

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, 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 province, country, and ZIP or foreign postal code
CHICAGO, IL 60606-1725

D Employer identification number
36-0726140

E Telephone number
(312)422-3000

G Gross receipts \$ **165,337,448**

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

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

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

J Website: ▶ **WWW.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: <u>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 (CONTINUED ON SCHEDULE O)</u> | | |
| | 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 2013 (Part V, line 2a) | 5 | 378 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 26 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 773,627 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 296,383 | Current Year 378,353 |
| | 9 | Program service revenue (Part VIII, line 2g) | 108,977,823 | 113,289,261 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,922,152 | 9,198,154 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,835,816 | 1,568,421 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 118,032,174 | 124,434,189 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 4,369,546 | 6,196,937 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 52,136,864 | 55,965,386 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 52,850,196 | 54,865,893 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 109,356,606 | 117,028,216 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 8,675,568 | 7,405,973 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 240,760,153 | End of Year 261,197,962 |
| | 21 | Total liabilities (Part X, line 26) | 96,689,183 | 73,459,217 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 144,070,970 | 187,738,745 |

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, CFO** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **NICOLE BENCIK** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00756195**
 Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ **35-0921680**
 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** (2013)

Part III Statement of Program Service Accomplishments

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

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

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

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 <i>Schedule B, Schedule of Contributors</i> (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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | ✓ |
| 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | ✓ |
| 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | ✓ | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 hospital facilities? <i>If "Yes," complete Schedule H</i> | | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No | |
|--|-----|----|---|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | ✓ | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | ✓ | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | ✓ | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3) 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> | 25a | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | ✓ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | ✓ |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | ✓ |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | ✓ | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | ✓ | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | ✓ | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4c), prohibited tax shelter transactions (5a-5c), solicitations (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9b), and section 501(c)(7) and (12) organizations (10-11b).

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 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 | Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | <input checked="" type="checkbox"/> | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | <input checked="" type="checkbox"/> | |
| 8b | 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 | Did the organization have local chapters, branches, or affiliates? | <input checked="" type="checkbox"/> | |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | <input checked="" type="checkbox"/> | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | <input checked="" type="checkbox"/> |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | <input checked="" type="checkbox"/> |
| 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BENJAMIN K. CHU, M.D. CHAIRMAN | 1 | ✓ | | ✓ | | | 24,249 | 0 | 0 | |
| (2) JAMES H. HINTON CHAIRMAN-ELECT | 1 | ✓ | | ✓ | | | 11,135 | 0 | 0 | |
| (3) TERI G. FONTENOT IMMEDIATE PAST CHAIR | 1 | ✓ | | ✓ | | | 23,040 | 0 | 0 | |
| (4) RICHARD J. UMBDENSTOCK PRESIDENT/CEO | 40 | ✓ | | ✓ | | | 1,503,909 | 0 | 411,220 | |
| (5) ALAN D. AVILES TRUSTEE | 1 | ✓ | | | | | 0 | 0 | 0 | |
| (6) BRUCE P. BAILEY TRUSTEE | 1 | ✓ | | | | | 1,253 | 0 | 0 | |
| (7) WILLIAM F. BARROW, II TRUSTEE | 1 | ✓ | | | | | 2,830 | 0 | 0 | |
| (8) THOMAS W. BURKE, M.D. TRUSTEE | 1 | ✓ | | | | | 0 | 0 | 0 | |
| (9) CAROLYN W. CALDWELL TRUSTEE | 1 | ✓ | | | | | 1,265 | 0 | 0 | |
| (10) JOANNE CARROCINO TRUSTEE | 1 | ✓ | | | | | 0 | 0 | 0 | |
| (11) CHRISTOPHER M. DADLEZ TRUSTEE | 1 | ✓ | | | | | 1,630 | 0 | 0 | |
| (12) VICKIE L. DIAMOND, RN, MS TRUSTEE | 1 | ✓ | | | | | 659 | 0 | 0 | |
| (13) JAMES A. DIEGEL TRUSTEE | 1 | ✓ | | | | | 1,042 | 0 | 0 | |
| (14) SCOTT A. DUKE TRUSTEE | 1 | ✓ | | | | | 2,913 | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) CHRISTOPHER J. DUROVICH TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| (16) M. BEATRICE GRAUSE TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| (17) DANIEL L. GROSS, RN, DNSC TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 1,764 | 0 | 0 | |
| (18) DONNA M. KATEN-BAHENSKY TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| (19) JONATHAN B. PERLIN, MD, PHD TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 1,626 | 0 | 0 | |
| (20) ROGER J. REAMER TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 2,433 | 0 | 0 | |
| (21) JAMES H. SKOSBERGH TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 0 | 0 | 0 | |
| (22) MARY STARMANN-HARRISON TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 860 | 0 | 0 | |
| (23) MAUREEN SWICK, RN, MSN, PHD TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 1,543 | 0 | 0 | |
| (24) MICHAEL C. TARWATER TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 663 | 0 | 0 | |
| (25) BARBARA L. WILSON TRUSTEE | 1 | <input checked="" type="checkbox"/> | | | | | 85 | 0 | 0 | |
| 1b Sub-total | | | | | | | 1,582,899 | 0 | 411,220 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 7,779,356 | 0 | 1,643,908 | |
| d Total (add lines 1b and 1c) | | | | | | | 9,362,255 | 0 | 2,055,128 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 131**

