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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN MEDICAL ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
330 N WABASH AVENUE NO 39300

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 606115885

D Employer identification number
36-0727175

E Telephone number
(312)464-5000

G Gross receipts $ 605,394,311

F Name and address of principal officer
JAMES L MADARA MD
330 N WABASH AVENUE NO 39300
CHICAGO,IL 606115885

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AMA-ASSN ORG

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

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,020
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	20,417,610
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	40,805,083	39,843,049
9	Program service revenue (Part VIII, line 2g)	59,720,704	63,430,096
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,112,798	28,947,497
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,729,467	152,114,639
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,368,052	284,335,281
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,635,777	3,538,108
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)	133,869,171	143,754,933
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)	94,363,423	107,026,204
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	231,868,371	254,319,245
19	Revenue less expenses Subtract line 18 from line 12	29,499,681	30,016,036
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	664,330,253	684,343,310
21	Total liabilities (Part X, line 26)	220,123,852	233,369,849
22	Net assets or fund balances Subtract line 21 from line 20	444,206,401	450,973,461

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: 2016-08-31

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SHAWNA M JIMENEZ	SHAWNA M JIMENEZ	2016-08-25		P01222873

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200
INDIANAPOLIS, IN 462045108 — Phone no (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 TEN SPECIALTY JOURNALS THESE JOURNALS ARE DISTRIBUTED TO MORE THAN 420,000 INDIVIDUAL RECIPIENTS IN PRINT WORLDWIDE, AS WELL AS MORE THAN 2,535 INSTITUTIONS WITH ELECTRONIC ACCESS THE JOURNALS INCLUDED DEFINITIVE, PEER REVIEWED CLINICAL AND INVESTIGATIVE REPORTS SPANNING MAJOR MEDICAL DISCIPLINES TO SUPPORT INFORMED CLINICAL DECISION-MAKING AND TO ENABLE PHYSICIANS TO REMAIN CURRENT PROFESSIONALLY

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

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

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

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

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

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

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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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**	463		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,020		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶ UK 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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 HAGERTY 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 (312) 464-5000

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,121,822	0	669,937

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 ▶ 360

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WS LIVE LLC 131 WEST 10TH STREET DUBUQUE, IA 52001	PROVIDED TELEMARKETING SERVICES	1,948,961
PBD INC 1650 BLUEGRASS LAKES PARKWAY ALPHARETTA, GA 30004	ORDER FULFILLMENT SERVICES	1,845,223
SILVERCHAIR 310 EAST MAIN STREET CHARLOTTESVILLE, VA 22902	PROVIDED IT SERVICES	1,821,894
KLICK INC 175 BLOOR STREET EAST TORONTO, ONTARIO M4W 3R8 CA	PROVIDED CONSULTING SERVICES	1,431,988
IMS HEALTH INC PO BOX 8500-4290 PHILADELPHIA, PA 191784290	PROVIDED CONSULTING SERVICES	958,773

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 ▶ 99

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	39,843,049			
	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 . . . . . ▶	39,843,049			
Program Service Revenue		Business Code				
	2a	SUBSCRIPTION	511120	36,704,855	36,704,855	
	b	CREDENTIALING SERVICES	541900	14,181,764	14,181,764	
	c	REPRINTS & PERMISSIONS	511190	3,620,324	3,620,324	
	d	EDUCATIONAL PROGRAMS	611710	2,114,740	2,114,740	
	e	GRAD MEDICAL PROGRAM	611710	685,880	685,880	
	f	All other program service revenue		6,122,533	6,122,533	
	g	**Total.** Add lines 2a–2f . . . . . ▶		63,430,096		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,682,386	-6,324	9,688,710
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶		97,131,030		97,131,030
		(i) Real / (ii) Personal				
	6a	Gross rents: (i) 615,499				
	b	Less rental expenses: (i) 615,499				
	c	Rental income or (loss): (i) 0				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (i) 332,580,674; (ii) 15,675				
	b	Less cost or other basis and sales expenses: (i) 313,296,015; (ii) 35,223				
	c	Gain or (loss): (i) 19,284,659; (ii) -19,548				
	d	Net gain or (loss) . . . . . ▶	19,265,111			19,265,111
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a: 40,177,174				
	b	Less cost of goods sold . . b: 7,112,293				
	c	Net income or (loss) from sales of inventory . . ▶	33,064,881	33,064,881		
		Miscellaneous Revenue / Business Code				
	11a	ADVERTISING 541800	20,210,889		20,210,889	
	b	SUBSIDIARY SERVICE FEE 561000	799,815	799,815		
	c					
	d	All other revenue	908,024	378,742	213,045	316,237
	e	**Total.** Add lines 11a–11d . . . . . ▶	21,918,728			
	12	**Total revenue.** See Instructions . . . . . ▶	284,335,281	97,673,534	20,417,610	126,401,088

