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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/foim990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADVANCED MEDICAL TECHNOLOGY ASSOCIATION		D Employer identification number 52-1006053
	Doing business as ADVAMED		E Telephone number (202) 783-8700
	Number and street (or P.O. box if mail is not delivered to street address) 701 PENNSYLVANIA AVE NW NO 800	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200042654		G Gross receipts \$ 33,262,234
	F Name and address of principal officer KENNETH MENDEZ 701 PENNSYLVANIA AVE NW NO 800 WASHINGTON, DC 200042654		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ WWW.ADVAMED.ORG		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1974	M State of legal domicile DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities REPRESENT MEDICAL DEVICE MANUFACTURER'S ON DOMESTIC & GLOBAL REGULATORY & LEGISLATIVE ISSUES		
	2 Check this box <input type="checkbox"/> 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	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	93
6 Total number of volunteers (estimate if necessary)	6	52	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	356,048	0
	9 Program service revenue (Part VIII, line 2g)	31,349,895	32,559,247
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	502,157	628,621
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,771	74,366
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,399,871	33,262,234
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	269,239	244,478
	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)	17,794,493	18,008,553
	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)	14,286,135	14,855,453
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,349,867	33,108,484
	19 Revenue less expenses Subtract line 18 from line 12	50,004	153,750
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	14,732,765	16,276,213
	21 Total liabilities (Part X, line 26)	8,034,231	9,423,929
	22 Net assets or fund balances Subtract line 21 from line 20	6,698,534	6,852,284

Part II	Signature Block
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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	*****			2016-11-14	
	Signature of officer			Date	
Paid Preparer Use Only	KENNETH MENDEZ CHIEF ADMINISTRATIVE OFFICER				
	Type or print name and title				
	Print/Type preparer's name DAVID J TRIMNER	Preparer's signature DAVID J TRIMNER	Date	Check <input type="checkbox"/> if self-employed	PTIN P00444822
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020 ARLINGTON, VA 22201			Phone no (571) 227-9500		

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ Yes

☒ No

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

3

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

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

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

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

4b

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

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

4c

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

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶

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	Yes
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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>			
25a		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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.	81	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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.	93	
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	No
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	
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: JA, CH, BE 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	43	
	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	43	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records JENNIFER BREAREY 701 PENNSYLVANIA AVE NW STE 800 WASHINGTON, DC 200042654 (202) 783-8700	

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

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

[illegible]

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)	▶	6,977,351	0	468,980

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 ▶ 43			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
	STORY PARTNERS LLC 1000 POTOMAC STREET NW SUITE 102 WASHINGTON, DC 20007	CONSULTING/ MONTHLY RETAINER	787,091
	ALBRIGHT STONEBRIDGE GROUP LLC 555 13TH ST NW STE 300 W WASHINGTON, DC 20004	CONSULTING/ MONTHLY RETAINER	360,000
	KORNFERRY INTERNATIONAL 1700 K STREET NW WASHINGTON, DC 20006	CONSULTING/ MONTHLY RETAINER	313,594
	ALIANCA BRASILEIRA DA INDUSTRIA INOVADOR 1030 15TH STREET NW WASHINGTON, DC 20005	CONSULTING/ MONTHLY RETAINER	280,135
	TARPLIN DOWNS & YOUNG LLC 1212 NEW YORK AVENUE NW SUITE 105 WASHINGTON, DC 20005	CONSULTING/ MONTHLY RETAINER	270,253
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 ▶ 34		

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				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code				
			900099	29,874,010	29,874,010		
	b	SEMINARS	611430	2,237,658	2,237,658		
	c	SPECIAL PROJECTS	900099	447,579	447,579		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		32,559,247			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		628,621			628,621
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties		72,856			72,856
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less cost of goods sold					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		1,510			1,510	
e	Total. Add lines 11a-11d		1,510				
12	Total revenue. See Instructions		33,262,234	32,559,247	0	702,987	

