

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024 , and ending , 20																																		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table><tr><td colspan="2">C Name of organization AMERICAN HOSPITAL ASSOCIATION</td><td>D Employer identification number 36-0726140</td></tr><tr><td colspan="2">Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td>E Telephone number</td></tr><tr><td>155 NORTH WACKER DRIVE</td><td>400</td><td>(312) 422-3000</td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td><td>G Gross receipts \$ 164,892,199</td></tr><tr><td colspan="2">CHICAGO, IL 60606-1725</td><td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td></tr><tr><td colspan="2">F Name and address of principal officer: MR. RICHARD J. POLLACK</td><td>H(b) Are all subordinates included? ☐ Yes ☐ No</td></tr><tr><td colspan="2">800 10TH STREET, N.W., WASHINGTON, DC 20001-4956</td><td>If "No," attach a list. See instructions.</td></tr><tr><td colspan="2">I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527</td><td>H(c) Group exemption number</td></tr><tr><td colspan="2">J Website: WWW.AHA.ORG</td><td></td></tr><tr><td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td><td>L Year of formation: 1898 M State of legal domicile: IL</td></tr></table>	C Name of organization AMERICAN HOSPITAL ASSOCIATION		D Employer identification number 36-0726140	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	155 NORTH WACKER DRIVE	400	(312) 422-3000	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 164,892,199	CHICAGO, IL 60606-1725		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	F Name and address of principal officer: MR. RICHARD J. POLLACK		H(b) Are all subordinates included? ☐ Yes ☐ No	800 10TH STREET, N.W., WASHINGTON, DC 20001-4956		If "No," attach a list. See instructions.	I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	J Website: WWW.AHA.ORG			K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1898 M State of legal domicile: IL
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>(SEE ON SCHEDULE O)</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2024 (Part V, line 2a)	5	435
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,931,816
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	714,772	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	130,276,800	135,273,678
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,339,449	1,210,162
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,110,295	10,229,676
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,726,544	146,713,516
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,037,277	11,948,975
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,926,031	90,027,744
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	63,907,919	67,339,016
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	144,871,227	169,315,735
	19	Revenue less expenses. Subtract line 18 from line 12	(144,683)	(22,602,219)
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	443,776,104	435,317,531
	22	Net assets or fund balances. Subtract line 21 from line 20	153,997,443	157,762,803
			289,778,661	277,554,728

Part II Signature Block

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

Sign Here	Signature of officer		Date			
	JAMES E TYLER JR, SVP ASSOCIATION SVCS, CFO					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN
	BRIDGET T ROCHE					P00666837
	Firm's name		Firm's EIN			
	GRANT THORNTON ADVISORS, LLC		99-1856619			
Firm's address		Phone no.				
171 NORTH CLARK ST, SUITE 200, CHICAGO, IL 60601		(312) 856-0200				

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** (2024)

Part III Statement of Program Service AccomplishmentsCheck 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 ALL 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 EQUITABLE CARE AND HEALTH IMPROVEMENT FOR ALL.

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 REGIONAL
POLICY BOARD 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 on Schedule O.)

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

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)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	413
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	435
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 27		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		☒
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	3		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		☒
6 Did the organization have members or stockholders? . . .	6	☒	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a	☒	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	☒	
b Each committee with authority to act on behalf of the governing body? . . .	8b	☒	
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 on Schedule O . . .	9		☒