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	3,538,108			
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	7,301,844			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	38,790			
7 Other salaries and wages	103,178,096			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,270,707			
9 Other employee benefits	17,035,664			
10 Payroll taxes	6,929,832			
11 Fees for services (non-employees)				
a Management				
b Legal	463,676			
c Accounting	242,908			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	166,322			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,949,612			
12 Advertising and promotion	6,618,613			
13 Office expenses	3,167,839			
14 Information technology	10,809,298			
15 Royalties	236,099			
16 Occupancy	11,037,577			
17 Travel	7,148,890			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,348,058			
20 Interest	86,047			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,678,084			
23 Insurance	937,200			
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 PUBLICATION COSTS	16,816,696			
b MEMBERSHIP SOLICITATION	5,744,947			
c MARKET RESEARCH	1,729,084			
d OUTBOUND TELEMARKETING	1,476,141			
e All other expenses	8,369,113			
25 **Total functional expenses.** Add lines 1 through 24e	254,319,245			
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		2,467,894	1	2,611,234
	2	Savings and temporary cash investments		4,174,380	2	3,156,958
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,723,289	4	34,166,106
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,718,785	8	2,587,174
	9	Prepaid expenses and deferred charges		4,625,844	9	5,824,744
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 128,863,280			
	b	Less accumulated depreciation	10b 82,565,295	49,998,320	10c	46,297,985
	11	Investments—publicly traded securities		555,559,042	11	559,215,242
	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		18,062,699	15	30,483,867
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		664,330,253	16	684,343,310
Liabilities	17	Accounts payable and accrued expenses		35,119,364	17	46,671,501
	18	Grants payable			18	
	19	Deferred revenue		45,015,654	19	48,152,887
	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		139,988,834	25	138,545,461
	26	**Total liabilities.** Add lines 17 through 25		220,123,852	26	233,369,849
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		442,360,310	27	449,237,215
	28	Temporarily restricted net assets		1,846,091	28	1,736,246
	29	Permanently restricted net assets			29	
		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		444,206,401	33	450,973,461
	34	Total liabilities and net assets/fund balances		664,330,253	34	684,343,310

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	284,335,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,319,245
3	Revenue less expenses Subtract line 2 from line 1	3	30,016,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	444,206,401
5	Net unrealized gains (losses) on investments	5	-37,455,652
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	14,206,676
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	450,973,461

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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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 ☑ 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	Yes	
	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