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.	244,478			
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.	5,270,356			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	10,367,679			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	858,127			
9	Other employee benefits.	788,615			
10	Payroll taxes.	723,776			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	490,621			
c	Accounting.	7,182			
d	Lobbying.	2,831,073			
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,041,191			
12	Advertising and promotion.	8,481			
13	Office expenses.	710,218			
14	Information technology.	197,092			
15	Royalties.				
16	Occupancy.	1,588,048			
17	Travel.	1,011,682			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,779,776			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	487,598			
23	Insurance.	74,753			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	DUES AND SUBSCRIPTIONS	430,358			
b	TRAINING	82,214			
c					
d					
e	All other expenses	115,166			
25	Total functional expenses. Add lines 1 through 24e.	33,108,484			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			165	1	323
	2	Savings and temporary cash investments			11,378,846	2	12,783,260
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			514,980	4	972,948
	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				8	
	9	Prepaid expenses and deferred charges			562,596	9	454,130
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	5,363,680			
	b	Less: accumulated depreciation	10b	4,798,349	842,232	10c	565,331
	11	Investments—publicly traded securities			1,418,285	11	1,454,184
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			10,661	14	6,249
	15	Other assets. See Part IV, line 11			5,000	15	39,788
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,732,765	16	16,276,213
Liabilities	17	Accounts payable and accrued expenses			4,549,146	17	4,639,568
	18	Grants payable				18	
	19	Deferred revenue			957,879	19	2,495,858
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			2,527,206	25	2,288,503
	26	Total liabilities. Add lines 17 through 25			8,034,231	26	9,423,929
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			6,698,534	27	6,852,284
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			6,698,534	33	6,852,284
	34	Total liabilities and net assets/fund balances			14,732,765	34	16,276,213

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,262,234
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,108,484
3	Revenue less expenses Subtract line 2 from line 1	3	153,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,698,534
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,852,284

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:

EIN: 52-1006053

Name: ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

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

(A) 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 ABERNATHY DIRECTOR	1 00	X						0	0	0
PETER ARDUINI DIRECTOR	1 00	X						0	0	0
F MICHAEL BALL DIRECTOR	1 00	X						0	0	0
ANDRE MICHEL BALLESTER DIRECTOR	1 00	X						0	0	0
JOHN BISHOP DIRECTOR	1 00	X						0	0	0
BRIAN BLASER DIRECTOR	1 00	X						0	0	0
SCOTT BROOKS DIRECTOR	1 00	X						0	0	0
ANN BUNNENBERG DIRECTOR	1 00	X						0	0	0
DONALD CASEY DIRECTOR	1 00	X						0	0	0
WILLIAM CRUISE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
MICHAEL DALE DIRECTOR	1 00	X						0	0	0
PATRICK DALY DIRECTOR	1 00	X						0	0	0
JOSEPH DEVIVO DIRECTOR	1 00	X						0	0	0
ROLAND DIGGELMANN DIRECTOR	1 00	X						0	0	0
TIMOTHY DUGAN DIRECTOR	1 00	X						0	0	0
DAVID DVORAK DIRECTOR	1 00	X						0	0	0
DAVID ENDICOTT DIRECTOR	1 00	X						0	0	0
BRIK EYRE DIRECTOR	1 00	X						0	0	0
CAMILLE FARHAT DIRECTOR	1 00	X						0	0	0
MICHAEL FARRELL DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
VINCENT FORLENZA CHAIRMAN	1 00	X		X				0	0	0
MICHAEL FRAZZETTE DIRECTOR	1 00	X						0	0	0
KIERAN GALLAHUE DIRECTOR/TREASURER	1 00	X						0	0	0
MICHAEL GENAU DIRECTOR	1 00	X						0	0	0
JEFF GEORGE DIRECTOR	1 00	X						0	0	0
JOHN GREISCH DIRECTOR	1 00	X						0	0	0
MICHAEL GRESAVAGE DIRECTOR	1 00	X						0	0	0
THOMAS HOOK DIRECTOR	1 00	X						0	0	0
JOHN KILCOYNE DIRECTOR	1 00	X						0	0	0
LESTER KNIGHT TREASURER	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KEVIN LOBO DIRECTOR	1 00	X						0	0	0
STEPHEN MACMILLAN DIRECTOR	1 00	X						0	0	0
MICHAEL MAHONEY DIRECTOR	1 00	X						0	0	0
ALAN MAIN DIRECTOR	1 00	X						0	0	0
V GEORGE MALIEKEL DIRECTOR	1 00	X						0	0	0
JEFFERY MCCAULLEY DIRECTOR	1 00	X						0	0	0
MICHAEL MINOGUE DIRECTOR	1 00	X						0	0	0
MICHAEL MOGUL DIRECTOR	1 00	X						0	0	0
MICHAEL MUSSALLEM DIRECTOR	1 00	X						0	0	0
CAROLL NEUBAUER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
DAVID PEREZ DIRECTOR	1 00	X						0	0	0
MICHAEL PHALEN DIRECTOR	1 00	X						0	0	0
MOJDEH POUL DIRECTOR	1 00	X						0	0	0
GARY PRUDEN DIRECTOR	1 00	X						0	0	0
TIMOTHY RING DIRECTOR	1 00	X						0	0	0
WALTER ROSEBROUGH DIRECTOR	1 00	X						0	0	0
MICHAEL ROUSSEAU DIRECTOR	1 00	X						0	0	0
BRENT SHAFER DIRECTOR	1 00	X						0	0	0
BENSON SMITH DIRECTOR	1 00	X						0	0	0
DOW WILSON DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JOSEPH WOODY DIRECTOR	1 00	X						0	0	0
NADIM YARED DIRECTOR	1 00	X						0	0	0
STEPHEN J UBL CHIEF EXECUTIVE OFFICER	40 00			X				1,686,555	0	49,898
CHRISTOPHER L WHITE SR EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL	40 00			X				626,761	0	45,778
KENNETH MENDEZ CHIEF ADMINISTRATIVE OFFICER	40 00			X				516,496	0	45,188
RALPH IVES EXEC VP, GLOBAL STRATEGY	40 00				X			447,789	0	32,138
DONALD MAY EXEC VP, PAYMENT AND HEALT	40 00				X			448,397	0	36,353
ANDREW FISH EXEC DIRECTOR, ADVAMEDDX	40 00				X			679,601	0	43,478
JUAN CARLOS SCOTT SR EXEC VP, GOVT AFFAIRS	40 00				X			579,489	0	32,434
JANET TRUNZO EXEC VP, TECH AND REGULATO	40 00					X		500,230	0	36,557

