHARETTA, GA 30004	ORDER FULFILLMENT SERVICES	1,328,250.
KLICK INC., 175 BLOOR STREET EAST, TORONTO, ONTAIRO, CANADA M4W 3R8	PROVIDED CONSULTING SERVICES	1,075,431.
RAND CORPORATION, 1700 MAIN STREET, SANTA MONICA, CA 90407-2138	RESEARCH CONSULTING SERVICES	677,090.

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 ▶ 74

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH J. SHARIGIAN, PHD	60.00									
CHIEF STRATEGY OFFICER					X			813,574.	0.	26,359.
RICHARD A. DEEM	60.00									
SVP, ADVOCACY						X		727,357.	0.	35,275.
HOWARD C. BAUCHNER, M.D.	60.00									
SVP & EDITOR IN CHIEF						X		664,650.	0.	56,317.
MODENA H. WILSON, M.D.	60.00									
SVP & CHIEF HEALTH/SCIENCE OFFICER						X		655,649.	0.	46,902.
THOMAS J. EASLEY	60.00									
SVP, PUBLISHER						X		587,686.	0.	18,521.
JON N. EKDAHL	60.00									
GENERAL COUNSEL						X		586,603.	0.	68,514.
EDWARD L. LANGSTON, M.D.	0.00									
FORMER TRUSTEE							X	10,926.	0.	0.
REBECCA J. PATCHIN, M.D.	0.00									
FORMER TRUSTEE							X	14,242.	0.	0.
Total to Part VII, Section A, line 1c								4,060,687.		251,888.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	40,805,083.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			40,805,083.			
Program Service Revenue		**Business Code**					
	2a SUBSCRIPTION	511120		35,253,804.	35,253,804.		
	b CREDENTIALING SERVICES	541900		13,811,610.	13,811,610.		
	c REPRINTS & PERMISSIONS	511190		2,418,472.	2,418,472.		
	d EDUCATIONAL PROGRAMS	611710		1,859,415.	1,859,415.		
	e GRAD MEDICAL PROGRAM	611710		686,850.	686,850.		
	f All other program service revenue	900099		5,690,553.	5,690,553.		
	g **Total.** Add lines 2a-2f			59,720,704.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,323,359.		-20,035.	9,343,394.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			81,973,205.			81,973,205.
		(i) Real	(ii) Personal				
	6a Gross rents	519,898.					
	b Less: rental expenses	519,898.					
	c Rental income or (loss)	0.					
	d Net rental income or (loss)			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	252,902,334.	179,084.				
	b Less: cost or other basis and sales expenses	233,119,455.	172,524.				
	c Gain or (loss)	19,782,879.	6,560.				
	d Net gain or (loss)			19,789,439.			19,789,439.
	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	37,309,550.				
	b Less: cost of goods sold	b	5,746,763.				
	c Net income or (loss) from sales of inventory			31,562,787.	31,562,787.		
	Miscellaneous Revenue	**Business Code**					
	11a ADVERTISING	541800		16,050,642.		16,050,642.	
	b SUBSIDIARY SERVICE FEE	561000		707,092.	707,092.		
	c DATA SALES	541900		358,285.	150,000.	208,285.	
	d All other revenue	900099		1,077,456.	481,410.	120,835.	475,211.
	e **Total.** Add lines 11a-11d			18,193,475.			
	12 **Total revenue.** See instructions.			261,368,052.	92,621,993.	16,359,727.	111,581,249.