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

I IMPROVING HEALTH OUTCOMES, QUALITY OF CARE AND PUBLIC HEALTHII 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 TYPESIV PROFESSIONALISM AND ETHICSV GRADUATE MEDICAL EDUCATION POLICY & RESEARCHVI CONTINUING MEDICAL EDUCATION POLICY & RESEARCHVII SCIENCE, RESEARCH & TECHNOLOGYVIII POLITICAL EDUCATIONIX LEGAL REPRESENTATIONX INTERNATIONAL MEDICINEXI HEALTH POLICY RESEARCH & DEVELOPMENTXII MEDICAL PRACTICE BOOKS, PRODUCTS & SERVICESXIII MEDICAL STUDENT SERVICESXIV RESIDENT PHYSICIAN SERVICESXV YOUNG PHYSICIAN SERVICESXVI HOSPITAL MEDICAL STAFF SERVICESXVII MEDICAL SCHOOL SERVICESXVIII MEDICAL SOCIETY RELATIONS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ROBERT M WAH MD PRESIDENT/PAST PRESIDENT	56 00	X						264,848	0	18,000
STEVEN JSTACK MD PRESIDENT-ELECT/PRESIDENT	54 00	X						286,500	0	0
CARL A SIRIO MD TRUSTEE	21 00	X						76,248	0	18,000
BRUCE A SCOTT MD HOD VICE SPEAKER (BEG JULY 2015)	11 00	X						22,125	0	9,000
JACK RESNECK MD TRUSTEE	16 00	X						67,650	0	0
STEPHEN R PERMUT MD CHAIR ELECT/CHAIR	33 00	X						241,916	0	0
ALBERT T OSBAHR MD TRUSTEE	20 00	X						77,548	0	18,000
BARBARA L MCANENY MD CHAIR/PAST CHAIR	26 00	X						167,751	0	18,000
RUSSELL WH KRIDEL MD TRUSTEE	15 00	X						64,041	0	6,000
ARDIS D HOVEN MD PAST PRESIDENT (THRU JUNE 2015)	35 00	X						146,407	0	8,250
GERALD E HARMON MD TRUSTEE	18 00	X						61,026	0	16,800
ANDREW W GURMAN MD HOD SPEAKER/PRESIDENT-ELECT	34 00	X						185,601	0	18,000
JESSE EHRENFELD MD TRUSTEE	11 00	X						73,800	0	0
SUSAN R BAILEY MD HOD VICE SPEAKER/HOD SPEAKER	16 00	X						74,676	0	0
MAYA A BABU MD MBA RESIDENT TRUSTEE	20 00	X						80,200	0	0
GEORGIA A TUTTLE MD TRUSTEE	18 00	X						57,900	0	18,000
MARY ANNE MCCAFFREE MD TRUSTEE	22 00	X						76,500	0	18,000
SAMUEL MACKENZIE STUDENT TRUSTEE (THRU JUNE 2015)	20 00	X						30,750	0	0
DINA MARIE PITTA MPP STUDENT TRUSTEE (BEG JULY 2015)	12 00	X						30,750	0	0
WILLIAM E KOBLER MD TRUSTEE	19 00	X						87,300	0	0
PATRICE A HARRIS MD TRUSTEE/CHAIR ELECT	24 00	X						144,900	0	0
JULIE K GOONEWARDENE PUBLIC TRUSTEE	11 00	X						66,300	0	0
DAVID O BARBE MD PAST CHAIR/TRUSTEE	20 00	X						83,700	0	0
BERNARD L HENGESBAUGH CHIEF OPERATING OFFICER	60 00			X				923,639	0	62,848
JAMES L MADARA MD EVP & CEO	60 00			X				1,883,388	0	151,990

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
RICHARD A DEEM SVP, ADVOCACY	60 00				X			708,400	0	34,622
KENNETH J SHARIGIAN PHD CHIEF STRATEGY OFFICER	60 00				X			875,917	0	26,553
DENISE M HAGERTY SVP, CHIEF FINANCIAL OFFICER	60 00					X		656,441	0	37,341
JON N EKDAHL GENERAL COUNSEL	60 00					X		603,400	0	67,783
THOMAS J EASLEY SVP, PUBLISHER	60 00					X		627,159	0	19,433
MODENA H WILSON MD SVP & CHIEF HEALTH/SCIENCE	60 00					X		705,288	0	46,990
HOWARD C BAUCHNER MD SVP & EDITOR IN CHIEF	60 00					X		630,963	0	56,327
MONICA C WEHBY MD FORMER TRUSTEE	0 00						X	11,561	0	0
REBECCA J PATCHIN MD FORMER TRUSTEE	0 00						X	16,184	0	0
EDWARD L LANGSTON MD FORMER TRUSTEE	0 00						X	11,045	0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 the organization	Employer identification number
AMERICAN MEDICAL ASSOCIATION	36-0727175

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

1 Provide a description of the organization's direct and indirect political campaign activities 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-
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

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	39,603,011
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	21,207,073
b	Carryover from last year	2b	
c	Total	2c	21,207,073
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	19,801,505
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	1,405,568
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

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" on 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" on Form 990, Part IV, line 7.