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JAMES E. TYLER, JR., 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 ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD J. POLLACK PRESIDENT & CEO	40.0 0.0	✓		✓				5,823,759	0	55,174
(2) STACEY L. HUGHES EVP GOV REL & PUBLIC POL	40.0 0.0				✓			1,699,089	0	294,148
(3) M. MICHELLE HOOD EVP COO, PRES HF	40.0 0.0			✓				1,915,883	0	51,639
(4) CHAD I. GOLDER SVP GENERAL COUNSEL SECRETARY (BEG 1/2024)	40.0 0.0			✓				1,070,865	0	154,122
(5) ASHLEY B. THOMPSON SVP PUBLIC POLICY	40.0 0.0					✓		992,569	0	176,129
(6) CHRISTOPHER M. DERIENZO SVP CPE, PRESIDENT HRET	40.0 1.0				✓			886,847	0	174,720
(7) DOUGLAS C. SHAW SVP BUSINESS DEVELOPMENT (END 11/2024)	40.0 0.0				✓			870,715	0	37,998
(8) LISA HROBSKY GVP FED REL-ADV POL AFFRS	40.0 0.0				✓			712,342	0	154,046
(9) SUSAN GERGELY AHA SVP CHIEF PEOPLE OFFICER	40.0 0.0				✓			806,845	0	40,413
(10) JAMES E. TYLER, JR SVP ASSOC SVCS, CFO, TREASURER	40.0 1.0			✓				694,100	0	145,479
(11) ALICIA N. MITCHELL SVP COMMUNICATIONS	40.0 0.0					✓		700,507	0	102,560
(12) JEANETTE PORTER AHA SVP FIELD ENGAGEMENT	40.0 0.0				✓			602,422	0	120,742
(13) JOY LEWIS SVP HEALTH EQTY ED IFDHE	40.0 0.0				✓			586,663	0	105,815
(14) JOHN L. RIGGI SR ADVR CYBERSECURITY-RISK	40.0 0.0					✓		575,168	0	22,822

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SUSAN M. SOLOMON GROUP VP DEP GEN COUNSEL	40.0 1.0					✓		472,748	0	51,484
(16) MOLLY SMITH GVP, PUBLIC POLICY	40.0 0.0					✓		434,385	0	29,613
(17) PETER MARKOS GVP & CIO	40.0 0.0			✓				351,451	0	60,481
(18) MELINDA R. HATTON GENERAL COUNSEL, SECRETARY (END 12/2023)	40.0 0.0						✓	297,327	0	19,919
(19) JOANNE M. CONROY CHAIR	5.0 0.0	✓		✓				35,946	0	0
(20) JOHN M. HAUPERT PAST CHAIR	5.0 0.0	✓		✓				22,358	0	0
(21) MARC L. BOOM TRUSTEE	1.0 0.0	✓						11,666	0	0
(22) HEIDI DUNCAN TRUSTEE	1.0 5.0	✓						3,119	0	0
(23) MICHAEL ABRAMS TRUSTEE	1.0 0.0	✓						2,525	0	0
(24) RUSSELL R. GRONEWOLD TRUSTEE	1.0 1.0	✓						2,504	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								19,571,803	0	1,797,304
c Total from continuation sheets to Part VII, Section A								5,499	0	0
d Total (add lines 1b and 1c)								19,577,302	0	1,797,304
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								218		

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

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
PIXEL, 915 TWIN ELMS COURT, NASHVILLE, TN 37210	LIVE EVENT PRODUCTION	1,507,270
DLC, 20750 VENTURA BLVD, SUITE 300, WOODLAND HILLS, CA 91364	TRANSFORMATION CONSULTING	1,245,757
TRADESHOW LOGIC, 2655 DALLAS HIGHWAY, MARIETTA, GA 30064	EVENT MANAGEMENT	943,919
OVATION, INC., 522 39TH AVE N, NASHVILLE, TN 37209	MEETING AND EVENT PRODUCTION	905,620
CENTERPLATE, 111 WEST HARBOR DRIVE, SAN DIEGO, CA 92101	EVENT CONTRACTOR	880,426
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		
		115

