

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, **and ending** , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **AMERICAN HOSPITAL ASSOCIATION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
155 NORTH WACKER DRIVE 400
 City or town, state or country, and ZIP + 4
CHICAGO, IL 60606-1725

D Employer identification number
36-0726140

E Telephone number
(312)422-3000

F Name and address of principal officer:
MR. RICHARD J. UMBDENSTOCK, 325 7TH STREET NW, WASHINGTON, DC 20004

G Gross receipts \$ **265,392,532**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.AHA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1898** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AHA ADVANCES THE HEALTH OF INDIVIDUALS & COMMUNITIES. AHA REPRESENTS, LEADS & SERVES HOSPITALS, HEALTH SYSTEMS & OTHER RELATED ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY & COMMITTED TO HEALTH IMPROVEMENT.		
	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	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	510
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,360,120
b	Net unrelated business taxable income from Form 990-T, line 34	7b	361,415	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 931,989	Current Year 263,412
	9	Program service revenue (Part VIII, line 2g)	98,404,389	101,394,050
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,434,235	3,863,061
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,786,388	2,240,595
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,688,531	107,761,118
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,038,566	4,396,406
	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)	48,311,578	45,637,234
	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–24f)	45,625,804	51,199,666
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	95,975,948	101,233,306	
19	Revenue less expenses. Subtract line 18 from line 12	2,712,583	6,527,812	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 201,043,157	End of Year 224,418,307
	21	Total liabilities (Part X, line 26)	58,642,666	67,643,392
	22	Net assets or fund balances. Subtract line 21 from line 20	142,400,491	156,774,915

Part II Signature Block

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

Sign Here

Signature of officer: **JOHN EVANS, TREASURER** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ _____
 Firm's address ▶ **70 WEST MADISON STREET, SUITE 700, CHICAGO, IL 60602-4903** Phone no. **(312)899-7000**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2010)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE AHA IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES. THE AHA LEADS, REPRESENTS AND SERVES HOSPITALS, HEALTH SYSTEMS AND OTHER RELATED ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

HEALTH CARE ISSUES AND BEST PRACTICES: THROUGH ITS BOARD AND EXTENSIVE COMMITTEE AND CONSTITUENCY SECTION OUTREACH, AMONG OTHER MECHANISMS, THE AHA PROVIDES A FORUM FOR MEMBERS TO PARTICIPATE IN DISCUSSIONS OF RELEVANT HEALTH CARE ISSUES AND THE DEVELOPMENT OF BEST PRACTICES AS THEY RELATE TO HOSPITALS AND OTHER SECTORS OF HEALTH CARE.

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

REPRESENTATION AND ADVOCACY: AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO REPRESENT AND ADVOCATE POLICY POSITIONS BEFORE THE CONGRESS, THE WHITE HOUSE AND FEDERAL AGENCIES. THROUGH REPRESENTATION AND ADVOCACY, THE AHA ASSISTS ITS MEMBERS ON INITIATIVES AND CHANGES NEEDED TO FURTHER HOSPITALS' MISSION TO DELIVER HIGH-QUALITY, COST-EFFICIENT HEALTH CARE TO ALL AMERICANS. IN 2010, THE AHA'S FOCUS CENTERED ON WORKING WITH CONGRESS, THE ADMINISTRATION AND OTHER STAKEHOLDERS TO ENSURE HOSPITAL PRIORITIES WERE CONSIDERED AS IMPLEMENTATION OF THE AFFORDABLE CARE ACT BEGAN TO TAKE SHAPE.

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

MEMBERSHIP SERVICES: AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO PROVIDE EDUCATION, INFORMATION AND ASSISTANCE THAT HELPS HOSPITALS ACHIEVE THEIR FULL POTENTIAL IN PROVIDING THEIR COMMUNITIES WITH HIGH-QUALITY HEALTH CARE. AHA PROVIDES SPECIFIC EDUCATION, PUBLICATIONS, NETWORKING, LEADERSHIP OPPORTUNITIES, AND RECOGNITION TO HOSPITALS AND HEALTHCARE PROFESSIONALS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 0

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)? <i>If "Yes," complete Schedule A</i>		✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	✓	
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	✓	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
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? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	✓	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
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? <i>If "Yes," complete Schedule D, Part IX</i>	✓	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	✓	
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)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		✓
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		✓