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			
DAVID NEXON SR EXEC VP	24 00					X		446,748	0	32,138
STEVEN BROTMAN SENIOR VP, PAYMENT AND HEA	40 00					X		366,240	0	41,713
RICHARD PRICE SENIOR VP, PAYMENT AND HEA	40 00					X		324,695	0	36,478
WANDA MOEBIUS EXECUTIVE VICE PRESIDENT,	40 00					X		354,350	0	36,827

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 ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
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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 ▶ \$ 8,510
- 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 ▶ \$ 3,510
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 5,000
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 8,510
- 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-
(1) CITIZENS FOR HANNON	PO BOX 398 GARDEN CITY, NY 11530	11-2416066	1,000	
(2) FRIENDS OF TINA KOTEK	7930 N WABASH AVENUE PORTLAND, OR 97217	20-4689019	1,000	
(3) MIKE PENCE FOR INDIANA	PO BOX 3402 ALEXANDRIA, VA 22302	80-0719483	1,510	
(4) ADVAMED CALIFORNIA PAC	701 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	45-5309081	5,000	
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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	27,835,956
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).	2a	2,831,073
a	Current year	2b	17,003
b	Carryover from last year	2c	2,848,076
c	Total	3	2,505,236
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	342,840
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
PART I-A, LINE 1	ADVAMED PROVIDED \$5,000 OF FUNDING TO ADVAMED'S CALIFORNIA PAC AND PROVIDED \$1,000 EACH TO TWO STATE CANDIDATES AND \$1,510 TO ANOTHER STATE CANDIDATE IN STATES WHERE CORPORATE GIVING IS PERMISSIBLE

Name of the organization ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Employer identification number 52-1006053
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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

(i) unrelated organizations

(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,492,333	2,207,325	285,008
d Equipment		760,017	663,916	96,101
e Other		2,111,330	1,927,108	184,222
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				565,331

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	33,460,904
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	198,670
3	Subtract line 2e from line 1		3	33,262,234
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	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	33,262,234

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	33,287,134
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	178,650
3	Subtract line 2e from line 1		3	33,108,484
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	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	33,108,484

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	ADVAMED COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED ADVAMED'S TAX POSITIONS AND CONCLUDED THAT IT HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	ADVAMED PAC EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 165,725 ADVAMED CA PAC EXPENSE IN CONSOLIDATING FINANCIAL STATEMENTS 12,925

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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

Part I

General Information on Activities Outside the United States.