| | 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"/> |
| 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"/> | |
| 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 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| HOGAN LOVELLS, 555 13TH STREET, NW, WASHINGTON, DC 20004 | LEGAL AND CONSULTING | 1,258,655 |
| SAVVIS, INC., 10 S LA SALLE ST, CHICAGO, IL 60603 | CONSULTING | 981,615 |
| AVMG INC, 3310 MATRIX DRIVE, STE 200, RICHARDSON, TX 75082 | MEETING SERVICES | 446,396 |
| BOCKORNY GROUP INC, 1101 SIXTEENTH STREET NW, STE 500, WASHINGTON, DC 20036 | CONSULTING | 432,746 |
| REGIONAL ECONOMIC MODELS INC, 433 W STREET, AMHERST, MA 01002 | MEDICAID CONSULTING | 418,700 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 40**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 378,353 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 378,353 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a MEMBER DUES | | 900099 | 78,912,281 | 78,868,781 | 43,500 | |
| | b EDUCATION PROGRAMS | | 611600 | 20,130,982 | 20,130,982 | | |
| | c PUBLICATIONS | | 511120 | 2,815,007 | 2,815,007 | | |
| | d LICENSING | | 900099 | 10,885,660 | 10,885,660 | | |
| | e CONTRACTS | | 900099 | 395,131 | 395,131 | | |
| | f All other program service revenue . | | | 150,200 | 150,200 | 0 | |
| | g Total. Add lines 2a-2f | | | 113,289,261 | | 0 | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 4,435,171 | | 4,435,171 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 Royalties | | | 629,022 | | 629,022 | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c 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 | | | | |
| | | | | 45,666,242 | | | |
| | | b Less: cost or other basis and sales expenses | | | 40,902,726 | 533 | |
| | | c Gain or (loss) | | | 4,763,516 | -533 | |
| | d Net gain or (loss) | | | 4,762,983 | | 4,762,983 | |
| | 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 ADVERTISING | | 541800 | 690,964 | | 690,964 | | |
| b EXTERNAL PRINTING | | 900004 | 39,163 | | 39,163 | | |
| c MAILING LABEL REVENUE | | 900004 | 71,095 | 71,095 | | | |
| d All other revenue | | 900004 | 138,177 | 138,177 | 0 | 0 | |
| e Total. Add lines 11a-11d | | | 939,399 | | | | |
| 12 Total revenue. See instructions. | | | 124,434,189 | 113,455,033 | 773,627 | 9,827,176 | |