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a 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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	457		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
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?	6a	✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.					
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		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input checked="" type="checkbox"/>	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13 Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JOHN EVANS
155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 60606-1725, (312)422-3000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD P. DE FILIPPI CHAIRMAN	1	✓		✓			33,474	0	0	
(2) THOMAS M. PRISELAC IMMEDIATE PAST CHAIRMAN	1	✓		✓			20,138	0	0	
(3) RICHARD J. UMBDENSTOCK PRESIDENT	40	✓		✓			1,053,630	0	702,302	
(4) THOMAS F. ZENTY III TRUSTEE	1	✓					1,398	0	0	
(5) MICHAEL G. ROCK, MD TRUSTEE	1	✓					2,618	0	0	
(6) RAYMOND W. MONTGOMERY II TRUSTEE	1	✓					2,499	0	0	
(7) RUSSELL W. JOHNSON TRUSTEE	1	✓					1,743	0	0	
(8) STEVEN I. GOLDSTEIN TRUSTEE	1	✓					2,389	0	0	
(9) CRAIG A. BECKER TRUSTEE	1	✓					956	0	0	
(10) RHONDA M. ANDERSON, RN, DNSC TRUSTEE	1	✓					1,726	0	0	
(11) JOHN BLUFORD CHAIRMAN - ELECT	1	✓					16,084	0	0	
(12) GERALD WAGES TRUSTEE	1	✓					1,571	0	0	
(13) KATHLEEN SANFORD, RN TRUSTEE	1	✓					606	0	0	
(14) CHANDLER RALPH TRUSTEE	1	✓					1,287	0	0	
(15) SCOTT C. MALANEY TRUSTEE	1	✓					1,349	0	0	
(16) JOHN J. FINAN TRUSTEE	1	✓					1,006	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOANELL DYRSTAD TRUSTEE	1	<input checked="" type="checkbox"/>					1,206	0	0	
(18) JEANETTE G. CLOUGH TRUSTEE	1	<input checked="" type="checkbox"/>					0	0	0	
(19) RON J. ANDERSON, MD TRUSTEE	1	<input checked="" type="checkbox"/>					789	0	0	
(20) PHYLLIS WINGATE-JONES TRUSTEE	1	<input checked="" type="checkbox"/>					0	0	0	
(21) GLEN D. STEELE, JR. MD, PHD TRUSTEE	1	<input checked="" type="checkbox"/>					1,462	0	0	
(22) MICHAEL J. MADDEN TRUSTEE	1	<input checked="" type="checkbox"/>					1,720	0	0	
(23) J. THOMAS JONES TRUSTEE	1	<input checked="" type="checkbox"/>					0	0	0	
(24) CRYSTAL L. HAYNES TRUSTEE	1	<input checked="" type="checkbox"/>					1,801	0	0	
(25) RAYMOND GRADY TRUSTEE	1	<input checked="" type="checkbox"/>					0	0	0	
(26) MARY L. BLUNT TRUSTEE	1	<input checked="" type="checkbox"/>					963	0	0	
(27) MARK C. ADAMS, MD TRUSTEE	1	<input checked="" type="checkbox"/>					1,472	0	0	
(28) DIANNA DOYLE ASSISTANT TREASURER	40			<input checked="" type="checkbox"/>			97,354	0	14,740	
1b Sub-total							1,249,241	0	717,042	
c Total from continuation sheets to Part VII, Section A							7,354,652		1,495,062	
d Total (add lines 1b and 1c)							8,603,893	0	2,212,104	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 147**

	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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

(A) Name and business address	(B) Description of services	(C) Compensation
HOGAN LOVELLS, 555 13TH STREET, NW, WASHINGTON, DC 20004	LEGAL AND CONSULTING	1,014,975
BROWN PRINTING, 2300 BROWN AVENUE, WASECA, WI 56093	PRINTING AND PRODUCTION	719,386
KRENDL KRENDL SACHNOFF & WAY, 370 17TH STREET, SUITE 5350, DENVER, CO 80202	LEGAL	266,929
JONES DAY, 555 CALIFORNIA STREET, SAN FRANCISCO, CA 94104	LEGAL	244,170
DIGENOVA & TOENSING, LLP, 1776 K STREET, NW, WASHINGTON, DC 20006	LEGAL AND CONSULTING	240,198