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	2	14			2,554,086
b Total from continuation sheets to Part I	0	1			689,910
c Totals (add lines 3a and 3b)	2	15			3,243,996

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: 52-1006053

Name: ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA	2	9	PROGRAM SERVICES	CONSULTANT IN ASIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	1,322,288
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	220,758
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	2	PROGRAM SERVICES	CONSULTANT IN EUROPE MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	503,621

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	STAFF TRAVEL TO REGION FOR MEETINGS	143,941
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	3	PROGRAM SERVICES	MEETINGS TO PROMOTE THE HARMONIZATION OF INTERNATIONAL STANDARDS	274,760
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	STAFF TRAVEL FOR 2015 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS	24,016

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	PREPAYMENTS FOR 2016 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS (STAFF TRAVEL)	486
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	PREPAYMENTS FOR 2016 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS	64,216
NORTH AMERICA - MEXICO AND CANADA	0	0	PROGRAM SERVICES	CONSULTANT IN NORTH AMERICA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	88,785

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - MEXICO AND CANADA	0	0	PROGRAM SERVICES	MEETINGS TO PROMOTE THE HARMONIZATION OF INTERNATIONAL STANDARDS	172,419
NORTH AMERICA - MEXICO AND CANADA	0	0	PROGRAM SERVICES	STAFF TRAVEL FOR 2015 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS	3,319
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, EQUADOR	0	0	PROGRAM SERVICES	CONSULTANTS IN BRAZIL MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	359,732

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, EQUADOR	0	0	PROGRAM SERVICES	STAFF TRAVEL FOR 2015 MEETINGS TO PROMOTE THE HARMONIZATION OF INTL STANDARDS	799
SOUTH ASIA	0	1	PROGRAM SERVICES	CONSULTANTS IN INDIA MEET WITH GOVERNMENT AND INDUSTRY OFFICIALS	64,856

2015

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

52-1006053

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to 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
RESEARCH AMERICA 241 18TH STREET SOUTH SUITE 501 ARLINGTON, VA 22202	52-1609875	501(C)(3)	45,000				PROGRAM SUPPORT
SOCIETY FOR WOMEN'S HEALTH RESEARCH 1025 CONNECTICUT AVENUE NW SUITE 601 WASHINGTON, DC 20036	52-1694732	501(C)(3)	15,000				PROGRAM SUPPORT
ALLIANCE FOR AGING RESEARCH 750 17TH STREET NW SUITE 1100 WASHINGTON, DC 20006	54-1379174	501(C)(3)	20,000				PROGRAM SUPPORT

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
UNITED SPINAL ASSOCIATION 75-20 ASTORIA BLVD SUITE 120 JACKSON HEIGHTS, NY 11370	13-5612621	501(C)(3)	20,000				PROGRAM SUPPORT
SPINA BIFIDA-ASSOCIATION OF AMERICA 4590 MACARTHUR BLVD NW SUITE 250 WASHINGTON, DC 20007	58-1342181	501(C)(3)	15,000				PROGRAM SUPPORT
AIDS INSTITUTE INC 17 DAVIS BLVD SUITE 403 TAMPA, FL 33606	65-0380952	501(C)(3)	10,000				PROGRAM SUPPORT

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
PARKINSON'S ACTION NETWORK 1025 VERMONT AVE NW SUITE 1120 WASHINGTON, DC 20005	94-3172675	501(C)(3)	10,000				PROGRAM SUPPORT
HEALTHY WOMEN 157 BROAD STREET SUITE 200 RED BANK, NJ 07701	52-1624846	501(C)(3)	8,500				PROGRAM SUPPORT
NATIONAL DOWN SYNDROME SOCIETY 666 BROADWAY 8TH FLOOR NEW YORK, NY 10012	13-2992567	501(C)(3)	7,500				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed 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	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III	5b	
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? If "Yes," on line 6a or 6b, describe in Part III	6b	
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL IS AUTHORIZED ONLY IN EXCEPTIONAL CIRCUMSTANCES, SUCH AS WHEN IT IS NECESSARY TO TAKE A SPECIFIC FLIGHT WHERE BUSINESS OR COACH CLASS IS NOT AVAILABLE, AND MUST FIRST HAVE PRIOR WRITTEN APPROVAL BY DEPARTMENT HEADS AND ADVAMED'S PRESIDENT. OTHER EXPENSES INCURRED BY THE TRAVELER FOR TRAVEL OUTSIDE THE DEFINITION OF A BUSINESS TRIP, INCLUDING EXPENSES FOR FAMILY MEMBERS TRAVELING WITH THE EMPLOYEE, ARE ALSO THE RESPONSIBILITY OF THE TRAVELER AND NOT ADVAMED. SUCH EXPENSES ARE KEPT SEPARATE FROM REIMBURSABLE BUSINESS EXPENDITURES. PERSONAL TRAVEL FOR FAMILY MEMBERS/FRIENDS MAY BE BOOKED THROUGH ADVAMED'S TRAVEL AGENCY BUT ARE IDENTIFIED SEPARATELY AND BILLED DIRECTLY TO THE EMPLOYEE. DUE TO THE FREQUENT TRAVEL SCHEDULE AND DEMANDS ON TIME REQUIRED BY THE POSITION, THE PRESIDENT OF ADVAMED MAY TRAVEL BUSINESS CLASS ON ALL INTERNATIONAL FLIGHTS AND FOR TRAVEL OVER 4 HOURS. WHERE SUCH SEATING IS AVAILABLE, SPOUSE'S TRAVEL WILL BE REIMBURSED ONLY WHERE SPOUSE'S ATTENDANCE IS REQUIRED FOR BUSINESS PURPOSES. TRAVEL IS NOT INCLUDED IN TAXABLE INCOME. ADVAMED'S CEO RECEIVED SOCIAL CLUB DUES DURING 2015.