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on 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" on 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)	Accumulated (c) depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		31,493,745	6,766,326	24,727,419
d Equipment		4,399,256	1,893,284	2,505,972
e Other		92,970,279	73,905,685	19,064,594
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				46,297,985

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	1,102,884
PENSION LIABILITY	3,495,447
POST RETIREMENT HEALTHCARE LIABILITY	88,926,742
DEFERRED COMPENSATION	4,980,355
DEFERRED OFFICE RENT	21,247,016
DEFERRED TENANT ALLOWANCES RECEIVED	18,638,217
STATE INCOME TAX PAYABLE	154,800
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	138,545,461

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on 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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	3	PROGRAM SERVICES	SUBSCRIPTIONS	218,395
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	SUBSCRIPTIONS	57,346
(3) EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	SUBSCRIPTIONS	73,234
(4)					
(5)					
3a Sub-total	0	7			348,975
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	7			348,975

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

Additional Data

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

Part V **Supplemental Information**

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

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

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

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

Return Reference	Explanation
PART I, LINE 2	THE AMA PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE RECOGNIZED PUBLIC CHARITIES AND RECOGNIZED PROFESSIONAL ASSOCIATIONS PRIMARILY ASSOCIATED WITH THE MEDICAL FIELD THE AMA MAINTAINS CONTACT WITH THE GRANTEES THROUGH THE PERFORMANCE OF ITS EXEMPT ACTIVITIES