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 18**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	263,412				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		263,412				
Program Service Revenue				Business Code				
	2a	<u>MEMBER DUES</u>		74,502,839	74,252,089	250,750		
	b	<u>EDUCATION PROGRAMS</u>		17,282,937	17,282,937			
	c	<u>PUBLICATIONS</u>		5,370,122	5,370,122			
	d	<u>LICENSING</u>		3,814,226	3,814,226			
	e	<u>SPEAKERS</u>		316,226	316,226			
	f	All other program service revenue		107,700	107,700	0	0	
g	Total. Add lines 2a-2f ▶		101,394,050					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,343,609			2,343,609	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		605,196			605,196	
	6a	Gross Rents	(i) Real	(ii) Personal				
			Less: rental expenses					
			Rental income or (loss)	0	0			
			d Net rental income or (loss) ▶		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			Less: cost or other basis and sales expenses					
			Gain or (loss)	1,519,452	0			
			d Net gain or (loss) ▶		1,519,452			1,519,452
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
			b Less: direct expenses	b				
			c Net income or (loss) from fundraising events . ▶		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a					
			b Less: direct expenses	b				
			c Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances	a					
			b Less: cost of goods sold	b				
			c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue			Business Code					
11a	<u>ADVERTISING</u>	541800	399,981		399,981			
b	<u>EXTERNAL PRINTING</u>	900004	105,679	57,616	48,063			
c	<u>WEBSITE ADVERTISING</u>	900004	661,326		661,326			
d	All other revenue		468,413	468,413	0	0		
e	Total. Add lines 11a-11d ▶		1,635,399					
12	Total revenue. See instructions. ▶		107,761,118	101,669,329	1,360,120	4,468,257		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,296,406			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	100,000			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,049,329			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	24,074,834			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,013,271			
9	Other employee benefits	8,637,905			
10	Payroll taxes	2,861,895			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	2,070,291			
c	Accounting	80,490			
d	Lobbying	2,417,882			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	735,245			
g	Other	6,251,027			
12	Advertising and promotion	2,726,614			
13	Office expenses	5,756,652			
14	Information technology	4,169,792			
15	Royalties	0			
16	Occupancy	5,324,624			
17	Travel	5,023,211			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,822,341			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,553,553			
23	Insurance	429,393			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	STATE AND METRO ASSOCIATIONS	1,573,186			
b	INTERCOMPANY PURCHASES	974,389			
c	COMMISSIONS	414,901			
d	STAFF EDUCATION AND TRAINING	302,018			
e	MISCELLANEOUS	574,057			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	101,233,306	0	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing		988	1	750
	2 Savings and temporary cash investments		20,746,277	2	26,416,481
	3 Pledges and grants receivable, net			3	
	4 Accounts receivable, net		3,116,568	4	3,033,257
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 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)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges		2,525,987	9	3,125,117
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,151,119			
	b Less: accumulated depreciation	10b 21,610,250	15,586,162	10c	19,540,869
	11 Investments—publicly traded securities		109,548,060	11	131,130,252
	12 Investments—other securities. See Part IV, line 11		28,527,482	12	20,282,675
	13 Investments—program-related. See Part IV, line 11			13	0
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11		20,991,633	15	20,888,906
16 Total assets. Add lines 1 through 15 (must equal line 34)		201,043,157	16	224,418,307	
Liabilities	17 Accounts payable and accrued expenses		8,787,957	17	9,887,578
	18 Grants payable			18	
	19 Deferred revenue		11,611,807	19	14,014,389
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities. Complete Part X of Schedule D		38,242,902	25	43,741,425
	26 Total liabilities. Add lines 17 through 25		58,642,666	26	67,643,392
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		140,879,278	27	155,418,562
	28 Temporarily restricted net assets		1,485,591	28	1,320,731
	29 Permanently restricted net assets		35,622	29	35,622
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances		142,400,491	33	156,774,915
34 Total liabilities and net assets/fund balances		201,043,157	34	224,418,307	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,761,118
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,233,306
3	Revenue less expenses. Subtract line 2 from line 1	3	6,527,812
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	142,400,491
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,746,612
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	156,674,915

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) GAIL M. LOVINGER ASSISTANT SECRETARY	40			✓			182,067	0	44,236	
(30) R. JOHN EVANS TREASURER	40			✓			399,142	0	108,589	
(31) MICHAEL GUERIN SECRETARY	40			✓			341,383	0	87,967	
(32) RICHARD J. POLLACK EXECUTIVE VICE PRESIDENT	40			✓			1,041,441	0	211,335	
(33) NEIL J. JESUELE EXECUTIVE VICE PRESIDENT	40			✓			877,073	0	222,965	
(34) ELIZABETH SUMMY VICE PRESIDENT	40				✓		215,796	0	29,816	
(35) LISA ALLEN VP, CHIEF HR OFFICER	40				✓		276,621	0	68,987	
(36) JACK MACKAY VICE PRESIDENT & CIO	40				✓		339,131	0	33,397	
(37) BARBARA LORSBACH SENIOR VICE PRESIDENT	40				✓		573,782	0	127,575	
(38) JOHN COMBES, MD PRESIDENT/CIO CHG	40					✓	478,490	0	98,145	
(39) THOMAS NICKELS SENIOR VICE PRESIDENT	40					✓	679,132	0	168,939	
(40) MELINDA HATTON SR VP, GENERAL COUNSEL	40					✓	559,537	0	122,269	
(41) LINDA FISHMAN SENIOR VICE PRESIDENT	40					✓	652,967	0	83,841	
(42) ALICIA MITCHELL SENIOR VICE PRESIDENT	40					✓	296,275	0	87,001	
(43) JAMES BENTLEY SENIOR VICE PRESIDENT	40						441,815	0	0	

Schedule of Contributors

2010

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(6) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 27,835	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ ----- 17,595	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ ----- 14,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ ----- 10,213	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 10,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 5,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 13,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
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Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
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Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
--	---

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 ▶ \$ 794,250
- 3 Volunteer hours ▶ 0

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 ▶ \$ 794,250
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 794,250
- 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) AHAPAC	325 7TH STREET, NW WASHINGTON, DC 20004	36-2996517	0	52,002
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check if the filing organization belongs to an affiliated group.
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 border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

[SEE NEXT PAGE](#)

Part IV

Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART I-A, LINE 1	DESCRIPTION OF POLITICAL CAMPAIGN ACTIVITIES	<p>IN 2010, THE AHA FINANCED ISSUE ADS FOR CERTAIN MEMBERS OF CONGRESS. THE ADS ACKNOWLEDGED THE MEMBERS' SUPPORT FOR HEALTH AND HOSPITAL ISSUES AND ASKED VIEWERS TO ENCOURAGE THOSE MEMBERS TO KEEP UP THE GOOD WORK FIGHTING FOR OUR HEALTH AND HOSPITALS.</p> <p>AHA ALSO RECEIVED CONTRIBUTIONS FROM AHA EMPLOYEES IN SUPPORT OF AHAPAC. THE FUNDS FROM AHA EMPLOYEES WERE RECEIVED AND PROMPTLY AND DIRECTLY DELIVERED TO AHAPAC, A RELATED TAX-EXEMPT SECTION 527 POLITICAL ORGANIZATION.</p>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN HOSPITAL ASSOCIATION