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			0			
Program Service Revenue				Business Code				
	2a	MEMBER DUES	900099	87,416,236	87,416,236			
	b	EDUCATION PROGRAMS	611600	24,772,310	24,772,310			
	c	LICENSING	900099	21,058,398	21,058,398			
	d	PUBLICATIONS	511120	2,026,734	2,026,734			
	e							
	f	All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f			135,273,678				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,331,194			5,331,194
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			1,451,686			1,451,686
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				14,056,506	1,145			
	b	Less: cost or other basis and sales expenses . .	7b	18,176,693	1,990			
	c	Gain or (loss)	7c	(4,120,187)	(845)			
	d	Net gain or (loss)			(4,121,032)			(4,121,032)
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	EMPLOYEE RETENTION CREDIT	900099	6,296,700			6,296,700	
	b	ADVERTISING	541800	1,490,372		1,490,372		
	c	MAILING LABEL REVENUE	900004	441,444		441,444		
	d	All other revenue	900099	549,474	0	0	549,474	
e	Total. Add lines 11a-11d			8,777,990				
12	Total revenue. See instructions			146,713,516	135,273,678	1,931,816	9,508,022	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,872,764			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	76,211			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17,816,621			
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	58,997,038			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,234,168			
9 Other employee benefits	5,912,119			
10 Payroll taxes	4,067,798			
11 Fees for services (nonemployees):				
a Management				
b Legal	3,085,381			
c Accounting	179,428			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	626,601			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,730,547			
12 Advertising and promotion	1,551,647			
13 Office expenses	4,203,492			
14 Information technology	5,811,307			
15 Royalties	755,970			
16 Occupancy	9,865,409			
17 Travel	5,363,392			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,200,860			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,225,607			
23 Insurance	410,691			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>FEDERAL AND STATE TAXES</u>	4,066,402			
b <u>COMMISSIONS</u>	1,271,888			
c <u>STATE AND METRO ASSOCIATIONS</u>	629,425			
d <u>EDUCATION AND TRAINING</u>	297,720			
e All other expenses	63,249			
25 Total functional expenses. Add lines 1 through 24e	169,315,735			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	44,248,789	2	28,383,181
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,932,627	4	14,625,698
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,497,652	9	4,205,742
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,005,709		
	b Less: accumulated depreciation	10b 44,338,826	7,074,771	10c 6,666,883
	11 Investments—publicly traded securities	133,627,235	11	129,203,641
	12 Investments—other securities. See Part IV, line 11	143,558,999	12	150,325,428
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	104,836,031	15	101,906,958
16 Total assets. Add lines 1 through 15 (must equal line 33)	443,776,104	16	435,317,531	
Liabilities	17 Accounts payable and accrued expenses	13,005,358	17	13,641,831
	18 Grants payable		18	
	19 Deferred revenue	34,222,699	19	38,444,090
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	106,769,386	25	105,676,882
	26 Total liabilities. Add lines 17 through 25	153,997,443	26	157,762,803
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	288,302,077	27	276,543,371
	28 Net assets with donor restrictions	1,476,584	28	1,011,357
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	289,778,661	32	277,554,728
33 Total liabilities and net assets/fund balances	443,776,104	33	435,317,531	

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Part XI Reconciliation of Net AssetsCheck 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	146,713,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,315,735
3	Revenue less expenses. Subtract line 2 from line 1	3	(22,602,219)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	289,778,661
5	Net unrealized gains (losses) on investments	5	10,443,619
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 on Schedule O)	9	(65,333)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	277,554,728

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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. ☐ Separate basis ☐ Consolidated basis ☐ 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. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
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 on Schedule O and describe any steps taken to undergo such audits		

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(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			
(25) JOHN LYNCH III ----- TRUSTEE	1.0 ----- 0.0	✓						2,039	0	0
(26) MICHAEL MAYO ----- TRUSTEE	1.0 ----- 0.0	✓						1,687	0	0
(27) TIM MCMANUS ----- TRUSTEE	1.0 ----- 0.0	✓						1,035	0	0
(28) TERIKA RICHARDSON ----- TRUSTEE	1.0 ----- 1.0	✓						738	0	0
(29) CHRISTINA FREESE DECKER ----- CHAIR ELECT	5.0 ----- 0.0	✓		✓				0	0	0
(30) BILL GASSEN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) BOB TRESTMAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(32) DENNIS W. PULLIN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(33) JOSEPH R. IMPICCICHE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(34) KURT BARWIS ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(35) LAURA KAISER ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(36) LORI MORGAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(37) MARY ANN FUCHS ----- TRUSTEE	1.0 ----- 1.0	✓						0	0	0
(38) MATT WILLIE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(39) MICHAEL UGWUEKE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(40) PHYLLIS A. COWLING ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(41) SCHONAY BARNETT-JONES ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(42) STEVE DIAZ ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(43) STEVE PURVES ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(44) VICTORIA W. BAYLESS ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number (EIN) 36-0726140
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions \$
- Volunteer hours for political campaign activities. See instructions

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ **593,876**
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ **50,000**
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ **643,876**
- Did the filing organization file **Form 1120-POL** for this year? ☒ Yes ☐ No
- Enter the names, addresses, and EINs 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) (SEE STATEMENT)				
(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) 2024

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 (grassroots 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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

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

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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	83,147,456
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	32,365,216
b	Carryover from last year	2b	3,926,298
c	Total	2c	36,291,514
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	26,266,281
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 expenditures next year?	4	1,025,233
5	Taxable amount of lobbying and political expenditures. See instructions	5	9,000,000

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART I-A - DESCRIPTION OF POLITICAL 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.