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,635,777.			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,447,264.			
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	101,650,173.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,036,140.			
9 Other employee benefits	13,220,804.			
10 Payroll taxes	6,514,790.			
11 Fees for services (non-employees):				
a Management				
b Legal	477,925.			
c Accounting	232,616.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	163,765.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,519,897.			
12 Advertising and promotion	4,609,642.			
13 Office expenses	3,395,936.			
14 Information technology	9,075,469.			
15 Royalties	269,042.			
16 Occupancy	9,571,422.			
17 Travel	6,565,307.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,747,969.			
20 Interest	95,610.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,793,738.			
23 Insurance	938,071.			
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 PUBLICATIONS COSTS	16,306,158.			
b MEMBERSHIP SOLICITATION	5,080,385.			
c MARKET RESEARCH	1,660,738.			
d OUTBOUND TELEMARKETING	1,482,830.			
e All other expenses	7,376,903.			
25 **Total functional expenses.** Add lines 1 through 24e	231,868,371.			
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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,522,677.	1	2,467,894.
	2	Savings and temporary cash investments	4,975,663.	2	4,174,380.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,998,183.	4	26,723,289.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,336,325.	8	2,718,785.
	9	Prepaid expenses and deferred charges	4,532,258.	9	4,625,844.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 123,724,700.			
	b	Less: accumulated depreciation — 10b: 73,726,380.	53,567,300.	10c	49,998,320.
	11	Investments - publicly traded securities	537,413,726.	11	555,559,042.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	35,065,928.	15	18,062,699.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	662,412,060.	16	664,330,253.
Liabilities	17	Accounts payable and accrued expenses	37,318,981.	17	35,119,364.
	18	Grants payable		18	
	19	Deferred revenue	47,135,972.	19	45,015,654.
	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	123,714,783.	25	139,988,834.
	26	**Total liabilities.** Add lines 17 through 25	208,169,736.	26	220,123,852.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	452,390,156.	27	442,360,310.
	28	Temporarily restricted net assets	1,852,168.	28	1,846,091.
	29	Permanently restricted net assets		29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	454,242,324.	33	444,206,401.
	34	Total liabilities and net assets/fund balances	662,412,060.	34	664,330,253.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	261,368,052.
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,868,371.
3	Revenue less expenses Subtract line 2 from line 1	3	29,499,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	454,242,324.
5	Net unrealized gains (losses) on investments	5	-17,334,690.
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	-22,200,914.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	444,206,401.

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: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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. [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.**

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $ 0.

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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.

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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).

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

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	40,805,083.
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	18,788,157.
b Carryover from last year	2b	
c Total	2c	18,788,157.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	22,305,219.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-3,517,062.

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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) Revenue 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 Revenue 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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(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:

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

4 Describe in Part 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		31,453,109.	4,676,629.	26,776,480.
d Equipment		4,265,493.	1,354,856.	2,910,637.
e Other		88,006,098.	67,694,895.	20,311,203.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				49,998,320.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	1,063,449.
(2) DEFERRED RENT	16,041,047.
(3) PENSION LIABILITY	4,653,801.
(4) POST RETIREMENT HEALTHCARE LIABILITY	83,023,219.
(5) DEFERRED COMPENSATION	4,847,107.
(6) DEFERRED TENANT ALLOWANCES RECEIVED	20,173,432.
(7) RESERVE FOR SUBLEASED OFFICE SPACE	252,460.
(8) STATE INCOME TAX PAYABLE	154,800.
(9) RESERVE FOR OFFICE LEASE TERMINATION	9,779,519.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	139,988,834.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	*Prior year adjustments*	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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.

PART X, LINE 2:

FIN 48 (ASC 740) LIABILITY FOR UNCERTAIN TAX POSITIONS:

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (WHICH IS CURRENTLY PART OF AASC TOPIC 740). ASC TOPIC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE AMA'S TAX RETURNS TO DETERMINE WHETHER TAX POSITIONS ARE "MORE-THAN-LIKELY-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAXING AUTHORITY. TAX BENEFITS OR POSITIONS NOT DEEMED TO MEET THE "MORE-THAN-LIKELY-NOT" THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE IN THE CURRENT YEAR. THE AMA ADOPTED ASC TOPIC 740 IN 2009 AND AS THE IMPACT OF ADOPTION WAS NOT MATERIAL, NO DISCLOSURE IS INCLUDED IN THE FOOTNOTES.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION

Employer identification number

36-0727175

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities 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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	82,471.
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	91,244.
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	SUBSCRIPTIONS	25,455.
3 a Sub-total	0	4			199,170.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	4			199,170.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2014**