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 6,088,317 | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 26,000 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 82,620 | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,889,301 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 29,688,251 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,995,743 | | | |
| 9 Other employee benefits | 7,405,658 | | | |
| 10 Payroll taxes | 3,986,433 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,169,887 | | | |
| c Accounting | 89,662 | | | |
| d Lobbying | 1,838,849 | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 853,964 | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 6,925,050 | | | |
| 12 Advertising and promotion | 859,788 | | | |
| 13 Office expenses | 6,678,569 | | | |
| 14 Information technology | 3,052,776 | | | |
| 15 Royalties | 202,302 | | | |
| 16 Occupancy | 6,369,792 | | | |
| 17 Travel | 5,668,130 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 10,903,555 | | | |
| 20 Interest | 5,533 | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,425,857 | | | |
| 23 Insurance | 486,298 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a STATE AND METRO ASSOCIATIONS | 3,326,024 | | | |
| b COMMISSIONS | 928,577 | | | |
| c FEDERAL AND STATE TAXES | 153,520 | | | |
| d EDUCATION & TRAINING | 359,988 | | | |
| e All other expenses | 567,772 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 117,028,216 | 0 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|-------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 750 | 1 | 750 |
| | 2 Savings and temporary cash investments | 24,867,364 | 2 | 13,629,299 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 3,268,554 | 4 | 4,018,231 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 2,671,992 | 9 | 2,350,312 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 37,959,064 | | |
| | b Less: accumulated depreciation | 22,303,070 | 10c | 15,655,994 |
| | 11 Investments—publicly traded securities | 139,290,277 | 11 | 164,339,634 |
| | 12 Investments—other securities. See Part IV, line 11 | 26,647,352 | 12 | 27,941,273 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 27,446,170 | 15 | 33,262,469 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 240,760,153 | 16 | 261,197,962 | |
| Liabilities | 17 Accounts payable and accrued expenses | 14,200,412 | 17 | 18,721,250 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 16,083,020 | 19 | 8,490,196 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | 5,000,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 66,405,751 | 25 | 41,247,771 |
| | 26 Total liabilities. Add lines 17 through 25 | 96,689,183 | 26 | 73,459,217 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 143,160,638 | 27 | 186,880,281 |
| | 28 Temporarily restricted net assets | 874,710 | 28 | 822,842 |
| | 29 Permanently restricted net assets | 35,622 | 29 | 35,622 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 144,070,970 | 33 | 187,738,745 |
| 34 Total liabilities and net assets/fund balances | 240,760,153 | 34 | 261,197,962 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 124,434,189 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 117,028,216 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,405,973 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 144,070,970 |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,140,187 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 26,121,615 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 187,738,745 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓ | |
| 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. | ✓ | |
| 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. | | |

Part VII

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (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 | | | |
| (26) EUGENE A. WOODS, FACHE ----- TRUSTEE | 1 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (27) SANDRA G. WRIGHT, ED.D. ----- TRUSTEE | 1 ----- | ✓ | | | | | | 0 | 0 | 0 |
| (28) NEIL J. JESUELE ----- EXECUTIVE VICE PRESIDENT | 40 ----- 1 | | | ✓ | | | | 980,860 | 0 | 229,791 |
| (29) RICHARD J. POLLACK ----- EXECUTIVE VICE PRESIDENT | 40 ----- | | | ✓ | | | | 1,032,334 | 0 | 239,495 |
| (30) MICHAEL GUERIN ----- SECRETARY | 40 ----- | | | ✓ | | | | 377,220 | 0 | 87,231 |
| (31) R. JOHN EVANS ----- TREASURER | 40 ----- 2 | | | ✓ | | | | 440,615 | 0 | 118,090 |
| (32) GAIL M. LOVINGER ----- ASSISTANT SECRETARY | 40 ----- | | | ✓ | | | | 213,693 | 0 | 44,467 |
| (33) DIANNA DOYLE ----- ASSISTANT TREASURER | 40 ----- | | | ✓ | | | | 118,767 | 0 | 17,816 |
| (34) BARBARA LORSBACH ----- SENIOR VICE PRESIDENT | 40 ----- | | | | ✓ | | | 604,708 | 0 | 137,532 |
| (35) JACK MACKAY ----- VICE PRESIDENT & CIO | 40 ----- | | | | ✓ | | | 359,724 | 0 | 34,799 |
| (36) LISA ALLEN ----- VP, CHIEF HR OFFICER | 40 ----- | | | | ✓ | | | 358,515 | 0 | 82,460 |
| (37) ELIZABETH SUMMY ----- VICE PRESIDENT | 40 ----- | | | | ✓ | | | 160,859 | 0 | 14,267 |
| (38) DALE WOODIN ----- VICE PRESIDENT | 40 ----- | | | | ✓ | | | 197,564 | 0 | 44,373 |
| (39) THOMAS NICKELS ----- SENIOR VICE PRESIDENT | 40 ----- | | | | | ✓ | | 687,002 | 0 | 181,392 |
| (40) LINDA FISHMAN ----- SENIOR VICE PRESIDENT | 40 ----- | | | | | ✓ | | 741,326 | 0 | 87,360 |
| (41) MELINDA HATTON ----- SR VP, GENERAL COUNSEL | 40 ----- | | | | | ✓ | | 591,364 | 0 | 132,428 |
| (42) JOHN COMBES ----- PRESIDENT/CIO CHG | 40 ----- | | | | | ✓ | | 532,527 | 0 | 104,720 |
| (43) ALICIA MITCHELL ----- SENIOR VICE PRESIDENT | 40 ----- | | | | | ✓ | | 382,278 | 0 | 87,687 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