PartI-C

Line 5. Enter the names, addresses and EINs of all section 527 political organizations to which the filing organization made payments. (continued)

(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-.
AHAPAC	800 TENTH STREET, N.W., TWO CITYCENTER, STE 400 WASHINGTON, DC 20001-4956	36-2996517	0	64,364
DEMOCRATIC GOVERNORS ASSOCIATION	1225 EYE ST NW, SUITE 1100 WASHINGTON, DC 20005	52-1304889	50,000	0

SCHEDULE D
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on 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 Term endowment _____%

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,438,056	15,806,562	2,631,494
d Equipment		2,486,329	1,908,017	578,312
e Other		30,081,324	26,624,247	3,457,077
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,666,883

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	136,740,618	END OF YEAR MARKET VALUE
(3) Other		
(A) HEDGE FUNDS	17,027,106	END OF YEAR MARKET VALUE
(B) INFLATION HEDGE BONDS	0	END OF YEAR MARKET VALUE
(C) INVESTMENT IN SUBSIDIARIES	(3,442,296)	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	150,325,428	

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	48,992,381
(2) DEFERRED COMPENSATION ASSETS	4,073,772
(3) COLLATERAL VALUE LIFE INSURANCE	1,251,472
(4) RIGHT OF USE OPERATING LEASE	47,580,576
(5) SUBLEASE RECEIVABLE	8,757
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	101,906,958

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	3,833,636
(2) LEASE PAYABLE/DEF. LEASE ALLOWANCE	7,585,626
(3) INVESTMENT PAYABLE	28,053,958
(4) ACCRUED RETIREMENT EXPENSES	6,710,099
(5) OPERATING LEASE OBLIGATION	59,466,710
(6) SUBLEASE SECURITY DEPOSIT	26,853
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	105,676,882

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES SECTION OF THE INCOME TAXES TOPIC OF THE ASC, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED 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. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED AND RECORDED AS LIABILITIES FOR THE REPORTING PERIODS PRESENTED HEREIN.

SCHEDULE F
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	
(4) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	17,027,106
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS	SUPPORT PAYMENT	76,211
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA.	
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			17,103,317
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			17,103,317

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT PAYMENT	76,211	WIRE TRANSFER			
(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 a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash 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 separately 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; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ **Yes** ☐ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ **Yes** ☐ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) (Rev. 1-2025)

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, 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 F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL - N/A EAST ASIA AND THE PACIFIC - ACCRUAL - SALES OF BOOKS AND DATA. EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - SALES OF BOOKS AND DATA., ACCRUAL - SUPPORT PAYMENT NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - SALES OF BOOKS AND DATA. SOUTH ASIA - ACCRUAL - SALES OF BOOKS AND DATA.
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL
SCHEDULE F, PART V - INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES	THE ORGANIZATION'S FOREIGN ACTIVITIES CONSIST 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. AHA REPORTS ZERO FOR EXPENSES IN COLUMN "F" FOR THESE LINES.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	52-2253225	501(C)(4)	8,000,000				SUPPORT PAYMENT
(2) (SEE STATEMENT)	93-4878531	501(C)(4)	500,000				SUPPORT PAYMENT
(3) (SEE STATEMENT)	83-3690373	501(C)(4)	1,000,000				SUPPORT PAYMENT
(4) (SEE STATEMENT)	27-1937961	501(C)(4)	500,000				SUPPORT PAYMENT
(5) (SEE STATEMENT)	52-1304889	527	50,000				SUPPORT PAYMENT
(6) (SEE STATEMENT)	93-3141012	501(C)(4)	70,000				SUPPORT PAYMENT
(7) (SEE STATEMENT)	36-6110249	501(C)(3)	30,000				SUPPORT PAYMENT
(8) (SEE STATEMENT)	36-2658309	501(C)(3)	27,500				SUPPORT PAYMENT
(9) (SEE STATEMENT)	95-3954057	501(C)(3)	5,000				SUPPORT PAYMENT
(10) (SEE STATEMENT)	53-0045720	501(C)(6)	14,583				SUPPORT PAYMENT
(11) (SEE STATEMENT)	36-4483505	501(C)(3)	27,375				SUPPORT PAYMENT
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13
- 3 Enter total number of other organizations listed in the line 1 table 10