432071
09-24-14

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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)

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 ▶

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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)

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ Yes	☒ No

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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] 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 Domestic Organizations and Domestic Governments. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MEDICAL ASSOCIATION ALLIANCE - 550M RITCHIE HIGHWAY #271 - SEVERNA PARK, MD 21146	36-2002758	501(C)(4)	7,500.	0.			SUPPORT FOR RESILIENT PHYSICIAN FAMILY WORKSHOP.
ASSOCIATION OF AMERICAN MEDICAL COLLEGES - 2450 N. STREET, N.W. - WASHINGTON, DC 20037	36-2169124	501(C)(3)	13,118.	0.			SUPPORT LCME PROGRAM EXPENSES FOR THE PERIOD JULY 1 - SEPT 30 2014.
AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES - 555 E. WELLS STREET SUITE 1100 - MILWAUKEE, WI 53202	36-2915937	501(C)(6)	50,000.	0.			GRANT TO SUPPORT ORGANIZATION'S PROGRAMS AND SERVICES.
ASSOCIATION OF STAFF PHYSICIAN RECRUITERS (ASPR) - 1000 WESTGATE DRIVE, SUITE 252 - SAINT PAUL, MN 55114	85-0406361	501(C)(6)	6,000.	0.			SPONSORSHIP, CORPORATE CONTRIBUTOR PROGRAM FOR ANNUAL CONFERENCE.
BROWN UNIVERSITY 164 ANGELL STREET PROVIDENCE, RI 02912-9002	05-0258809	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
DAVID A. WINSTON HEALTH POLICY FELLOWSHIP - 2000 14TH STREET NORTH, STE 780 - ARLINGTON, VA 22201	52-1492039	501(C)(3)	26,000.	0.			SPONSORSHIP FOR HEALTH POLICY BALL.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 28.