36-0726140

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		15,180,170	4,468,749	10,711,421
d Equipment		534,080	361,843	172,237
e Other		25,436,869	16,779,658	8,657,211
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,540,869

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LT INFLATION HEDGE	9,218,542	END OF YEAR MARKET VALUE
(B) HEDGE FD-FORESTER DIVERSIFIED	8,732,815	END OF YEAR MARKET VALUE
(C) INVESTMENT IN SUBSIDIARIES	-1,733,997	END OF YEAR MARKET VALUE
(D) INFLATION HEDGE BONDS - VANGUARD TIPS	4,065,315	END OF YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	20,282,675	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	16,910,999
(2) COLLATERAL VALUE LIFE INSURANCE	963,799
(3) ANNUITIES	1,264,957
(4) DEFERRED COMPENSATION ASSETS	1,749,151
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	20,888,906

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ACCRUED RETIREMENT EXPENSES	23,078,703	
(3) LEASE PAYABLE/DEF. LEASE ALLOWANCE	13,262,366	
(4) INVESTMENT PAYABLE	7,400,356	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,741,425	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	107,861,118
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	101,233,306
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,627,812
4	Net unrealized gains (losses) on investments	4	11,534,327
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-3,640,798
9	Total adjustments (net). Add lines 4 through 8	9	7,893,529
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,521,341

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	115,019,402
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,534,327
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-3,640,798
e	Add lines 2a through 2d	2e	7,893,529
3	Subtract line 2e from line 1	3	107,125,873
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	735,245
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	735,245
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	107,861,118

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	100,498,061
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 XIV.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	100,498,061
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	735,245
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	735,245
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	101,233,306

Part XIV Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE NEXT PAGE](#)

Part XIV

Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation					
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>ON JANUARY 1, 2009, THE ASSOCIATION ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES SECTION OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.</p> <p>AS OF THE DATE OF ADOPTION AND AT DECEMBER 31, 2010 AND 2009, THE ASSOCIATION HAS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ADOPTION AND IMPLEMENTATION OF THIS GUIDANCE IN THE CODIFICATION HAD NO EFFECT ON THE ASSOCIATION'S CHANGE IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2009.</p>					
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS	<table border="1"> <thead> <tr> <th data-bbox="516 604 1312 632">(a) Description</th> <th data-bbox="1312 604 1511 632">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 632 1312 659">PENSION LIABILITY ADJUSTMENT</td> <td data-bbox="1312 632 1511 659">- 3,640,798</td> </tr> </tbody> </table>		(a) Description	(b) Amount	PENSION LIABILITY ADJUSTMENT	- 3,640,798
(a) Description	(b) Amount						
PENSION LIABILITY ADJUSTMENT	- 3,640,798						
SCHEDULE D, PART XII, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th data-bbox="516 688 1312 716">(a) Description</th> <th data-bbox="1312 688 1511 716">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 716 1312 743">PENSION LIABILITY ADJUSTMENT</td> <td data-bbox="1312 716 1511 743">- 3,640,798</td> </tr> </tbody> </table>		(a) Description	(b) Amount	PENSION LIABILITY ADJUSTMENT	- 3,640,798
(a) Description	(b) Amount						
PENSION LIABILITY ADJUSTMENT	- 3,640,798						

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS	N/A	29,836,568
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS	GRANTS TO U.S. TAX-EXEMPT ORGANIZATIONS FOR DISASTER RELIEF IN HAITI.	100,000
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.	6,747
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.	3,974
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.	636
(6) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	0
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	0
(8) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	0
(9) SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	0
(10) SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	0
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			29,947,925
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			29,947,925

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 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)		CENTRAL AMERICA AND THE CARIBBEAN	HAITIAN RELIEF EFFORTS	75,000	CHECK	0	N/A	N/A
(2)		CENTRAL AMERICA AND THE CARIBBEAN	HAITIAN RELIEF EFFORTS	25,000	CHECK	0	N/A	N/A
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities **0**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

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

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V

Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)(accounting method); 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).

Return Reference	Identifier	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATION DOES NOT MAKE GRANTS DIRECTLY TO FOREIGN ORGANIZATIONS, FOREIGN GOVERNMENTS OR FOREIGN INDIVIDUALS, THEREFORE SCHEDULE F, PART I, LINES 1 AND 2 ARE NOT APPLICABLE AND HAVE INTENTIONALLY BEEN LEFT BLANK.
PART I, LINE 3	INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES	THE ORGANIZATION'S FOREIGN ACTIVITIES CONSIST MAINLY OF SALES OF BOOKS AND DATA PRODUCTS IN FOREIGN COUNTRIES WHICH GENERATE REVENUE. THE ORGANIZATION DOES NOT SEPARATELY TRACK EXPENDITURES RELATED TO THE SALE OF BOOKS AND DATA TO FOREIGN COUNTRIES. ADDITIONALLY, THE ORGANIZATION HAS A LIMITED AMOUNT EXPENSES RELATED TO FOREIGN TRAVEL FOR ATTENDING CONFERENCES AND MEETINGS WITH OTHER ORGANIZATIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