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
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.
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(SEE STATEMENT)

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
(12) B'NAI B'RITH 1120 20TH STREET NW, SUITE 300 NORTH, WASHINGTON, DC 20036	53-0179971	501(C)(3)	25,000				SUPPORT PAYMENT
(13) BLUFORD HEALTHCARE LEADERSHIP INSTITUTE 7900 LEE'S SUMMIT ROAD, KANSAS CITY, MO 64139	46-3328194	501(C)(3)	15,000				SUPPORT PAYMENT
(14) THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE PO BOX 417597, BOSTON, MA 02241	01-1564655	501(C)(3)	10,000				SUPPORT PAYMENT
(15) NATIONAL GOVERNORS ASSOCIATION 444 N CAPITAL STREET, SW SUITE 267, WASHINGTON, DC 20001	23-7391796	501(C)(3)	45,000				SUPPORT PAYMENT
(16) AONL FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION 800 10TH STREET NW, WASHINGTON, DC 20001	27-2399044	501(C)(3)	1,200,000				SUPPORT PAYMENT
(17) NATIONAL COUNCIL OF INSURANCE LEGISLATORS 616 5TH AVENUE, UNIT #106, BLEMAR, NJ 07719	23-7412297	501(C)(3)	15,000				SUPPORT PAYMENT
(18) NORTH CAROLINA HEALTHCARE FOUNDATION 5440 WADE PARK BLVD, SUITE 410, RALEIGH, NC 27607	56-0773039	501(C)(3)	50,000				SUPPORT PAYMENT
(19) ALABAMA HOSPITAL ASSOCIATION 500 NE BLVD, MONTGOMERY, AL 36117	63-0338569	501(C)(6)	25,000				SUPPORT PAYMENT
(20) WASHINGTON STATE HOSPITAL ASSOCIATION 300 ELLIOTT AVENUE W, SUITE 300, SEATTLE, WA 98119	91-0584257	501(C)(6)	11,777				SUPPORT PAYMENT
(21) TENNESSEE HOSPITAL EDUCATION AND RESEARCH FOUNDATION 5201 VIRGINIA WAY, BRENTWOOD, TN 37027	62-0712345	501(C)(3)	10,000				SUPPORT PAYMENT
(22) IOWA HOSPITAL EDUCATION AND RESEARCH FOUNDATION 100 E GRAND AVE, SUITE 100, DES MOINES, IA 50309	42-0981889	501(C)(3)	10,000				SUPPORT PAYMENT
(23) NEBRASKA HOSPITAL ASSOCIATION 3255 SALT CREEK CIRCLE, SUITE 100, LINCOLN, NE 68504	47-0384546	501(C)(6)	10,000				SUPPORT PAYMENT

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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COALITION TO STRENGTHEN AMERICA'S HEALTH CARE 800 10TH STREET NW, TWO CITY CENTER 400, WASHINGTON, DC 20001
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NEWHEIGHTS FOR AMERICA 515 W 41ST ST, POSTAL MAIL BOX 113, SIOUX FALLS, SD 57105
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MAJORITY FORWARD 1032 15TH STREET NW, SUITE 247, WASHINGTON, DC 20005
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ONE NATION 15405 JOHN MARSHALL HWY, HAYMARKET, VA 20169
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DEMOCRATIC GOVERNORS ASSOCIATION 1225 EYE ST NW, SUITE 1100, WASHINGTON, DC 20005
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HEALTHCARE WORKFORCE COALITION 601 13TH ST NW, SUITE 250 NORTH, WASHINGTON, DC 20005
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION (AUPHA) 1730 RHODE ISLAND AVE NW, SUITE 810, WASHINGTON, DC 20036
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMISSION ON ACCREDITATION OF HEALTHCARE MANAGEMENT EDUCATION (CAHME) 6110 EXECUTIVE BLVD, ROCKVILLE, MD 20852
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PARTNERS IN CARE FOUNDATION, INC. 732 MOTT STREET, SUITE 150, SAN FERNANDO, CA 91340
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA 1615 H STREET NW, WASHINGTON, DC 20062
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 230 E OHIO STREET, 410-1157, CHICAGO, IL 60611