3 Enter total number of other organizations listed in the line 1 table ▶ 8.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST CAROLINA UNIVERSITY 2200 S CHARLES BLVD GREENVILLE, NC 27858-4353	56-6000403	STATE OF NC	214,672.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
ILLINOIS STATE MEDICAL SOCIETY 20 NORTH MICHIGAN AVE CHICAGO, IL 60602	36-2436054	501(C)(6)	50,000.	0.			GRANT TO SUPPORT OPPOSITION TO PSYCHOLOGISTS' AUTHORITY TO PRESCRIBE MEDICATION.
MARCH OF DIMES 2700 SOUTH QUINCY STREET, STE 220 ARLINGTON, VA 22206	13-1846366	501(C)(3)	10,000.	0.			SUPPORTER OF 2014 MARCH OF DIMES GALA.
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW, ROOM T 433 C WASHINGTON, DC 20001-2721	53-0196932	501(C)(3)	30,000.	0.			SPONSOR OF GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION.
BRANDIES UNIVERSITY 415 SOUTH STREET, MAIL STOP 035 WALTHAM, MA 02453	04-2103552	501(C)(3)	25,000.	0.			2014 PRINCETON CONFERENCE SUPPORT FOR THE CHANGING HEALTH CARE LANDSCAPE.
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 1800 M STREET, N.W., SUITE 750 SOUTH - WASHINGTON, DC 20036	53-0237585	501(C)(3)	10,000.	0.			SPONSORSHIP FOR 2014 MULTIPLE SCLEROSIS WALK AND AMBASSADORS BALL.
EHEALTH INITIATIVE 818 CONNECTICUT AVENUE, NW STE 500 WASHINGTON, DC 20006	52-2303820	501(C)(6)	10,000.	0.			SPONSORSHIP - FOR ANNUAL MEETING - EHR USABILITY PRIORITIES.
RESEARCH AMERICA 1101 KING STREET, SUITE 520 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	60,000.	0.			SPONSORSHIP, ADVOCACY AWARDS DINNER & UNDERWRITING POLL DATA.
AMERICAN MEDICAL WOMEN'S ASSOCIATION - 12100 SUNSET HILLS ROAD, SUITE 130 - RESTON, VA 20190	13-6163539	501(C)(3)	6,450.	0.			SPONSORSHIP OF THE AMWA'S 100TH ANNIVERSARY.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO MEDICAL ASSOCIATION P.O. BOX 2668 BOISE, ID 83701	82-0194325	501(C)(6)	20,000.	0.			GRANT - TO PROMOTE TRUTH IN ADVERTISING ON HEALTH PROVIDER'S DEGREE AND TRAINING.
US CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVENUE, N.E. WASHINGTON, DC 20002	52-0796820	501(C)(3)	10,000.	0.			SUPPORT TO PRESERVE AND INTERPRET THE HISTORY OF THE CAPITOL AND THE CONGRESS.
MAYO CLINIC PO BOX 4008 ROCHESTER, MN 55903-4008	41-6011702	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
INSTITUTE OF MEDICINE OF CHICAGO 25 NORTHWEST POINT BLVD. #700 ELK GROVE VILLAGE, IL 60007	36-2217993	501(C)(3)	10,000.	0.			SUPPORT FOR PILOT PROJECTS, SCHOLARSHIPS, & ACTIVITIES FOR CENTENNIAL.
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 545 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
INSTITUTE ON MEDICINE AS A PROFESSION INC. - 622 W 168TH ST, PRESBYTERIAN HOSPITAL BUILDING, STE 15-25 - NEW YORK, NY 10032	33-1033330	501(C)(3)	20,000.	0.			GRANT- TO SUPPORT IMAP'S DEVELOPMENT OF FUNDED CONTENT.
THE OREGON HEALTH & SCIENCE UNIVERSITY - 690 SW BANCROFT ST. L106SPA - PORTLAND, OR 97239-3098	93-1176109	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
MEDICAL EXCELLENCE 464 SAND HILL CIRCLE MENLO PARK, CA 94025	46-2350241		200,000.	0.			GRANT, VIRTUAL STD. PATIENT ENCOUNTER - SIMULATES OFFICE-BASED PATIENT VISITS.
PENNSYLVANNIA STATE UNIVERSITY 44 EAST GRANADA AVE, STE 1100 HERSHEY, PA 17033	24-6000376	STATE OF PA	215,908.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	215,647.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1274	39-6006309	501(C)(3)	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	39-6006309	501(C)(3)	50,000.	0.			GRANT - TO DEVELOP INNOVATIVE STRATEGIES FOR TRANSFORMING THE EDUCATION OF PHYSICIANS.
TEDMED LLC. 2 HIGH RIDGE PARK STAMFORD, CT 06905	45-1057753		300,000.	0.			SPONSORSHIP, TEDMED CONFERENCE.
WINDOW TO THE WORLD (WTTW) 5400 NORTH ST. LOUIS AVENUE CHICAGO, IL 60625	36-2246703	501(C)(3)	250,000.	0.			SPONSORSHIP - FOR 1 HOUR PBS DOCUMENTARY "HOPE FOR HEALTHCARE IN THE U.S.".
THE TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS, IN 45202	35-6001673	STATE OF IN	216,000.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
VANDERBILT UNIVERSITY MEDICAL CENTER - 1501 NORTH PLANO ROAD - RICHARDSON, TX 75081	62-0476822	501(C)(3)	215,972.	0.			GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION.
PREVENT CANCER FOUNDATION 1600 DUKE STREET SUITE 500 ALEXANDRIA, VA 22314	52-1429544	501(C)(3)	7,000.	0.			SPONSOR OF ANNUAL SPRING GALA.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 1000 CHURCH STREET NASHVILLE, TN 37203	36-3258696	501(C)(3)	10,000.	0.			SPONSORSHIP, MIDDLE TENNESSEE DIABETES PREVENTION SUMMIT.
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW, ROOM T 433 C WASHINGTON, DC 20001-2721	53-0196932	501(C)(3)	10,000.	0.			SUPPORT FOR THE IOM ROUNDTABLE ON VALUE & SCIENCE DRIVEN HEALTH CARE.
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET, NW, ROOM T 433 C WASHINGTON, DC 20001-2721	53-0196932	501(C)(3)	10,000.	0.			SUPPORT FOR ROUNDTABLE ON TRANSLATING GENOMIC-BASED RESEARCH FOR HEALTH.