36-0726140

AMERICAN HOSPITAL ASSOCIATION

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH RESEARCH AND EDUCATIONAL TRUST 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 60606	36-2203931	501-C-3	1,949,598	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(2) COALITION TO PROTECT AMERICA'S HEALTHCARE P.O BOX 30211, BETHESDA, MD 20824	52-2253225	501-C-4	1,000,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(3) ENROLL AMERICA 1201 NEW YORK AVE NW, WASHINGTON, DC 20005	27-1661221	501-C-3	500,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(4) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 60606	58-2094118	501-C-3	179,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(5) MCLEOD REGIONAL MEDICAL CENTER 555 EAST CHEVES STREET, FLORENCE, SC 29501	57-0370242	501-C-3	50,000	0	N/A	N/A	AWARD RECIPIENT
(6) UNIVERSITY OF ARKANSAS FOUNDATION 535 RESEARCH CENTER BLVD, FAYETTEVILLE, AR 72701	71-6056774	501-C-3	50,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(7) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 238 MAIN STREET, CAMBRIDGE, MA 02139	04-2103594	501-C-3	50,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(8) ARIZONA STATE UNIVERSITY PO BOX 874706, TEMPE, AZ 85287	86-0196696	501-C-3	50,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(9) UNIVERSITY OF MINNESOTA FOUNDATION 321 19TH AVENUE SOUTH, MINNEAPOLIS, MN 55455	41-6042488	501-C-3	50,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(10) PROJECT HOPE 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	53-0242962	501-C-3	50,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(11) GS1 HEALTHCARE US 1009 LENOX DRIVE, LAWRENCEVILLE, NJ 08648	36-2746754	501-C-6	40,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(12) ASSOCIATION OF AMERICAN MEDICAL COLLEGES 2450 N STREET NW, WASHINGTON, DC 20037	36-2169124	501-C-3	27,500	0	N/A	N/A	CONTRIBUTION TO HEALTH QUALITY ALLIANCE

2 Enter total number of section 501(c)(3) and government organizations ▶ 25

3 Enter total number of other organizations ▶ 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SEE NEXT PAGE

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	TYPICALLY AHA MAKES GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS TO SUPPORT THEIR GENERAL OPERATIONS OR IN RESPONSE TO THEIR FUNDRAISING EFFORTS. IN THESE INSTANCES, AHA DOES NOT HAVE A FORMAL PROCESS FOR WHICH THEY MONITOR THE USE OF THE GRANT PAID. IN OTHER CASES, THE AHA PROVIDES GRANTS OR CONTRIBUTIONS TO SUPPORT A SPECIFIC EFFORT OR PROJECT. IN SUCH CASES, AHA'S MANAGEMENT IS KEPT INFORMED AS TO THE USE OF THE FUNDS AND THE STATUS OR SATISFACTORY COMPLETION OF THE PROJECT.

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(13) UNITED WAY OF METROPOLITAN CHICAGO 560 WEST LAKE STREET, CHICAGO, IL 60661	30-0200078	501-C-3	25,698	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(14) PHRMA 950 F STREET, NW, WASHINGTON, DC 20004	53-0241211	501-C-6	25,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(15) CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE. NW, WASHINGTON, DC 20036	52-1160561	501-C-3	20,000	0	N/A	N/A	SUPPORT FOR LEGISLATIVE CONFERENCE
(16) NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVENUE, NW, WASHINGTON, DC 20036	62-1312239	501-C-3	20,000	0	N/A	N/A	SUPPORT FOR CONFERENCE
(17) WEST VIRGINIA HOSPITAL ASSOCIATION 100 ASSOCIATION DRIVE, CHARLESTON, WV 25311	55-0377012	501-C-6	20,000	0	N/A	N/A	SUPPORT FOR STATE ASSOCIATIONS' MEETING
(18) MARQUETTE UNIVERSITY PO BOX 1881, MILWAUKEE, WI 52301	39-0806251	501-C-3	20,000	0	N/A	N/A	SUPPORT FOR RESEARCH INITIATIVE
(19) BRIGHAM YOUNG UNIVERSITY 230 SNELL BUILDING, PROVO, UT 84602	87-0217280	501-C-3	16,345	0	N/A	N/A	SCHOLARSHIP PROGRAM
(20) PURDUE UNIVERSITY 3510 NETWORK PLACE, CHICAGO, IL 60673	35-6002041	501-C-3	15,830	0	N/A	N/A	SCHOLARSHIP PROGRAM
(21) NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 515 NORTH STATE STREET, CHICAGO, IL 60654	36-4483505	501-C-3	15,000	0	N/A	N/A	SUPPORT FOR AWARDS PROGRAM
(22) UNITED STATES HISPANIC CHAMBER OF COMMERCE 1424 K STREET NW, WASHINGTON, DC 20005	43-1249249	501-C-6	15,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(23) ARNOLD P. GOLD FOUNDATION 619 PALISADE AVENUE, ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501-C-3	15,000	0	N/A	N/A	SUPPORT FOR AWARDS PROGRAM
(24) FLORIDA HOSPITAL ASSOCIATION 306 EAST COLLEGE AVENUE, TALLAHASSEE, FL 32301	59-0690327	501-C-6	10,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
(25) NATIONAL MINORITY QUALITY FORUM 1200 NEW HAMPSHIRE AVE. NW, WASHINGTON, DC 20036	31-1750942	501-C-3	10,000	0	N/A	N/A	SUPPORT FOR CONFERENCE
(26) ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION 2000 14TH STREET NORTH, SUITE 780, ARLINGTON, VA 22201	36-6110249	501-C-3	10,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(27) THE KENNETH B. SCHWARTZ CENTER 101 MERRIMAC STREET, BOSTON, MA 02114	04-1564655	501-C-3	10,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(28) ALLIANCE FOR HEALTH REFORM 1444 EYE STREET, NW, WASHINGTON, DC 20005	52-1746328	501-C-3	10,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT

(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
(29) PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET NW, WASHINGTON, DC 20017	52-1275583	501-C-3	10,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
(30) UNITED WAY OF THE NATIONAL CAPITAL AREA 8391 OLD COURTHOUSE ROAD, VIENNA, VA 22182	53-0234290	501-C-3	9,435	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(31) STONEHILL COLLEGE 320 WASHINGTON STREET, EASTON, MA 02357	04-2104229	501-C-6	8,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
(32) B'NAI B'RITH INTERNATIONAL 3397 BARHAM BLVD, LOS ANGELES, CA 90068	53-0179971	501-C-3	7,500	0	N/A	N/A	SUPPORT FOR AWARDS PROGRAM
(33) KENTUCKY HOSPITAL ASSOCIATION 2501 NELSON MILLER PARKWAY, LOUISVILLE, KY 40223	61-0574577	501-C-6	7,500	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES BENTLEY	(i)	0	30,143	411,672	0	0	441,815	45,055
	(ii)	0	0	0	0	0	0	0
2 JOHN COMBES, MD	(i)	369,040	31,496	77,954	69,744	28,401	576,635	43,978
	(ii)	0	0	0	0	0	0	0
3 THOMAS NICKELS	(i)	454,607	43,325	181,200	140,025	28,914	848,071	146,441
	(ii)	0	0	0	0	0	0	0
4 MELINDA HATTON	(i)	415,870	39,000	104,667	99,295	22,974	681,806	70,646
	(ii)	0	0	0	0	0	0	0
5 ELIZABETH SUMMY	(i)	195,293	19,665	838	10,990	18,826	245,612	0
	(ii)	0	0	0	0	0	0	0
6 LISA ALLEN	(i)	223,098	22,703	30,820	40,411	28,576	345,608	0
	(ii)	0	0	0	0	0	0	0
7 JACK MACKAY	(i)	267,650	23,509	47,972	12,250	21,147	372,528	0
	(ii)	0	0	0	0	0	0	0
8 BARBARA LORSBACH	(i)	435,025	41,185	97,572	100,544	27,031	701,357	65,340
	(ii)	0	0	0	0	0	0	0
9 GAIL M. LOVINGER	(i)	179,503	1,000	1,564	25,988	18,248	226,303	0
	(ii)	0	0	0	0	0	0	0
10 R. JOHN EVANS	(i)	276,463	27,986	94,693	77,290	31,299	507,731	62,023
	(ii)	0	0	0	0	0	0	0
11 MICHAEL GUERIN	(i)	252,786	24,882	63,715	73,912	14,055	429,350	30,189
	(ii)	0	0	0	0	0	0	0
12 RICHARD J. POLLACK	(i)	681,092	63,284	297,065	174,351	36,984	1,252,776	252,096
	(ii)	0	0	0	0	0	0	0
13 NEIL J. JESUELE	(i)	655,683	60,391	160,999	183,704	39,261	1,100,038	116,024
	(ii)	0	0	0	0	0	0	0
14 RICHARD J. UMBDENSTOCK	(i)	898,785	83,200	71,645	510,931	191,371	1,755,932	0
	(ii)	0	0	0	0	0	0	0
15 LINDA FISHMAN	(i)	405,821	38,500	208,646	75,483	8,358	736,808	171,937
	(ii)	0	0	0	0	0	0	0
16 ALICIA MITCHELL	(i)	253,207	12,326	30,742	74,863	12,138	383,276	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL	BY POLICY, FIRST-CLASS TRAVEL WAS MADE AVAILABLE TO THREE BOARD MEMBERS AND THREE OFFICERS. IT WAS NOT TREATED AS TAXABLE COMPENSATION FOR ANY INTERESTED PERSON. THESE INDIVIDUALS ARE REQUIRED TO TRAVEL EXTENSIVELY ON ORGANIZATION BUSINESS, AND PROVIDING FOR FIRST-CLASS TRAVEL IS CONSIDERED A REASONABLE ACCOMMODATION.
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS	SPOUSAL TRAVEL WAS PROVIDED TO ONE OFFICER AND TWENTY-FIVE BOARD MEMBERS IN 2010. THE RELATED BENEFIT WAS INCLUDED IN THE INTEREST PERSONS' TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A	DISCRETIONARY SPENDING ACCOUNT	IN CONNECTION WITH OFFICIAL DUTIES, STIPENDS WERE MADE AVAILABLE TO THE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, AND CHAIRMAN ELECT OF THE BOARD. TAXABLE BENEFIT ALLOWANCES WERE MADE AVAILABLE TO FIVE OFFICERS, TWO KEY EMPLOYEES, AND FIVE OF THE HIGHEST COMPENSATED EMPLOYEES. THE RELATED BENEFIT WAS INCLUDED IN THE INTEREST PERSONS' TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	A HOUSING ALLOWANCE WAS PROVIDED TO ONE KEY EMPLOYEE IN 2010. THE RELATED BENEFIT WAS INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF- CONTROL PAYMENT	JAMES BENTLEY RECEIVED SEVERANCE PAYMENTS OF \$361,713 DURING 2010.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING OFFICERS, KEY EMPLOYEE AND HIGHEST COMPENSATED EMPLOYEES PARTICIPATED IN OR RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: <ul style="list-style-type: none"> •NEIL JESUELE - \$116,024; •RICHARD POLLACK - \$252,096; •MICHAEL GUERIN - \$30,189; •JOHN EVANS - \$62,023; •BARBARA LORSBACH - \$65,340; •MELINDA HATTON - \$70,646; •THOMAS NICKELS - \$146,441; •JOHN COMBES - \$43,978; •JAMES BENTLEY - \$45,055; •LINDA FISHMAN - \$171,937.
PART II, COLUMN B(III) & F	OTHER REPORTABLE COMPENSATION	COMPENSATION REPORTED IN COLUMN B(III) AND IN COLUMN F IS PRIMARILY RELATED TO THE PREMATURE DISTRIBUTION OF PREVIOUSLY EARNED INCOME RELATED TO DEFERRED COMPENSATION PLANS.