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tr><td>☒ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☒ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☒ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☒ First-class or charter travel	☐ Housing allowance or residence for personal use	☒ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☒ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☒ First-class or charter travel	☐ Housing allowance or residence for personal use									
☒ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☒ Discretionary spending account	☐ Personal services (such as 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 on line 1a?	☒									
3 Indicate which, if any, of the following the 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. <table><tr><td>☒ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☒ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☒ Compensation committee	☐ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☐ Written employment contract									
☒ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		☒								
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?										
b Any related organization?										
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?										
b Any related organization?										
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III										
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III										
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RICHARD J. POLLACK	(i) 2,046,096	2,980,922	796,741	20,700	34,474	5,878,933	0
	PRESIDENT & CEO	(ii) 0	0	0	0	0	0	0
2	STACEY L. HUGHES	(i) 1,046,215	372,491	280,383	273,463	20,685	1,993,237	207,222
	EVP GOV REL & PUBLIC POL	(ii) 0	0	0	0	0	0	0
3	M. MICHELLE HOOD	(i) 1,197,184	376,704	341,995	20,700	30,939	1,967,522	0
	EVP COO, PRES HF	(ii) 0	0	0	0	0	0	0
4	CHAD I. GOLDER	(i) 828,830	207,254	34,781	150,642	3,480	1,224,987	0
	SVP GENERAL COUNSEL SECRETARY (BEG 1/2024)	(ii) 0	0	0	0	0	0	0
5	ASHLEY B. THOMPSON	(i) 653,454	175,761	163,354	126,259	49,870	1,168,698	87,549
	SVP PUBLIC POLICY	(ii) 0	0	0	0	0	0	0
6	CHRISTOPHER M. DERIENZO	(i) 675,413	176,250	35,184	128,695	46,025	1,061,567	0
	SVP CPE, PRESIDENT HRET	(ii) 0	0	0	0	0	0	0
7	DOUGLAS C. SHAW	(i) 404,819	126,400	339,496	20,700	17,298	908,713	160,653
	SVP BUSINESS DEVELOPMENT (END 11/2024)	(ii) 0	0	0	0	0	0	0
8	LISA HROBSKY	(i) 510,610	128,915	72,817	104,690	49,356	866,388	0
	GVP FED REL-ADV POL AFFRS	(ii) 0	0	0	0	0	0	0
9	SUSAN GERGELY	(i) 416,943	98,146	291,756	20,700	19,713	847,258	183,779
	AHA SVP CHIEF PEOPLE OFFICER	(ii) 0	0	0	0	0	0	0
10	JAMES E. TYLER, JR	(i) 532,128	122,684	39,288	145,229	250	839,579	0
	SVP ASSOC SVCS, CFO, TREASURER	(ii) 0	0	0	0	0	0	0
11	ALICIA N. MITCHELL	(i) 465,956	128,702	105,849	94,779	7,781	803,067	68,636
	SVP COMMUNICATIONS	(ii) 0	0	0	0	0	0	0
12	JEANETTE PORTER	(i) 416,297	112,547	73,578	87,596	33,146	723,164	0
	AHA SVP FIELD ENGAGEMENT	(ii) 0	0	0	0	0	0	0
13	JOY LEWIS	(i) 406,780	96,114	83,769	85,527	20,288	692,478	49,589
	SVP HEALTH EQTY ED IFDHE	(ii) 0	0	0	0	0	0	0
14	JOHN L. RIGGI	(i) 419,592	88,739	66,837	20,700	2,122	597,990	0
	SR ADVR CYBERSECURITY-RISK	(ii) 0	0	0	0	0	0	0
15	SUSAN M. SOLOMON	(i) 410,189	54,267	8,292	20,700	30,784	524,232	0
	GROUP VP DEP GEN COUNSEL	(ii) 0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)						
		(ii)						