Part III **Grants and Other Assistance to Domestic Individuals.** 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.

PART I, LINE 2:

THE AMA PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE RECOGNIZED

PUBLIC CHARITIES AND RECOGNIZED TRADE ASSOCIATIONS PRIMARILY ASSOCIATED

WITH THE MEDICAL FIELD. THE AMA MAINTAINS CONTACT WITH THE GRANTEES THROUGH

THE PERFORMANCE OF ITS EXEMPT ACTIVITIES.

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION

Employer identification number

36-0727175

Part I Questions Regarding Compensation

		Yes	No
1a	Check the 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.		
	[X] First-class or charter travel		
	[ ] Travel for companions		
	[ ] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[ ] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[X] Health or social club dues or initiation fees		
	[ ] Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
3	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.		
	[X] Compensation committee		
	[X] Independent compensation consultant		
	[ ] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID O. BARBE, M.D.	(i)	178,700.	0.	0.	0.	0.	178,700.	0.
CHAIR/PAST CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
ARDIS D. HOVEN, M.D.	(i)	260,000.	0.	10,000.	16,500.	0.	286,500.	0.
PRESIDENT/PAST PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMY A. LAZARUS, M.D.	(i)	119,500.	0.	17,624.	17,500.	0.	154,624.	7,708.
PAST PRESIDENT (THRU JUNE 2014)	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA L. MCANENY, M.D.	(i)	217,000.	0.	7,376.	17,500.	0.	241,876.	0.
CHAIR ELECT/CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN R. PERMUT, M.D.	(i)	152,100.	0.	3,256.	0.	0.	155,356.	0.
TRUSTEE/CHAIR ELECT	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN J.STACK, M.D.	(i)	205,550.	0.	2,500.	0.	0.	208,050.	0.
PAST CHAIR/PRES-ELECT	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT M. WAH, M.D.	(i)	259,000.	0.	11,548.	17,500.	0.	288,048.	0.
PRES-ELECT/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES L. MADARA, M.D.	(i)	941,630.	715,726.	224,691.	96,600.	56,369.	2,035,016.	208,107.
EVP & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
BERNARD L. HENGESBAUGH	(i)	554,919.	336,000.	17,020.	15,600.	46,598.	970,137.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH J. SHARIGIAN, PHD	(i)	506,556.	288,000.	19,018.	15,600.	10,759.	839,933.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD A. DEEM	(i)	440,352.	279,000.	8,005.	15,600.	19,675.	762,632.	0.
SVP, ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
HOWARD C. BAUCHNER, M.D.	(i)	555,362.	100,000.	9,288.	15,600.	40,717.	720,967.	0.
SVP & EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
MODENA H. WILSON, M.D.	(i)	433,375.	210,000.	12,274.	15,600.	31,302.	702,551.	0.
SVP & CHIEF HEALTH/SCIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS J. EASLEY	(i)	376,596.	209,000.	2,090.	15,600.	2,921.	606,207.	0.
SVP, PUBLISHER	(ii)	0.	0.	0.	0.	0.	0.	0.
JON N. EKDAHL	(i)	425,211.	127,000.	34,392.	15,600.	52,914.	655,117.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD L. LANGSTON, M.D.	(i)	0.	0.	10,926.	0.	0.	10,926.	10,926.
FORMER TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.