Additional Data

Software ID:

Software Version:

EIN: 52-1006053

Name: ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

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

(A) Name 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				
1STEPHEN J UBL CHIEF EXECUTIVE OFFICER	(i)	968,905	663,169	54,481	30,895	19,003	1,736,453	0
	(ii)	0	0	0	0	-0	-0	0
1CHRISTOPHER L WHITE SR EXECUTIVE VICE PRESIDENT, GENERA	(i)	531,550	93,969	1,242	30,895	14,883	672,539	0
	(ii)	0	0	0	0	-0	-0	0
2KENNETH MENDEZ CHIEF ADMINISTRATIVE OFFICER	(i)	435,285	80,401	810	30,895	14,293	561,684	0
	(ii)	0	0	0	0	-0	-0	0
3RALPH IVES EXEC VP, GLOBAL STRATEGY	(i)	386,850	57,375	3,564	30,895	1,243	479,927	0
	(ii)	0	0	0	0	-0	-0	0
4DONALD MAY EXEC VP, PAYMENT AND HEALT	(i)	388,700	57,375	2,322	30,395	5,958	484,750	0
	(ii)	0	0	0	0	-0	-0	0
5ANDREW FISH EXEC DIRECTOR, ADVAMEDDX	(i)	536,236	142,825	540	28,595	14,883	723,079	0
	(ii)	0	0	0	0	-0	-0	0
6JUAN CARLOS SCOTT SR EXEC VP, GOVT AFFAIRS	(i)	493,672	85,331	486	30,895	1,539	611,923	0
	(ii)	0	0	0	0	-0	-0	0
7JANET TRUNZO EXEC VP, TECH AND REGULATO	(i)	422,611	70,761	6,858	30,895	5,662	536,787	0
	(ii)	0	0	0	0	-0	-0	0
8DAVID NEXONS SR EXEC VP	(i)	389,319	53,865	3,564	30,895	1,243	478,886	0
	(ii)	0	0	0	0	-0	-0	0
9STEVEN BROTMAN SENIOR VP, PAYMENT AND HEA	(i)	317,526	47,472	1,242	30,895	10,818	407,953	0
	(ii)	0	0	0	0	-0	-0	0
10RICHARD PRICE SENIOR VP, PAYMENT AND HEA	(i)	272,421	45,416	6,858	30,895	5,583	361,173	0
	(ii)	0	0	0	0	-0	-0	0
11WANDA MOEBIUS EXECUTIVE VICE PRESIDENT,	(i)	309,685	44,125	540	30,895	5,932	391,177	0
	(ii)	0	0	0	0	-0	-0	0

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION**Employer identification number**