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

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

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

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, total 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 total 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 its Form 990-PF, Part I, line 2, 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 |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | ----- ----- ----- | \$ ----- 43,837 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ ----- 11,325 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ ----- 9,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ ----- 88,812 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ ----- 28,493 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ ----- 7,459 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | ----- ----- ----- | \$ ----- 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ ----- 12,580 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ ----- 25,725 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ----- ----- ----- | \$ ----- 20,577 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | ----- ----- ----- | \$ ----- 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 13 | ----- ----- ----- | \$ 35,315 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | ----- ----- ----- | \$ 10,868 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (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 |
|--|---|

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (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 |
| ----- ----- ----- | ----- ----- ----- |

| (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 |
| ----- ----- ----- | ----- ----- ----- |

| (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 |
| ----- ----- ----- | ----- ----- ----- |

| (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 |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

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

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 35c (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 ▶ \$ 0
- 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 ▶ \$ 0
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 0
- 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 | 47,269 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2013

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 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 | |
| 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

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

[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 | AHA RECEIVED CONTRIBUTIONS FROM AHA EMPLOYEES IN SUPPORT OF AHAPAC. THE FUNDS FROM AHA EMPLOYEES WERE RECEIVED AND DIRECTLY DELIVERED TO AHAPAC, A RELATED TAX-EXEMPT SECTION 527 POLITICAL ORGANIZATION. |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

| | 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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

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

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

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

- (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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 0 | | 0 |
| b Buildings | 0 | 0 | | 0 |
| c Leasehold improvements | 0 | 15,504,844 | 7,067,964 | 8,436,880 |
| d Equipment | 0 | 544,850 | 457,462 | 87,388 |
| e Other | 0 | 21,909,370 | 14,777,644 | 7,131,726 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 15,655,994 |

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) HEDGE FD-FORESTER DIVERSIFIED | 13,919,856 | END OF YEAR MARKET VALUE |
| (B) INFLATION HEDGE BONDS - VANGUARD TIPS | 5,018,341 | END OF YEAR MARKET VALUE |
| (C) INVESTMENT IN SUBSIDIARIES | -1,733,996 | END OF YEAR MARKET VALUE |
| (D) LT INFLATION HEDGE | 10,737,072 | END OF YEAR MARKET VALUE |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 27,941,273 | |

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) INTERCOMPANY RECEIVABLE | 30,025,982 |
| (2) DEFERRED COMPENSATION ASSETS | 1,410,476 |
| (3) COLLATERAL VALUE LIFE INSURANCE | 988,105 |
| (4) ANNUITIES | 837,906 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 33,262,469 |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LEASE PAYABLE/DEF. LEASE ALLOWANCE | 11,161,744 |
| (3) INVESTMENT PAYABLE | 16,367,291 |
| (4) ACCRUED RETIREMENT EXPENSES | 13,718,736 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 41,247,771 |

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

Part XIII

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, lines 2d and 4b; and Part XII, 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>THE ASSOCIATION FOLLOWS 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 (UBIT.) 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 DECEMBER 31, 2013 AND 2012, THE ASSOCIATION HAS NO LIABILITY FOR UNRECOGNIZED BENEFITS.</p> |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 14b.