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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
REBECCA J. PATCHIN, M.D.	(i)	0.	0.	14,242.	0.	0.	14,242.	14,242.
FORMER TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

AMA REIMBURSES TWO SENIOR EXECUTIVES LISTED ON PART VII FOR MEMBERSHIP DUES IN LUNCHEON OR SOCIAL BUSINESS CLUBS. THE DUES ARE TAXABLE TO THE INDIVIDUAL TO THE EXTENT USED FOR PERSONAL PURPOSES. EXPENSES RELATED TO BUSINESS UTILIZATION OF THE THESE CLUBS ARE SUBJECT TO THE ORGANIZATION'S TRAVEL AND ENTERTAINMENT EXPENSE POLICY. ALL EXECUTIVES ARE REIMBURSED FOR HEALTH CLUB DUES WHICH ARE REPORTED AS COMPENSATION TO THE INDIVIDUAL, TO THE EXTENT REIMBURSED. IN RARE INSTANCES FOR MEMBERS OF THE BOARD, IT IS RECOGNIZED THAT SHORT NOTICE ASSIGNMENTS MAY REQUIRE FIRST CLASS TRAVEL BECAUSE OF THE LACK OF AVAILABILITY OF COACH SEATING. THIS MUST BE AUTHORIZED WHEN NECESSARY BY THE BOARD CHAIR, PRIOR TO TRAVEL. THE PRESIDENTS (PRESIDENT, IMMEDIATE PAST PRESIDENT AND PRESIDENT ELECT) WILL EACH HAVE ACCESS TO AN INDIVIDUAL $2,500 NON-TAXABLE ALLOWANCE (PER TERM) TO USE FOR UPGRADES AS EACH DEEMS APPROPRIATE, TYPICALLY WHEN TRAVELING ON AN AIRLINE WITH NON-PREFERRED STATUS.

PART I, LINE 4B:

AMA ESTABLISHED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN 1994 FOR KEY EXECUTIVES AND LIMITED PARTICIPATION IN THE PLAN TO ONLY INDIVIDUALS IN

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.

EXECUTIVE POSITIONS IN 1994. THE PLAN WAS LINKED TO AMA'S PENSION PLAN AND WAS DESIGNED TO PROVIDE PENSION BENEFITS TO REPLACE BENEFITS LOST DUE TO REDUCTIONS IN COVERED COMPENSATION UNDER THE IRS LIMITS. BENEFITS CEASED ACCRUING UNDER THE PLAN WHEN THE AMA GENERAL PENSION PLAN WAS FROZEN AS OF DECEMBER 31 2002. ONE EXECUTIVE CONTINUES TO BE A VESTED PARTICIPANT IN BENEFITS THAT ACCRUED PRIOR TO THAT DATE, ROBERT A. MUSACCHIO. AMA ESTABLISHED A KEY EMPLOYEE OPTION PLAN AND AN OPTION PLAN FOR TRUSTEES IN 1997. THESE PLANS WERE SUSPENDED IN 2002, PURSUANT TO A CHANGE IN IRS REGULATIONS. IN ADDITION, THE AMA HAS A DEFERRED COMPENSATION PLAN AS DEFINED IN SECTION 457(B) OF THE INTERNAL REVENUE CODE WHICH IS AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT OF THE AMA. UNDER THIS PLAN, INDIVIDUALS MAY DEFER UP TO THE ANNUAL AMOUNT PERMITTED BY THE INTERNAL REVENUE CODE. THE AMA MAKES NO CONTRIBUTIONS TO THIS PLAN. CONTRIBUTIONS BY THE PARTICIPANTS ARE INCLUDED IN THE COMPENSATION INFORMATION ABOVE; EMPLOYEE CONTRIBUTIONS ARE INCLUDED IN COLUMN B(I) AND BOARD OF TRUSTEE CONTRIBUTIONS ARE INCLUDED IN COLUMN C. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A DEFERRED COMPENSATION PLAN AFTER LEAVING THE AMA, WHICH ARE INCLUDED IN COLUMN B(III) AND COLUMN F:

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.