52-1006053

**Return
Reference****Explanation**

FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE, WHICH SHALL CONSIST OF THE PRESIDENT, ELECTED OFFICERS OF THE ASSOCIATION, THE IMMEDIATE PAST CHAIRMAN, THE ADVAMED-DX CHAIRMAN, AND NOT FEWER THAN FIVE NOR MORE THAN TEN MEMBERS OF THE BOARD OF DIRECTORS AT LARGE, WHO SHALL BE ELECTED TO THAT POSITION, FOR A PERIOD OF ONE YEAR AND THEREAFTER UNTIL A SUCCESSOR SHALL HAVE BEEN DULY ELECTED AND QUALIFIED, BY A MAJORITY OF THE ENTIRE BOARD OF DIRECTORS ANNUALLY THE EXECUTIVE COMMITTEE SHALL PERFORM SUCH DUTIES AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS, AND MAY FURTHER ACT FOR AND ON BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT ALL SUCH ACTS SHALL BE FULLY REPORTED TO THE BOARD OF DIRECTORS AT OR BEFORE ITS NEXT MEETING FOR ITS REVIEW AND APPROPRIATE ACTION, IF REQUIRED OR DEEMED NECESSARY
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	KIERAN GALLAHUE AND VINCE FORLENZA - BUSINESS RELATIONSHIP (ACQUISITION)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IN 2015 ADVAMED AMENDED ITS BYLAWS TO EXPAND MEMBERSHIP TO INCLUDE FIRMS INVOLVED IN DIGITAL HEALTH AND THOSE WHO INVEST IN MEDICAL DEVICE MANUFACTURERS CHANGES ALSO INCLUDED PROVIDING ADDITIONAL DETAILS REGARDING THE TIMING AND FREQUENCY OF ELECTIONS AND MEETINGS, EXPANDING MEMBERSHIP VOTING METHODS TO INCLUDE ELECTRONIC VOTING, REQUIRING THAT FIVE SMALL-COMPANY MEMBERS HAVE REPRESENTATION ON THE BOARD, REVISING ONE OF THE CORPORATE PURPOSES OF THE ORGANIZATION AND MAKING CHANGES REGARDING CATEGORIES OF MEMBERS, OFFICIAL REPRESENTATIVES AND VOTING RIGHTS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY FIRM OR CORPORATION WHICH, THROUGH ITSELF OR THROUGH ANY OF ITS SUBSIDIARIES OR DIVISIONS, IS SIGNIFICANTLY ENGAGED IN THE MANUFACTURE OF AND/OR THE RESEARCH WITH THE INTENT TO MANUFACTURE MEDICAL DEVICES, DIAGNOSTIC PRODUCTS AND/OR HEALTH CARE INFORMATION SYSTEMS WITHIN THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS, SHALL BE ELIGIBLE FOR ACTIVE MEMBERSHIP

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ADVAMED'S VP OF FINANCE AND ACCOUNTING MANAGER PERFORM AN INDEPTH REVIEW OF THE DRAFT 990 THE GENERAL COUNSEL AND CHIEF ADMINISTRATIVE OFFICER REVIEW THE FINAL DRAFT PRIOR TO SUBMITTING TO THE FINANCE AND AUDIT COMMITTEE (FAC) UPON THE FAC'S REVIEW THE 990 IS SUBMITTED TO THE FULL BOARD FOR THEIR REVIEW PROVIDED NO CONCERNS ARE RAISED PRIOR TO THE END OF THE REVIEW PERIOD, THE 990 IS THEN FINALIZED AND SUBMITTED TO THE IRS

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

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

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER CONSULTING EXPENSE 5,041,191

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

Employer identification number
52-1006053

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)INSTITUTE FOR HEALTH TECHNOLOGY STUDIES 1319 F STREET NW STE 900 WASHINGTON, DC 20004 52-2281033	PROVIDE SUPPORT FOR MEDICAL DEVICE RESEARCH	DC	501(C)(3)	LINE 11A, I	ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Yes	
(2)ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE 701 PENNSYLVANIA AVENUE NW STE 800 WASHINGTON, DC 20004 52-2134566	POLITICAL ACTION COMMITTEE	DC	527		ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Yes	
(3)ADVANCED MEDICAL TECHNOLOGY ASSOCIATION CA PAC 701 PENNSYLVANIA AVENUE NW STE 800 WASHINGTON, DC 20004 45-5309081	POLITICAL ACTION COMMITTEE	DC	527		ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEDTECH CONFERENCE PARTNERS LLC 701 PENNSYLVANIA AVENUE NW STE 800 WASHINGTON, DC 20004 36-4725626	TRADE SHOW	DC	ADVANCED MEDICAL TECHNOLOGY ASSOCIATION	RELATED	620,576	424,291	Yes			Yes		75 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) 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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEDTECH CONFERENCE PARTNERS LLC	S	420,418	CASH

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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