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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

**C Name of organization****MISSOURI HOSPITAL ASSOCIATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 60**

Room/suite

City or town, state or country, and ZIP + 4

**JEFFERSON CITY, MO 65102-0060****F Name and address of principal officer. KATHY POFF****SAME AS C ABOVE****D Employer identification number****44-0610607****E Telephone number****(573) 893-3700****G Gross receipts \$****33,490,697.****H(a) Is this a group return**

for affiliates?

☐ Yes☒ No**H(b) Are all affiliates included?**☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status** ☒ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ WWW.MHANET.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1922****M State of legal domicile: MO****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <b>TO PROMOTE THE HEALTH &amp; WELFARE OF MISSOURI CITIZENS BY ASSISTING HOSPITALS AND OTHER</b>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3		31			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		30			
5	Total number of employees (Part V, line 2a)	5		54			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		731,646.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		53,327.			
		Prior Year		Current Year			
8	Contributions and grants (Part VIII, line 1h)	4,484,868.					
9	Program service revenue (Part VIII, line 2g)	6,405,767.		11,044,571.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	648,484.		543,811.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,966.		23,472.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,542,085.		11,611,854.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	950.					
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)	5,788,917.		5,921,499.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,057,485.		4,485,529.			
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,847,352.		10,407,028.			
19	Revenue less expenses Subtract line 18 from line 12	<305,267.>		1,204,826.			
		Beginning of Current Year		End of Year			
20	Total assets (Part X, line 16)	20,170,719.		22,173,414.			
21	Total liabilities (Part X, line 26)	5,439,602.		4,623,382.			
22	Net assets or fund balances Subtract line 21 from line 20	14,731,117.		17,550,032.			

**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

IX 5-11-10  
DateHERB B. KUHN, PRESIDENT & CEO  
Type or print name and titlePaid  
Preparer's  
Use Only

Preparer's signature

Tanya H. Marsh

Date

5-8-2010

Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4STONE CARLIE & COMPANY, LLC  
101 S. HANLEY ROAD, SUITE 800  
ST. LOUIS, MO 63105-3437

EIN ▶

Phone no. ▶ 314-889-1100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

**TO PROMOTE THE HEALTH & WELFARE OF MISSOURI CITIZENS BY ASSISTING HOSPITALS AND OTHER HEALTHCARE-RELATED ORGANIZATIONS.**

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**TO PROMOTE THE HEALTH AND WELFARE OF MO CITIZENS BY ASSISTING HOSPITALS AND OTHER HEALTHCARE-RELATED ORGANIZATIONS. THIS ASSISTANCE INCLUDES SERVING AS AN ADVOCATE & REPRESENTATIVE OF HOSPITALS TO CREATE AN ENVIRONMENT ENABLING HOSPITALS TO COORDINATE & PROVIDE HEALTH SERVICES IN A COST-EFFECTIVE MANNER IN ORDER TO IMPROVE THE HEALTH STATUS IN THEIR COMMUNITIES.**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**COMMUNICATED WITH AND EDUCATED MEMBERS, POLICY LEADERS AND THE PUBLIC ON ISSUES THAT AFFECT THE ORGANIZATION, DELIVERY & FINANCING OF HEALTH CARE SERVICES. IDENTIFIED, SUPPORTED, PROMOTED AND PROVIDED EDUCATION FOR INITIATIVES THAT ASSIST MEMBERS IN IMPROVING HEALTH CARE SERVICES FOR MISSOURIANS.**

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

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

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

**4e** Total program service expenses ► \$

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**Part IV Checklist of Required Schedules** (continued)

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	75	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X
<b>2a</b>	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	54	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	X
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b> N/A		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders N/A	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> 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?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
THE ORGANIZATION - (573)893-3700  
4712 COUNTRY CLUB DR, JEFFERSON CITY, MO 65109