Part II
Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
⁽¹⁶⁾ MOLLY SMITH GVP, PUBLIC POLICY	(i)	366,312	53,646	14,427	20,700	8,913	463,998	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁷⁾ PETER MARKOS GVP & CIO	(i)	346,378	0	5,073	12,456	48,025	411,932	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁸⁾ MELINDA R. HATTON GENERAL COUNSEL, SECRETARY (END 12/2023)	(i)	58,700	230,856	7,771	17,412	2,507	317,246	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	BY POLICY, FIRST-CLASS TRAVEL WAS MADE AVAILABLE TO THREE BOARD MEMBERS, CEO AND TWO EXECUTIVE VICE PRESIDENTS IN 2024. 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. ADDITIONALLY, FIRST-CLASS TRAVEL MAY BE APPROVED IN CASES OF HARDSHIP OR EXTENUATING CIRCUMSTANCES ON A CASE-BY-CASE BASIS.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	SPOUSAL TRAVEL WAS PROVIDED TO THE CEO IN 2024. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT	IN CONNECTION WITH OFFICIAL DUTIES, STIPENDS WERE MADE AVAILABLE TO THE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, AND CHAIRMAN ELECT OF THE BOARD. TAXABLE BENEFIT ALLOWANCES WERE MADE AVAILABLE TO SENIOR VICE PRESIDENT'S AND ABOVE. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2024 CALENDAR YEAR, AMERICAN HOSPITAL ASSOCIATION (AHA) MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: - RICHARD J. POLLACK - M. MICHELLE HOOD - STACEY L. HUGHES - ASHLEY B. THOMPSON - CHRISTOPHER DERIENZO - DOUGLAS C. SHAW - CHAD I. GOLDER - LISA KIDDER-HROBSKY - ALICIA N. MITCHELL - SUSAN GERGELY - JEANNETTE PORTER - JOY LEWIS - JAMES E. TYLER, JR. DURING 2024, THE FOLLOWING CONTRIBUTIONS WERE MADE BY AHA TO THE PLAN: - RICHARD J. POLLACK: \$727,574 - M. MICHELLE HOOD: \$276,431 - STACEY L. HUGHES : \$252,762 - ASHLEY B. THOMPSON: \$105,559 - CHRISTOPHER DERIENZO: \$107,995 - DOUGLAS C. SHAW: \$64,407 - CHAD I. GOLDER: \$129,942 - LISA KIDDER-HROBSKY : \$83,990 - ALICIA N. MITCHELL: \$74,079 - SUSAN GERGELY: \$64,965 - JEANNETTE PORTER : \$66,896 - JOY LEWIS : \$64,827 - JAMES E. TYLER, JR. : \$124,529 DURING 2024, THE FOLLOWING DISTRIBUTIONS (INCLUDING ACCRUED EARNINGS) WERE MADE BY AHA FROM THE PLAN: - RICHARD J. POLLACK: \$727,574 - M. MICHELLE HOOD : \$276,431 - STACEY L. HUGHES : \$207,222 - ASHLEY B. THOMPSON : \$87,549 - DOUGLAS C. SHAW : \$300,515 - LISA KIDDER-HROBSKY : \$29,713 - ALICIA N. MITCHELL : \$68,636 - SUSAN GERGELY : \$248,744 - JEANNETTE PORTER : \$38,693 - JOY LEWIS : \$49,589 ALL VESTED/PAID OUT AMOUNTS WERE TREATED AS TAXABLE AND INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**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	TO ADVANCE THE HEALTH OF ALL 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 EQUITABLE CARE AND HEALTH IMPROVEMENT FOR ALL.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES COMPOSED OF THE CHAIR OF THE BOARD OF TRUSTEES, THE CHAIR-ELECT OF THE BOARD OF TRUSTEES, THE IMMEDIATE PAST CHAIR OF THE BOARD OF TRUSTEES, THE PRESIDENT, AND THE CHAIR OF THE OPERATIONS COMMITTEE, ALL OF WHOM SHALL BE EX OFFICIO MEMBERS WITH THE POWER TO VOTE, AND SUCH ADDITIONAL MEMBERS OF THE BOARD OF TRUSTEES AS RECOMMENDED BY THE EXECUTIVE COMMITTEE AND APPOINTED BY THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO ACT ON BEHALF OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES WHEN, IN THE JUDGMENT OF THE COMMITTEE, IT IS NECESSARY.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	AHA IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. THESE MEMBERS MAY PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. THE MEMBERSHIP OF AHA IS MADE UP OF: 1. 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. 2. 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. 3. OTHER ORGANIZATIONS INTERESTED IN THE OBJECTIVES OF THE ASSOCIATION. 4. PERSONAL MEMBERS. 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.
FORM 990, PART VI, 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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FULL FORM 990 IS REVIEWED BY A PUBLIC ACCOUNTING FIRM, 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, LINE 12C - CONFLICT OF INTEREST POLICY	ON AN ANNUAL BASIS, THE ASSOCIATION'S TRUSTEES, OFFICERS, AND EMPLOYEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE. THE RETURNED QUESTIONNAIRES ARE HANDLED JOINTLY BY LEGAL, HUMAN RESOURCES AND COMPLIANCE STAFF OF THE AMERICAN HOSPITAL ASSOCIATION. ANY QUESTIONNAIRE THAT RAISES A POTENTIAL ISSUE IS REVIEWED AND REFERRED TO THE ASSOCIATION'S PRESIDENT FOR A FINAL DETERMINATION OF ANY ACTION TO BE CONSIDERED OR UNDERTAKEN. 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 REFERRED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR A DETERMINATION ON WHETHER DISCLOSURE TO THE FULL BOARD OF TRUSTEES IS WARRANTED.