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 2,029 |
| (2) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | N/A | 28,363,463 |
| (3) EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 6,939 |
| (4) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 120,770 |
| (5) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | GRANTMAKING | | 82,620 |
| (6) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. | 0 |
| (7) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 28,505 |
| (8) SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 1,959 |
| (9) SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES. | 1,117 |
| (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 | | | 28,607,402 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 28,607,402 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|--|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | EUROPE (INCLUDING ICELAND AND GREENLAND) | SUPPORT PAYMENT | 82,620 | WIRE | 0 | N/A | N/A |
| (2) | | | | | | | | | |
| (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 **▶** 1

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" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

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

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

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

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

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

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 3 | METHOD TO ACCOUNT FOR EXPENDITURES ON ORG.'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |
| SCHEDULE F, PART II, LINE 1 | METHOD USED TO ACCOUNT FOR GRANTS ON ORG'S FINANCIAL STATEMENTS | EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL |
| SCHEDULE F, PART I, LINE 2 | PROCEDURES FOR MONITORING USE OF GRANT FUNDS | THE ORGANIZATION PROVIDED AN ADVANCED SUPPORT PAYMENT FOR THE 2015 WORLD HOSPITAL CONGRESS THAT WILL TAKE PLACE IN CHICAGO, IL. AHA IS ACTIVELY INVOLVED IN THE PLANNING AND DEVELOPMENT OF THE UPCOMING PROGRAM. |
| SCHEDULE F, 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.

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

OMB No. 1545-0047

2013

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) HEALTH RESEARCH AND EDUCATIONAL TRUST 155 N WACKER DRIVE, CHICAGO, IL 60606-1725 | 36-2203931 | 501(C)(3) | 1,852,702 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (2) AMERICAN ORGANIZATION OF NURSE EXECUTIVES 155 N WACKER DRIVE, CHICAGO, IL 60606-1725 | 36-3591337 | 501(C)(6) | 551,034 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (3) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT 155 N WACKER DRIVE, CHICAGO, IL 60606-1725 | 58-2094118 | 501(C)(3) | 489,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (4) ENROLL AMERICA 1201 NEW YORK AVE. NW, WASHINGTON, DC 20005 | 27-1661221 | 501(C)(3) | 1,100,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (5) COALITION TO PROTECT AMERICA'S HEALTHCARE P.O BOX 30211, BETHESDA, MD 20824-0211 | 52-2253225 | 501(C)(4) | 1,000,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (6) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, MS 1A3, FAIRFAX, VA 22030 | 54-1603842 | 501(C)(3) | 83,333 | 0 | N/A | N/A | RESEARCH GRANT |
| (7) PROJECT HOPE 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814 | 53-0242962 | 501(C)(3) | 50,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (8) AMERICAN RED CROSS 2025 E STREET NW, WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 50,000 | 0 | N/A | N/A | DISASTER RELIEF |
| (9) SOUTH DAKOTA ASSOCIATION OF HEALTHCARE ORGANIZATIONS 3708 WEST BROOKS PLACE SUITE 1, SIOUX FALLS, SD 57106 | 46-0254666 | 501(C)(6) | 50,000 | 0 | N/A | N/A | SUPPORT FOR FUNDRAISING EFFORT |
| (10) OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS 4000 KRUSE WAY PLACE BLDG 2 SUITE 1, LAKE OSWEGO, OR 97035 | 93-0554950 | 501(C)(6) | 50,000 | 0 | N/A | N/A | SUPPORT FOR FUNDRAISING EFFORT |
| (11) OKLAHOMA HOSPITAL ASSOCIATION 4000 N LINCOLN BLVD, OKLAHOMA CITY, OK 73105 | 73-0618552 | 501(C)(6) | 50,000 | 0 | N/A | N/A | DISASTER RELIEF |
| (12) OWENSBORO COMMUNITY & TECHNICAL 4800 NEW HARTFORD RD, OWENSBORO, KY 42303 | 61-1109704 | 501(C)(3) | 35,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 22

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

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

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 ASHE INTERNSHIP GRANT | 7 | 20,000 | 0 | N/A | N/A |
| 2 ASHRM EDUCATIONAL SCHOLARSHIP | 2 | 6,000 | 0 | N/A | N/A |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), 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. |
| SCHEDULE I, PART III | GRANTS TO INDIVIDUALS | THE ASHE INTERNSHIP PROGRAM'S PURPOSE IS TO PROVIDE AN OPPORTUNITY FOR A UNIVERSITY STUDENT INTERN TO GAIN VALUABLE EXPERIENCE IN MANAGING THE HEALTH CARE FACILITY PHYSICAL ENVIRONMENT. THE ASHRM EDUCATIONAL SCHOLARSHIP AND GRANT PROGRAM'S PURPOSE IS TO PROVIDE SUPPORT AN INDIVIDUALS EFFORTS TO EARN A MASTERS IN HEALTHCARE ADMINISTRATION. |