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
DONALD J. BABB TRUSTEE	1.00	X						0.	0.	0.
ROBERT H. BEZANSON TRUSTEE	1.00	X						0.	0.	0.
STEVEN C. BJELICH, FACHE TRUSTEE	1.00	X						0.	0.	0.
JOHN W. BLUFORD TRUSTEE	1.00	X						0.	0.	0.
PATRICK E. CARRON, MHA, TRUSTEE	1.00	X						0.	0.	0.
ROBERT Y. COPELAND JR., TRUSTEE	1.00	X						0.	0.	0.
STEPHEN E. CORBEIL, FACH TRUSTEE	1.00	X						0.	0.	0.
JOSEPH W. CROSSETT TRUSTEE	1.00	X						0.	0.	0.
JOHN M. DAWES, FACHE TRUSTEE	1.00	X						0.	0.	0.
KIM DAY TRUSTEE	1.00	X						0.	0.	0.
DENNY DENARVAEZ TRUSTEE	1.00	X						0.	0.	0.
GARY D. DUNCAN, FACHE TRUSTEE	1.00	X						0.	0.	0.
SHERLYN A. HAILSTONE TRUSTEE	1.00	X						0.	0.	0.
G. RICHARD HASTINGS TRUSTEE	1.00	X						0.	0.	0.
MICHAEL E. HENZE TRUSTEE	1.00	X						0.	0.	0.
NICHOLAS A. HOLEKAMP, M. TRUSTEE	1.00	X						0.	0.	0.
LOWELL C. KRUSE, FACHE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
MARK LANEY, M.D. TRUSTEE	1.00	X						0.	0.	0.
STEVEN H. LIPSTEIN TRUSTEE	1.00	X						0.	0.	0.
DAN MCKINNEY TRUSTEE	1.00	X						0.	0.	0.
RANDALL L. O'DONNELL, PH TRUSTEE	1.00	X						0.	0.	0.
DENNIS P. PRYOR TRUSTEE	1.00	X						0.	0.	0.
THOMAS H. ROCKERS TRUSTEE	1.00	X						0.	0.	0.
JAMES M. SANGER TRUSTEE	1.00	X						0.	0.	0.
KAREN WEGENER TRUSTEE	1.00	X						0.	0.	0.
JAMES W. WENTE, FACHE TRUSTEE	1.00	X						0.	0.	0.
RANDY S. WERTZ, FACHE TRUSTEE	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>2,647,587.</b>	<b>0.</b>	<b>587,285.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HUSCH BLACKWELL SANDERS LLP, 190 CARONDELET PLAZA, STE 600, ST. LOUIS, MO	CONSULTING SERVICES AT THE FEDERAL LEVEL	193,679.
TAN-TAR-A RESORT, STATE ROAD KK, BOX 188 TT, OSAGE BEACH, MO 65065	ANNUAL CONVENTION AND TRADE SHOW	181,654.
ST. LOUIS UNIVERSITY, 3700 WEST PINE MALL, SUITE 357, ST. LOUIS, MO 63108	TRAINING/EMERGENCY PREPAREDNESS	169,018.
ENMAGINE, INC. 4461 LEWIS ROAD, DIAMOND SPRINGS, CA 95619	DEVELOPS AND DELIVERS WORKSHOPS/E	150,000.
TUSA CONSULTING SERV. II LLC 75757 HIGHWAY 1082, COVINGTON, LA 70435	COMMUNICATIONS ASSESSMENT/EMERGENCY	140,188.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f							
Program Service Revenue	Business Code						
	2 a MEMBERSHIP DUES	900099	4677308.	4677308.			
	b CONTRACTUAL SERVICES	541610	3811181.	3079535.	731,646.		
	c SPECIAL PROJECTS	900099	1997585.	1997285.		300.	
	d CONVENTION FEES	900099	444,771.	444,771.			
	e PROGRAM RENTAL REVENUE	531110	113,726.	113,726.			
	f All other program service revenue						
g Total. Add lines 2a-2f			11,044,571.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			560,655.			560,655.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	(i) Real (ii) Personal						
	6 a Gross Rents	73,440.					
	b Less rental expenses	73,440.					
	c Rental income or (loss)						
	d Net rental income or (loss)						
	(i) Securities (ii) Other						
	7 a Gross amount from sales of assets other than inventory	21,786,795.	1,764.				
	b Less cost or other basis and sales expenses	21,804,821.	582.				
	c Gain or (loss)	<18026.>	1,182.				
	d Net gain or (loss)			<16,844.>		<16,844.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a EQUITY FROM ALLIANCE	900099	23,472.	23,472.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			23,472.				
12 Total revenue See instructions.			11,611,854.	10,336,097.	731,646.	544,111.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,115,556.			
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	2,602,723.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	433,633.			
9 Other employee benefits	475,827.			
10 Payroll taxes	293,760.			
11 Fees for services (non-employees)				
a Management				
b Legal	130,597.			
c Accounting	51,085.			
d Lobbying	638,375.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,241.			
g Other	1,298,121.			
12 Advertising and promotion	735.			
13 Office expenses	178,028.			
14 Information technology	12,369.			
15 Royalties				
16 Occupancy	86,962.			
17 Travel	128,532.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,232,157.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	316,832.			
23 Insurance	28,668.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>TRAINING &amp; DEVELOPMENT</u>	157,061.			
b <u>MISCELLANEOUS EXPENSES</u>	120,499.			
c <u>DUES &amp; SUBSCRIPTIONS</u>	74,060.			
d <u>UBTI TAXES</u>	10,207.			
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,407,028.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	373,071.	1	538,991.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	618,980.	4	394,503.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	488,705.	9	173,539.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 4,277,873.		
	b Less accumulated depreciation	10b 2,529,633.	10c 1,834,582.	1,748,240.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	10,293,212.	12	11,745,958.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,562,169.	15	7,572,183.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	20,170,719.	16	22,173,414.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,485,336.	17	2,145,778.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,954,266.	25	2,477,604.
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,439,602.	26	4,623,382.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		14,731,117.	27	17,550,032.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		14,731,117.	33	17,550,032.
34 <b>Total liabilities and net assets/fund balances</b>	20,170,719.	34	22,173,414.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.  
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2009)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