**Schedule O
(Form 990)**

Department of 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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the Organization
AMERICAN HOSPITAL ASSOCIATION

Employer Identification Number
36-0726140

Return Reference	Identifier	Explanation								
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	<p>AHA IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. THESE MEMBERS MAY PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. SPECIFICALLY, MEMBERS MAY PARTICIPATE IN THE ELECTION OF MEMBERS OF THE GOVERNING BODY.</p> <p>THE MEMBERSHIP OF AHA IS MADE UP OF:</p> <ol style="list-style-type: none"> HOSPITALS, HEALTH CARE SYSTEMS, AND HEALTH SERVICE ORGANIZATIONS WHICH PROVIDE A CONTINUUM OF INTEGRATED COMMUNITY HEALTH RESOURCES AND WHICH INCLUDE AT LEAST ONE LICENSED HOSPITAL THAT IS OWNED, LEASED, MANAGED OR RELIGIOUSLY SPONSORED. HEALTH PROVIDER ORGANIZATIONS, OTHER THAN REGISTERED HOSPITALS, WHICH PROVIDE PATIENT CARE SERVICES, AS WELL AS PHYSICIAN GROUPS, HEALTH INSURANCE SERVICES, AND STAFF AND GROUP MODEL HEALTH MAINTENANCE ORGANIZATIONS WITHOUT A HOSPITAL COMPONENT. OTHER ORGANIZATIONS INTERESTED IN THE OBJECTIVES OF THE ASSOCIATION. PERSONAL MEMBERS. <p>MEMBERS OF THE BOARD OF TRUSTEES ARE SELECTED BY A COMMITTEE ON NOMINATIONS. MEMBERS WHO SEEK TO BE ON THE BOARD ARE PUT THROUGH A VETTING PROCESS, AND A SLATE OF CANDIDATES IS PRESENTED TO THE BOARD FOR APPROVAL.</p>								
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	PLEASE SEE THE NARRATIVE FOR PART VI, SECTION A, LINE 6.								
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FULL FORM 990 IS REVIEWED BY MANAGEMENT AND BY LEGAL COUNSEL. IT IS THEN REVIEWED BY THE BOARD OF TRUSTEES OPERATIONS COMMITTEE, THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE, AND FINALLY THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.								
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>ON AN ANNUAL BASIS, THE ASSOCIATION'S TRUSTEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE TO DESIGNATED ASSOCIATION STAFF. THE ASSOCIATION'S OFFICERS, KEY EMPLOYEES AND ALL OTHER EMPLOYEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE ON A BI-ANNUAL BASIS.</p> <p>THE RETURNED QUESTIONNAIRES ARE HANDLED JOINTLY BY LEGAL, HUMAN RESOURCES AND AUDIT AND COMPLIANCE STAFF. ANY QUESTIONNAIRE THAT RAISES A POTENTIAL ISSUE IS REVIEWED AND REFERRED TO THE ASSOCIATION'S PRESIDENT FOR DETERMINATION REGARDING A CONFLICT AND ANY ACTION TO BE CONSIDERED OR UNDERTAKEN.</p> <p>ANY POTENTIAL CONFLICT OF INTEREST THAT ARISES AFTER THE QUESTIONNAIRE IS COMPLETED MUST BE PROMPTLY REPORTED. ANY RESTRICTIONS IMPOSED, BASED ON INFORMATION DISCLOSED IN A CONFLICT OF INTEREST QUESTIONNAIRE OR OTHERWISE, WOULD BE COMMENSURATE WITH THE TYPE OF CONFLICT IDENTIFIED AND WOULD BE DISCLOSED TO THE BOARD OF TRUSTEES.</p>								
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DOES NOT INCLUDE ANY INDIVIDUAL WHOSE COMPENSATION IT REVIEWS. THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO PRODUCE COMPARABLE SALARY DATA FOR THE CEO, AND OFFICERS AND KEY EMPLOYEES AS APPROPRIATE, AND MAKES RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS, CONSISTENT WITH EXISTING COMPENSATION AGREEMENTS, POLICIES AND PROCEDURES.</p> <p>THE COMMITTEE CONSIDERS THE RECOMMENDATIONS FROM THE COMPENSATION CONSULTANT, EVALUATES THE CEO'S PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS, AND DETERMINES WHETHER ANY ADJUSTMENT OR PERFORMANCE-BASED REWARD SHOULD BE MADE.</p> <p>THE PROCESS FOR DETERMINING, REVIEWING AND APPROVING COMPENSATION AND ADJUSTMENTS TO COMPENSATION IS UNDERTAKEN ON AN ANNUAL BASIS. CONTEMPORANEOUS MINUTES OF THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE PREPARED AND REVIEWED BY THE COMMITTEE IN A TIMELY MANNER.</p>								
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE	<p>THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST TO MEMBERS; A SUMMARY OF THE FINANCIAL RESULTS ARE PRINTED EACH YEAR AS PART OF THE ANNUAL REPORT TO MEMBERSHIP.</p> <p>FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.</p>								
FORM 990, PART VI, SECTION B, LINE 15B	PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	<p>THE COMMITTEE HAS AUTHORIZED THE CEO TO APPLY THE SAME PROCEDURES AS DESCRIBED IN THE NARRATIVE FOR PART VI, SECTION B, LINE 15A TO THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES.</p> <p>PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.</p>								
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS</td> <td>11,534,327</td> </tr> <tr> <td>PRIOR PERIOD ADJUSTMENTS</td> <td>- 146,917</td> </tr> <tr> <td>PENSION LIABILITY ADJUSTMENT</td> <td>- 3,640,798</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	11,534,327	PRIOR PERIOD ADJUSTMENTS	- 146,917	PENSION LIABILITY ADJUSTMENT	- 3,640,798
(a) Description	(b) Amount									
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	11,534,327									
PRIOR PERIOD ADJUSTMENTS	- 146,917									
PENSION LIABILITY ADJUSTMENT	- 3,640,798									