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) PROJECT PERFECT WORLD FOUNDATION 290 EAST JOHN CARPENTER FREEWAY, IRVING, TX 75062 | 04-3546835 | 501(C)(3) | 35,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (14) EVIDENCE BASED HEALTH SOLUTIONS PO BOX 62, NOTRE DAME, IN 46556 | 51-0668093 | | 33,333 | 0 | N/A | N/A | RESEARCH GRANT |
| (15) ILLINOIS HOSPITAL ASSOCIATION 1151 E WARRENVILLE ROAD, NAPERVILLE, IL 60563 | 36-2352486 | 501(C)(6) | 30,000 | 0 | N/A | N/A | PROJECT GRANT |
| (16) UNITED WAY OF METROPOLITAN CHICAGO 560 WEST LAKE STREET, CHICAGO, IL 60661 | 30-0200078 | 501(C)(3) | 26,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (17) CENTER FOR HEALTH DESIGN 1850 GATEWAY BLVD., STE 1083, CONCORD, CA 94520 | 68-0298038 | 501(C)(3) | 25,000 | 0 | N/A | N/A | PROJECT GRANT |
| (18) 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 FUNDRAISING EFFORT |
| (19) NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 515 NORTH STATE STREET, CHICAGO, IL 60654 | 36-4483505 | 501(C)(3) | 20,000 | 0 | N/A | N/A | SUPPORT FOR FUNDRAISING EFFORT |
| (20) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST, PHILADELPHIA, PA 19107 | 23-1352651 | 501(C)(3) | 20,000 | 0 | N/A | N/A | PROJECT GRANT |
| (21) DAVID A. WINSTON HEALTH POLICY FELLOWSHIP 2000 14TH STREET NORTH, STE 780, ARLINGTON, VA 22201 | 52-1492039 | 501(C)(3) | 16,500 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (22) ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION 2000 14TH STREET NORTH, STE 780, ARLINGTON, VA 22201 | 36-6110249 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT. |
| (23) ASIAN HEALTH CARE LEADERS ASSOC 566 W ADAMS, STE 500, CHICAGO, IL 60661 | 26-1282400 | 501(C)(3) | 10,000 | 0 | N/A | N/A | SUPPORT FOR FUNDRAISING EFFORT |
| (24) 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. |
| (25) TRUMAN MEDICAL CENTER 2310 HOLMES, STE 735, KANSAS CITY, MO 64108 | 43-1194064 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (26) INSTITUTE FOR PATIENT & FAMILY CENTERED CARE 6917 ARLINGTON RD, BETHESDA, MD 20814 | 52-1777133 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT PAYMENT |
| (27) CONGRESSIONAL MANAGEMENT FOUNDATION 513 CAPITOL COURT NE, STE 300, WASHINGTON, DC 20002 | 52-1076614 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| (28) 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. |

| (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⁾ ALLIANCE FOR HEALTH REFORM 1444 EYE STREET NW, WASHINGTON, DC 20005 | 52-1746328 | 501(C)(3) | 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

AMERICAN HOSPITAL ASSOCIATION

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

36-0726140

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- 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.