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLIANCE FOR HEALTH REFORM 1444 EYE STREET NW SUITE 912 WASHINGTON,DC 20005	52-1746328	501(C)(3)	10,000				SPONSOR OF THE 2015 ANNUAL DINNER
AMERICAN ASSOCIATION OF MEDICAL SOCIETY EXECUTIVES 555 E WELLS ST SUITE 1100 MILWAUKEE,WI 53202	36-2915937	501(C)(6)	50,000				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				SPONSORSHIP, CORPORATE CONTRIBUTOR PROGRAM FOR ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BROWN UNIVERSITY 164 ANGELL STREET PROVIDENCE,RI 029129002	05-0258809	501(C)(3)	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
BRYCE HARLOW FOUNDATION 1700 NEW YORK AVENUE NW SUITE 400 WASHINGTON,DC 20006	52-1266620	501(C)(3)	10,000				CONTRIBUTION FOR THE 34TH ANNUAL AWARD'S DINNER
CALIFORNIA MEDICAL ASSOCIATION 1201 J STREET SUITE 200 SACRAMENTO,CA 958142906	94-0359340	501(C)(6)	60,000				GRANT, SCOPE OF PRACTICE MARKETING AND PUBLIC RELATIONS CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDRENS HOSPITAL CORPORATION DBA BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	30,000				CONTRIBUTION, SMART PLATFORM PROJECT
BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM,MA 024549110	04-2103552	501(C)(3)	25,000				SPONSOR PRINCETON CONFERENCE
DAVID A WINSTON HEALTH POLICY FELLOWSHIP 2000 14TH STREET NORTH STE 780 ARLINGTON,VA 22201	52-1492039	501(C)(3)	15,000				SPONSORSHIP OF 2016 HEALTH POLICY BALL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 278584353	56-6000403	STATE OF NC	215,765				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
INNOVATION DEVELOPMENT INSTITUTE INC DBA MATTER 222 W MERCHANDISE MART PLAZA CHICAGO,IL 60654	46-3253782	501(C)(3)	100,000				SPONSORSHIP FOR DEVELOPMENT OF "MATTER" - A NEW HEALTHCARE INNOVATION HUB
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433 C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	10,000				SUPPORT FOR ROUNDTABLE ON TRANSLATING GENOMIC-BASED RESEARCH FOR HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433 C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	30,000				SUPPORT FOR GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION
INSTITUTE ON MEDICINE AS A PROFESSION INC 622 W 168TH ST PRESBYTERIAN HOSPITAL BUILDING SUITE 15-25 NEW YORK,NY 10032	33-1033330	501(C)(3)	20,000				GRANT- TO SUPPORT IMAP'S DEVELOPMENT OF FUNDED CONTENT
MAINE MEDICAL ASSOCIATION 30 ASSOCIATION DRIVE MANCHESTER,ME 04351	01-0216933	501(C)(6)	25,000				GRANT TO SUPPORT ACTIVITIES RELATED TO LICENSURE OF CERTIFIED PROFESSIONAL MIDWIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARCH OF DIMES 2700 SOUTH QUINCY STREET STE 220 ARLINGTON,VA 22206	13-1846366	501(C)(3)	10,000				SUPPORTER OF 2015 GOURMET GALA
MAYO CLINIC PO BOX 4008 ROCHESTER,MN 559034008	41-6011702	501(C)(3)	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
NATIONAL ACADEMY OF SCIENCES 500 FIFTH STREET NW ROOM T 433 C WASHINGTON,DC 200012721	53-0196932	501(C)(3)	10,000				SUPPORT FOR THE IOM ROUNDTABLE ON VALUE & SCIENCE DRIVEN HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	17,500				SPONSORSHIP OF NATIONAL CONFERENCE OF STATE LEGISLATURES
NEW JERSEY PSYCHIATRIC ASSOCIATION 208 LENOX AVENUE 198 WESTFIELD,NJ 07090	21-0736620	501(C)(6)	72,000				GRANT TO SUPPORT ACTIVITIES RELATED TO PSYCHOLOGIST PRESCRIBING
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK,NY 10016	13-5562308	501(C)(3)	215,534				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO STATE MEDICAL ASSOCIATION 3401 MILL RUN DRIVE HILLIARD,OH 43026	31-4364893	501(C)(6)	60,000				GRANT TO SUPPORT ACTIVITIES RELATED TO APRN INDEPENDENT PRACTICE
OKLAHOMA OSTEOPATHIC ASSOCIATION 4848 N LINCOLN BOULEVARD OKLAHOMA CITY,OK 73105	73-0757525	501(C)(6)	19,200				SUPPORT ACTIVITIES RELATED TO ACCESS TO PHYSICAL THERAPISTS WITHOUT A PHYSICIAN
THE OREGON HEALTH & SCIENCE UNIVERSITY 690 SW BANCROFT ST L106SPA PORTLAND,OR 972393098	93-1176109	STATE OF OR	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PCPI FOUNDATION 330 N WABASH AVENUE SUITE 39300 CHICAGO,IL 606115885	30-0590166	501(C)(3)	140,000				GENERAL SUPPORT FOR QUALITY INITIATIVE
PENNSYLVANIA STATE UNIVERSITY 44 EAST GRANADA AVE SUITE 1100 HERSHEY,PA 17033	24-6000376	STATE OF PA	215,909				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)	10,000				SPONSOR OF ANNUAL SPRING GALA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO,CA 94103	94-6036493	STATE OF CA	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR,MI 481091274	39-6006309	STATE OF MI	215,999				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 481091274	39-6006309	STATE OF MI	35,000				GRANT - TO DEVELOP INNOVATIVE STRATEGIES FOR TRANSFORMING THE EDUCATION OF PHYSICIANS
RESEARCH AMERICA 1101 KING STREET SUITE 520 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	60,000				SPONSORSHIP - ADVOCACY AWARDS DINNER & UNDERWRITING SPONSOR POLL DATA SUMMARY VOLUME 14
SOCIETY FOR WOMENS HEALTH RESEARCH 1025 CONNECTICUT AVENUE NW SUITE 601 WASHINGTON, DC 20036	52-1694732	501(C)(3)	25,000				SPONSOR TABLE FOR 25TH ANNIVERSARY GALA DINNER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVE INDIANAPOLIS,IN 45202	35-6001673	STATE OF IN	216,000				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION
US CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVENUE NE WASHINGTON,DC 20002	52-0796820	501(C)(3)	10,000				SUPPORT TO PRESERVE AND INTERPRET THE HISTORY OF THE CAPITOL AND THE CONGRESS
VANDERBILT UNIVERSITY MEDICAL CENTER 1501 NORTH PLANO ROAD RICHARDSON,TX 75081	62-0476822	501(C)(3)	215,553				GRANT TO DEVELOP PROGRAMS TO ACCELERATE CHANGE IN MEDICAL EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WINDOW TO THE WORLD (WTTW) 5400 NORTH ST LOUIS AVENUE CHICAGO,IL 60625	36-2246703	501(C)(3)	250,000				SPONSORSHIP - FOR 1 HOUR PBS DOCUMENTARY "HOPE FOR HEALTHCARE IN THE U S "