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEALTH FORUM, LLC (36-0726140) 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 606061725	EDUCATION	IL	8,977,150	19,232,664	N/A
(2) CENTER FOR HEALTHCARE GOVERNANCE (36-1066473) 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 606061725	MEMBERSHIP/EDUCATION	IL	1,724,375	289,953	N/A
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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) AMERICAN ORG. OF NURSE EXECUTIVES (36-3591337) 155 NORTH WACKER, STE 400, CHICAGO, IL 606061725	MEMBERSHIP	IL	501(C)(6)	N/A	N/A	✓	
(2) HEALTH RESEARCH AND EDUCATIONAL TRUST (36-2203931) 155 NORTH WACKER, STE 400, CHICAGO, IL 606061725	RESEARCH/EDUCATION	IL	501(C)(3)	11 - TYPE I	N/A	✓	
(3) INSTITUTE FOR DIVERSITY IN HEALTHCARE (58-2094118) 155 NORTH WACKER, STE 400, CHICAGO, IL 606061725	DIVERSITY	IL	501(C)(3)	9	N/A	✓	
(4) AHAPAC (36-2996517) 325 7TH STREET, NW, WASHINGTON, DC 20004	POLITICAL CAMPAIGNING	IL	527	N/A	N/A	✓	
(5) AONE FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION (27-2399044) 325 7TH STREET NW, WASHINGTON, DC 20004	SUPPORTING ORGANIZATION	DC	501(C)(3)	11 - TYPE I	AONE	✓	
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) <u>AHA SERVICES, INC. AND SUBSIDIARIES (32-0002089)</u> <u>155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 606061725</u>	ADMINISTRATION	IL	N/A	C CORPORATION	821,663	2,694,492	100
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AHA SERVICES INC AND SUBSIDIARIES	A	984,746	COST
(2) AHA SERVICES INC AND SUBSIDIARIES	A	62,485	COST
(3) HEALTH RESEARCH AND EDUCATIONAL TRUST	B	1,949,598	COST
(4) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT	B	179,000	COST
(5) AHA SERVICES INC AND SUBSIDIARIES	G	327,166	COST
(6) AMERICAN ORGANIZATION OF NURSE EXECUTIVES	I	240,928	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(7) HEALTH RESEARCH AND EDUCATIONAL TRUST	I	346,114	COST
(8) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT	I	58,872	COST
(9) AHA SERVICES INC AND SUBSIDIARIES	J	771,205	COST
(10) AMERICAN ORGANIZATION OF NURSE EXECUTIVES	K	153,486	COST
(11) HEALTH RESEARCH AND EDUCATIONAL TRUST	K	279,437	COST
(12) AHA SERVICES INC AND SUBSIDIARIES	L	68,264	COST