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.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | ✓ | |
| 2 | ✓ | |
| 3 | | |
| 4a | | ✓ |
| 4b | ✓ | |
| 4c | | ✓ |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | RICHARD J. UMBDENSTOCK, PRESIDENT/CEO | (i) 942,419 | 118,401 | 443,089 | 209,520 | 201,700 | 1,915,129 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | NEIL J. JESUELE, EXECUTIVE VICE PRESIDENT | (i) 681,904 | 68,910 | 230,046 | 201,097 | 28,694 | 1,210,651 | 164,163 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | RICHARD J. POLLACK, EXECUTIVE VICE PRESIDENT | (i) 740,154 | 75,042 | 217,138 | 197,534 | 41,961 | 1,271,829 | 153,876 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | MICHAEL GUERIN, SECRETARY | (i) 252,613 | 26,906 | 97,701 | 72,556 | 14,675 | 464,452 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | R. JOHN EVANS, TREASURER | (i) 305,997 | 32,720 | 101,898 | 85,429 | 32,661 | 558,705 | 48,145 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | GAIL M. LOVINGER, ASSISTANT SECRETARY | (i) 192,605 | 19,264 | 1,824 | 26,368 | 18,099 | 258,160 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | BARBARA LORSBACH, SENIOR VICE PRESIDENT | (i) 433,524 | 45,062 | 126,122 | 106,330 | 31,202 | 742,239 | 72,698 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | JACK MACKAY, VICE PRESIDENT & CIO | (i) 282,343 | 27,381 | 50,000 | 15,300 | 19,499 | 394,523 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | LISA ALLEN, VP, CHIEF HR OFFICER | (i) 260,488 | 26,572 | 71,455 | 51,915 | 30,545 | 440,975 | 39,058 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | ELIZABETH SUMMY, VICE PRESIDENT | (i) 136,244 | 23,400 | 1,215 | 4,882 | 9,385 | 175,126 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | DALE WOODIN, VICE PRESIDENT | (i) 186,268 | 8,563 | 2,733 | 24,555 | 19,818 | 241,937 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | THOMAS NICKELS, SENIOR VICE PRESIDENT | (i) 467,168 | 48,050 | 171,785 | 151,322 | 30,070 | 868,394 | 116,122 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | LINDA FISHMAN, SENIOR VICE PRESIDENT | (i) 365,693 | 43,110 | 332,523 | 79,168 | 8,191 | 828,686 | 205,095 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | MELINDA HATTON, SR VP, GENERAL COUNSEL | (i) 427,090 | 44,210 | 120,064 | 104,906 | 27,522 | 723,792 | 71,324 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | JOHN COMBES, PRESIDENT/CIO CHG | (i) 375,556 | 39,197 | 117,774 | 80,818 | 23,902 | 637,247 | 63,236 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | ALICIA MITCHELL, SENIOR VICE PRESIDENT | (i) 260,030 | 28,136 | 94,112 | 74,635 | 13,052 | 469,966 | 44,453 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2013

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 | <p>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.</p> <p>ADDITIONALLY, FIRST-CLASS TRAVEL MAY BE APPROVED IN CASES OF HARDSHIP OR EXTENUATING CIRCUMSTANCES ON A CASE-BY-CASE BASIS.</p> |
| SCHEDULE J, PART I, LINE 1A | TRAVEL FOR COMPANIONS | SPOUSAL TRAVEL WAS PROVIDED TO THREE OFFICERS AND TWENTY BOARD MEMBERS IN 2013. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION. |
| SCHEDULE J, PART I, LINE 1A | DISCRETIONARY SPENDING ACCOUNT | <p>IN CONNECTION WITH OFFICIAL DUTIES, STIPENDS WERE MADE AVAILABLE TO THE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, AND CHAIRMAN ELECT OF THE BOARD.</p> <p>TAXABLE BENEFIT ALLOWANCES WERE MADE AVAILABLE TO FIVE OFFICERS, TWO KEY EMPLOYEES, AND FIVE OF THE HIGHEST COMPENSATED EMPLOYEES.</p> <p>THE RELATED BENEFIT WAS INCLUDED IN THE INTEREST PERSONS' TAXABLE COMPENSATION.</p> |
| SCHEDULE J, PART I, LINE 1A | HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | A HOUSING ALLOWANCE WAS PROVIDED TO ONE KEY EMPLOYEE IN 2013. THE RELATED BENEFIT WAS INCLUDED IN TAXABLE COMPENSATION. |
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | <p>THE FOLLOWING OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES PARTICIPATED IN OR RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:</p> <ul style="list-style-type: none"> •RICHARD UMBDENSTOCK - \$322,335 •NEAL JESUELE - \$164,163 •RICHARD POLLACK - \$153,876 •MICHAEL GUERIN - \$41,548 •JOHN EVANS - \$48,145 •BARBARA LORSBACH - \$72,698 •LISA ALLEN - \$39,058 •THOMAS NICKELS - \$116,122 •LINDA FISHMAN - \$266,543 •MELINDA HATTON - \$71,324 •JOHN COMBES - \$63,236 •ALICIA MITCHELL - \$44,453 |

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.