EDWARD L. LANGSTON, M.D. $10,926

REBECCA J. PATCHIN M.D. $14,242

JOSEPH P. ANNIS, M.D. $8,751

JEREMY A. LAZARUS, M.D. $7,708

COLUMN C ALSO INCLUDES THE EMPLOYER CONTRIBUTION TO THE 401(K) PLAN FOR EMPLOYEES. IN 2011, AMA AND JAMES L. MADARA ENTERED INTO A DEFERRED COMPENSATION AGREEMENT SUBJECT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE, CALLING FOR ANNUAL CONTRIBUTIONS BY THE AMA TO THE DEFERRED ACCOUNT. THE ACCOUNT VESTS OVER TIME AND PAYMENT OF UNDISTRIBUTED AMOUNTS WILL OCCUR ON THE VESTING DATES. IN 2014, $208,107 VESTED AND WAS PAID TO DR. MADARA AND IS INCLUDED IN COLUMN B(III) AND COLUMN F.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSUMER-DRIVEN HEALTH PLANS ON DELIVERY OF HEALTH CARE.

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

I. IMPROVING HEALTH OUTCOMES, QUALITY OF CARE AND PUBLIC HEALTH

II. ACCELERATING CHANGE IN MEDICAL EDUCATION. ADVANCING IMPROVEMENTS IN UNDERGRADUATE MEDICAL EDUCATION, MEDICAL EDUCATION POLICY AND RESEARCH.

III. IMPROVING PROFESSIONAL SATISFACTION AND PRACTICE SUSTAINABILITY FOR PHYSICIANS IN ALL PRACTICE TYPES

IV. PROFESSIONALISM AND ETHICS

V. GRADUATE MEDICAL EDUCATION POLICY & RESEARCH

VI. CONTINUING MEDICAL EDUCATION POLICY & RESEARCH

VII. SCIENCE, RESEARCH & TECHNOLOGY

VIII. POLITICAL EDUCATION

IX. LEGAL REPRESENTATION

X. INTERNATIONAL MEDICINE

XI. HEALTH POLICY RESEARCH & DEVELOPMENT

XII. MEDICAL PRACTICE BOOKS, PRODUCTS & SERVICES

XIII. MEDICAL STUDENT SERVICES

XIV. RESIDENT PHYSICIAN SERVICES

XV. YOUNG PHYSICIAN SERVICES

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

XVI. HOSPITAL MEDICAL STAFF SERVICES

XVII. MEDICAL SCHOOL SERVICES

XVIII. MEDICAL SOCIETY RELATIONS

FORM 990, PART VI, SECTION A, LINE 6:

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

FORM 990, PART VI, SECTION A, LINE 7A:

ALL TWENTY-ONE MEMBERS OF THE AMA BOARD OF TRUSTEES, THE GOVERNING BODY, ARE ELECTED BY THE AMA HOUSE OF DELEGATES. THE HOUSE OF DELEGATES INCLUDES DELEGATES FROM STATE, TERRITORIAL, NATIONAL SPECIALTY OR PROFESSIONAL INTEREST MEDICAL ASSOCIATIONS THAT QUALIFY UNDER THE AMA BY-LAWS, PLUS THE FIVE FEDERAL SERVICES AND CERTAIN INTERNAL SECTIONS AND CONSORTIUMS.

FORM 990, PART VI, SECTION B, LINE 11:

AMA'S 2014 FORM 990 WAS PREPARED BY DELOITTE TAX LLP USING THE INFORMATION PROVIDED BY AMA. THE COMPLETED FORM 990 WAS REVIEWED BY AMA'S FINANCE MANAGEMENT BEFORE BEING REVIEWED BY THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES. THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES REVIEWED THE