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Name of the organization
AMERICAN MEDICAL ASSOCIATION

Employer identification number
36-0727175

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on 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 on prior Form 990
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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 MAXIMUM 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 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 EDWARD L LANGSTON, M D $11,045 REBECCA J PATCHIN, M D $16,184 ARDIS D HOVEN, M D $17,657 MONICA C WEHBY, M D $11,561 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 THE ANNUAL CONTRIBUTION IS INCLUDED IN COLUMN C ABOVE

Additional Data

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

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT M WAH MD PRESIDENT/PAST PRESIDENT	(I)	258,500	0	6,348	18,000	0	282,848	0
	(II)	0	0	0	0	0	0	0
1 STEVEN JSTACK MD PRESIDENT-ELECT/PRESIDENT	(I)	276,500	0	10,000	0	0	286,500	0
	(II)	0	0	0	0	0	0	0
2 STEPHEN R PERMUT MD CHAIR ELECT/CHAIR	(I)	234,500	0	7,416	0	0	241,916	0
	(II)	0	0	0	0	0	0	0
3 BARBARA L MCANENY MD CHAIR/PAST CHAIR	(I)	162,500	0	5,251	18,000	0	185,751	0
	(II)	0	0	0	0	0	0	0
4 ARDIS D HOVEN MD PAST PRESIDENT (THRU JUNE 2015)	(I)	128,750	0	17,657	8,250	0	154,657	17,657
	(II)	0	0	0	0	0	0	0
5 ANDREW W GURMAN MD HOD SPEAKER/PRESIDENT-ELECT	(I)	180,350	0	5,251	18,000	0	203,601	0
	(II)	0	0	0	0	0	0	0
6 BERNARD L HENGESBAUGH CHIEF OPERATING OFFICER	(I)	571,857	334,750	17,032	15,900	46,948	986,487	0
	(II)	0	0	0	0	0	0	0
7 JAMES L MADARA MD EVP & CEO	(I)	969,591	886,799	26,998	96,900	55,090	2,035,378	0
	(II)	0	0	0	0	0	0	0
8 RICHARD A DEEM SVP, ADVOCACY	(I)	449,997	247,450	10,953	15,900	18,722	743,022	0
	(II)	0	0	0	0	0	0	0
9 KENNETH J SHARIGIAN PHD CHIEF STRATEGY OFFICER	(I)	522,079	334,750	19,088	15,900	10,653	902,470	0
	(II)	0	0	0	0	0	0	0
10 DENISE M HAGERTY SVP, CHIEF FINANCIAL OFFICER	(I)	366,584	204,310	85,547	15,900	21,441	693,782	0
	(II)	0	0	0	0	0	0	0
11 JON N EKDAHL GENERAL COUNSEL	(I)	437,436	131,050	34,914	15,900	51,883	671,183	0
	(II)	0	0	0	0	0	0	0
12 THOMAS J EASLEY SVP, PUBLISHER	(I)	390,393	232,900	3,866	15,900	3,533	646,592	0
	(II)	0	0	0	0	0	0	0
13 MODENA H WILSON MD SVP & CHIEF HEALTH/SCIENCE	(I)	447,047	237,750	20,491	15,900	31,090	752,278	0
	(II)	0	0	0	0	0	0	0
14 HOWARD C BAUCHNER MD SVP & EDITOR IN CHIEF	(I)	619,910	100	10,953	15,900	40,427	687,290	0
	(II)	0	0	0	0	0	0	0
15 MONICA C WEHBY MD FORMER TRUSTEE	(I)	0	0	11,561	0	0	11,561	11,561
	(II)	0	0	0	0	0	0	0
16 REBECCA J PATCHIN MD FORMER TRUSTEE	(I)	0	0	16,184	0	0	16,184	16,184
	(II)	0	0	0	0	0	0	0
17 EDWARD L LANGSTON MD FORMER TRUSTEE	(I)	0	0	11,045	0	0	11,045	11,045
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	AMA'S 2015 FORM 990 WAS PREPARED BY DELOITTE TAX LLP USING THE INFORMATION PROVIDED BY AMA THE COMPLETED FORM 990 WAS REVIEWED BY AMA'S FINANCE MANAGEMENT BEFORE BEING REVIEWED BY THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES THE AUDIT COMMITTEE OF THE AMA BOARD OF TRUSTEES REVIEWED THE FORM 990 FOR 2015 AT A REGULARLY SCHEDULED BOARD MEETING ALL 21 BOARD MEMBERS RECEIVED A COPY OF THE RETURN AND THE COMMITTEE REPORTED ON THE REVIEW OF THE FORM 990 TO THE FULL BOARD