2013

Open to Public Inspection

Name of the Organization
AMERICAN HOSPITAL ASSOCIATION

Employer Identification Number
36-0726140

| Return Reference | Identifier | Explanation | | | | |
|------------------------------------|--|--|-----------------|------------|------------------------------|------------|
| FORM 990, PART I, LINE 1 | BRIEF MISSION | (CONTINUED FROM FORM 990, PART I, LINE 1) AND COMMITTED TO HEALTH IMPROVEMENT. | | | | |
| FORM 990, PART XI, LINE 9 | 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>PENSION LIABILITY ADJUSTMENT</td> <td>26,121,615</td> </tr> </tbody> </table> | (a) Description | (b) Amount | PENSION LIABILITY ADJUSTMENT | 26,121,615 |
| (a) Description | (b) Amount | | | | | |
| PENSION LIABILITY ADJUSTMENT | 26,121,615 | | | | | |
| FORM 990, PART VI, SEC 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, SEC 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, SEC 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, SEC 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 THE ASSOCIATION SECRETARY. 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 THE SECRETARY, LEGAL, HUMAN RESOURCES AND INTERNAL AUDIT. 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, SEC B, LINE 15A | PROCESS 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> | | | | |

| Return Reference | Identifier | Explanation |
|-----------------------------------|--|---|
| FORM 990, PART VI, LINE 15B | PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES | <p>WHERE APPROPRIATE, 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>FOR ALL OTHER OFFICERS AND KEY EMPLOYEES, COMPENSATION IS EVALUATED BY THE ORGANIZATION'S MANAGEMENT ON AN ANNUAL BASIS USING PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS.</p> <p>PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.</p> |
| FORM 990, PART VI, SEC C, LINE 19 | REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | <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> |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

36-0726140

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) HEALTH FORUM, LLC (36-0726140) 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 60606-1725 | EDUCATION | IL | 14,721,539 | 25,862,466 | N/A |
| (2) CENTER FOR HEALTHCARE GOVERNANCE (36-1066473) 155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 60606-1725 | MEMBERSHIP/EDUCATION | IL | 1,789,634 | 250,456 | N/A |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) AMERICAN ORGANIZATION OF NURSE EXECUTIVES (36-3591337) 155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725 | NURSE LEADERSHIP | IL | 501(C)(6) | | N/A | ✓ | |
| (2) HEALTH RESEARCH AND EDUCATIONAL TRUST (36-2203931) 155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725 | RESEARCH/EDUCATION | IL | 501(C)(3) | TYPE I | N/A | ✓ | |
| (3) INSTITUTE FOR DIVERSITY IN HEALTHCARE (58-2094118) 155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725 | DIVERSITY | IL | 501(C)(3) | N/A | N/A | ✓ | |
| (4) AHAPAC (36-2996517) 325 7TH STREET, NW, WASHINGTON, DC 20004 | POLITICAL CAMPAIGNING | IL | 527 | | N/A | ✓ | |
| (5) AONE FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION (27-2399044) 325 7TH STREET NW, WASHINGTON, DC 20004 | NURSE EDUCATION SUPPORT | DC | 501(C)(3) | TYPE I | AONE | ✓ | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) AHA SERVICES, INC. AND SUBSIDIARIES (32-0002089) 155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 60606-1725 | ADMINISTRATION | IL | N/A | C CORPORATION | 20,387,407 | 5,753,594 | 100 | ✓ | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

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

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g Sale of assets to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i Exchange of assets with related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related 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 related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| <u>AHA SERVICES INC AND SUBSIDIARIES</u> | A | 1,180,071 | COST |
| <u>(1) AHA SERVICES INC AND SUBSIDIARIES</u> | A | 3,541 | COST |
| <u>(2) HEALTH RESEARCH AND EDUCATIONAL TRUST</u> | B | 1,852,702 | COST |
| <u>(3) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT</u> | B | 489,000 | COST |
| <u>(4) AMERICAN ORGANIZATION OF NURSE EXECUTIVES</u> | B | 551,034 | COST |
| <u>(5) AHA SERVICES INC AND SUBSIDIARIES</u> | H | 829,957 | COST |
| <u>(6)</u> | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | | 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) AMERICAN ORGANIZATION OF NURSE EXECUTIVES | J | 306,630 | COST |
| (8) HEALTH RESEARCH AND EDUCATIONAL TRUST | J | 623,681 | COST |
| (9) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT | J | 57,353 | COST |
| (10) AMERICAN ORGANIZATION OF NURSE EXECUTIVES | L | 198,501 | COST |
| (11) HEALTH RESEARCH AND EDUCATIONAL TRUST | L | 643,124 | COST |
| (12) AHA SERVICES INC AND SUBSIDIARIES | M | 95,900 | COST |