Name of the organization: AMERICAN MEDICAL ASSOCIATION

Employer identification number: 36-0727175

FORM 990 FOR 2014 AT A REGULARLY SCHEDULED BOARD MEETING. ALL 21 BOARD MEMBERS RECEIVED A COPY OF THE RETURN AND THE COMMITTTEE REPORTED ON THE REVIEW OF THE FORM 990 TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICE OF GENERAL COUNSEL AND THE ORGANIZATION AND OPERATIONS COMMITTEE OF THE AMA BOARD OF TRUSTEES THROUGHOUT THE COURSE OF THE YEAR REVIEW BOARD MEMBER AND KEY EMPLOYEE DISCLOSURES OF ACTIVITIES AND AFFILIATIONS FROM A CONFLICT OF INTEREST STANDPOINT. WRITTEN ANALYSES ARE PREPARED AND RECOMMENDATIONS MADE TO THE BOARD AS TO WHETHER CONFLICTS EXIST. ANNUALLY, THE OFFICE OF GENERAL COUNSEL REVIEWS AND ANALYZES ALL BOARD AND KEY EMPLOYEE CONFLICT OF INTEREST DISCLOSURES, AND PREPARES A WRITTEN ANALYSIS OF SAME.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE AMA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL REPORT TO THE PUBLIC BY POSTING THE ABOVE ITEMS ON THE AMA'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY IN EARNINGS OF SUBSIDIARY	10,519,654.
DEFINED BENEFIT PLAN CHARGES	-32,720,568.
TOTAL TO FORM 990, PART XI, LINE 9	-22,200,914.

FORM 990, ITEM B, AMENDED RETURN:

THE TAXPAYER'S 2014 FORM 990 IS BEING AMENDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN. THE FORM 990 WAS ERRONEOUSLY FILED ON APRIL 15, 2015 PRIOR TO THE TAXPAYER RECEIVING ALL PERTINENT INFORMATION. THE PARTS AND SCHEDULES OF FORM 990 IMPACTED ARE AS FOLLOWS:

- FORM 990, PARTS I, VI, VII, VIII, IX, X, XI, AND XII
- FORM 990, SCHEDULE D, PART X
- FORM 990, SCHEDULE I, PART II
- FORM 990, SCHEDULE O
- FORM 990, SCHEDULE R, PART IV

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.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICAN MEDICAL ASSOCIATION

Employer identification number

36-0727175

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
AMA SERVICES, INC. - 36-3229022 330 N. WABASH AVENUE, SUITE 39300 CHICAGO, IL 60611-5885	HOLDING COMPANY - BUSINESS AND PERSONAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C CORP	20,504,408.	48,454,713.	100.00%	X	
AMA INSURANCE AGENCY, INC. - 36-3305962 330 N. WABASH AVENUE, SUITE 39300 CHICAGO, IL 60611-5885	INSURANCE BROKERAGE	IL	AMA SERVICES, INC.	C CORP			100.00%	X	
AMAGINE, INC. - 27-3034169 330 N. WABASH AVENUE, SUITE 39300 CHICAGO, IL 60611-5885	PHYSICIAN PRACTICE PRODUCTS	IL	AMA SERVICES, INC.	C CORP			100.00%	X	
AMERICAN MEDICAL ASSURANCE COMPANY - 36-2874262, 330 N. WABASH AVENUE, SUITE 39300, CHICAGO, IL 60611-5885	BUSINESS SERVICES REINSURANCE COMPANY	IL	AMERICAN MEDICAL ASSOCIATION	C CORP	-113,517.	3,515,004.	100.00%	X	

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.

			Yes	No
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	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	X	
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMA INSURANCE AGENCY	Q	3,181,453.	COST/FAIR MARKET VALUE
(2) AMA INSURANCE AGENCY	A	519,898.	COST/FAIR MARKET VALUE
(3) AMA INSURANCE AGENCY	L	686,992.	COST/FAIR MARKET VALUE
(4) AMA INSURANCE AGENCY	N	150,000.	COST/FAIR MARKET VALUE
(5) AMAGINE, INC.	Q	16,307.	COST/FAIR MARKET VALUE
(6) AMERICAN MEDICAL ASSURANCE CO.	Q	773.	COST/FAIR MARKET VALUE

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	AMERICAN MEDICAL ASSURANCE CO.	L	20,100.	COST/FAIR MARKET VALUE
(8)	AMA SERVICES, INC.	Q	2,858.	COST/FAIR MARKET VALUE
(9)	AMA SERVICES, INC.	F	13,600,000.	COST/FAIR MARKET VALUE
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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