Name of the organization American Hospital Association	Employer identification number 36-0726140
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FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE AHA EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) IS COMPOSED OF THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE AHA BOARD OF TRUSTEES EXCLUDING THE AHA PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO). THE COMMITTEE DOES NOT INCLUDE ANY INDIVIDUAL WHOSE COMPENSATION IT REVIEWS. THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO PRODUCE ANNUAL COMPARABLE SALARY DATA FOR THE CEO AND MAKES RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS, CONSISTENT WITH EXISTING COMPENSATION AGREEMENTS, POLICIES AND PROCEDURES. THE COMMITTEE CONSIDERS THE RECOMMENDATIONS FROM THE COMPENSATION CONSULTANT, EVALUATES THE CEO'S PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS, AND DETERMINES ANY EARNED PERFORMANCE-BASED REWARD. THE PROCESS FOR DETERMINING, REVIEWING AND APPROVING COMPENSATION AND ADJUSTMENTS TO COMPENSATION IS UNDERTAKEN ON AN ANNUAL BASIS.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	WHERE APPROPRIATE, THE COMMITTEE HAS AUTHORIZED THE PRESIDENT AND 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. 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. PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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. 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.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>ADJUSTMENT TO PENSION LIAB</td><td>- 65,333</td></tr><tr><td>TOTAL</td><td>- 65,333</td></tr></table>	(a) Description	(b) Amount	ADJUSTMENT TO PENSION LIAB	- 65,333	TOTAL	- 65,333
(a) Description	(b) Amount						
ADJUSTMENT TO PENSION LIAB	- 65,333						
TOTAL	- 65,333						

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)(SEE STATEMENT)-----									
(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	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH RESEARCH & EDUCATIONAL TRUST	J	600,158	COST
(2) HEALTH RESEARCH & EDUCATIONAL TRUST	Q	694,612	COST
(3) AMERICAN ORGANIZATION FOR NURSING LEADERSHIP	J	357,808	COST
(4) AMERICAN ORGANIZATION FOR NURSING LEADERSHIP	Q	869,616	COST
(5) HEALTH FORUM, INC.	J	433,230	COST
(6) (SEE STATEMENT)			

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)													
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Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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) HEALTH FORUM, INC. (36-4143432) 155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 60606-1725	PUBLICATIONS	IL	N/A	C CORPORATION	4,409,007	2,698,761	100.00	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) HEALTH FORUM, INC.	P	386,580	COST
(7) HEALTH RESEARCH & EDUCATIONAL TRUST	L	0	COST
(8) AONL FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION	Q	62,888	COST
(9) AONL FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION	B	1,200,000	COST