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

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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBSIDIARY 9,921,169 DEFINED BENEFIT POSTRETIREMENT PLANS OTHER THAN EXPENSE 4,285,507

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

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	(g) 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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	No
(1)HEALTH2047 INC 330 N WABASH AVENUE SUITE 3900 CHICAGO, IL 606115885 47-4308879	PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C	-2,744,381	12,796,318	100 000 %	Yes	
AMERICAN MEDICAL **(2)**ASSURANCE COMPANY 330 N WABASH AVENUE SUITE 3900 CHICAGO, IL 606115885 36-2874262	BUSINESS SERVICES REINSURANCE COMPANY	IL	AMERICAN MEDICAL ASSOCIATION	C	-87,411	3,398,327	100 000 %	Yes	
(3) AMA HEALTH INFORMATION SOLUTIONS INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 27-3034169	DIRECT LICENSING OF PHYSICIAN MASTERFILE	IL	AMA SERVICES INC	C			100 000 %	Yes	
(4)AMA SERVICES INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 36-3229022	HOLDING COMPANY - BUSINESS AND PERSONAL SERVICES	IL	AMERICAN MEDICAL ASSOCIATION	C	19,962,323	48,621,001	100 000 %	Yes	
AMA INSURANCE AGENCY **(5)**INC 330 N WABASH AVENUE SUITE 39300 CHICAGO, IL 606115885 36-3305962	INSURANCE BROKERAGE	IL	AMA SERVICES INC	C			100 000 %	Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AMA INSURANCE AGENCY INC	Q	3,247,946	COST/FAIR MARKET VALUE
(1)	AMA INSURANCE AGENCY INC	A	765,499	COST/FAIR MARKET VALUE
(2)	AMA INSURANCE AGENCY INC	L	752,164	COST/FAIR MARKET VALUE
(3)	AMA HEALTH INFORMATION SOLUTIONS INC	Q	94,167	COST/FAIR MARKET VALUE
(4)	AMA SERVICES INC	Q	5,598	COST/FAIR MARKET VALUE
(5)	AMA SERVICES INC	F	12,500,000	COST/FAIR MARKET VALUE
(6)	AMERICAN MEDICAL ASSURANCE COMPANY	Q	666	COST/FAIR MARKET VALUE
(7)	AMERICAN MEDICAL ASSURANCE COMPANY	L	20,100	COST/FAIR MARKET VALUE
(8)	HEALTH2047 INC	Q	108,731	COST/FAIR MARKET VALUE
(9)	HEALTH2047 INC	L	24,170	COST/FAIR MARKET VALUE
(10)	AMA HEALTH INFORMATION SOLUTIONS INC	L	3,382	COST/FAIR MARKET VALUE
(11)	AMA HEALTH INFORMATION SOLUTIONS INC	A	6,875	COST/FAIR MARKET VALUE