**MISSOURI HOSPITAL ASSOCIATION**

Employer identification number

**44-0610607**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours 0.

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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. **SEE PART IV FOR CONTINUATION**

(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-
POLITICAL ACTION COMMITTEE FOR HEAL	JEFFERSON CITY, MO 65102-0060	43-1260901	0.	23,047.
AMERICAN HOSPITAL ASSOCIATION POLIT	WASHINGTON, DC 20004	36-2996517	0.	25,959.
POLITICAL ACTION COMMITTEE OF THE M	JEFFERSON CITY, MO 65102-0060	43-1677333	0.	3,150.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

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

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ 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 instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	X	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	6,570,804.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year	<b>2a</b>	1,440,557.
<b>b</b> Carryover from last year	<b>2b</b>	305,506.
<b>c</b> Total	<b>2c</b>	1,746,063.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	2,496,905.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	<750,842.>

**Part IV** Supplemental Information

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

**PART I-A, LINE 1:**

THE MISSOURI HOSPITAL ASSOCIATION DID NOT EXPEND FUNDS FOR CAMPAIGN

ACTIVITIES. THE ORGANIZATION ACTS AS A COLLECTING AGENT FOR THE

POLITICAL ACTION COMMITTEES LISTED UNDER PART I-C LINE 5. MHA COLLECTS

CONTRIBUTIONS TO THE POLITICAL ACTION COMMITTEES AND IMMEDIATELY REMITS

THE FUNDS TO THE POLITICAL ACTION COMMITTEES.

**Part IV** Supplemental Information (continued)

## PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

POLITICAL ACTION COMMITTEE FOR HEALTH OF THE MISSOURI HOSPITAL ASSOCIATION

P.O. BOX 60 JEFFERSON CITY, MO 65102-0060

AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

325 SEVENTH STREET, NW, SUITE 700 WASHINGTON, DC 20004

POLITICAL ACTION COMMITTEE OF THE MISSOURI HOSPITAL ASSOCIATION

P.O. BOX 60 JEFFERSON CITY, MO 65102-0060

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MISSOURI HOSPITAL ASSOCIATION

Employer identification number

44-0610607

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,136.		122,136.
b Buildings		2,736,989.	1,768,529.	968,460.
c Leasehold improvements				
d Equipment		1,145,916.	659,233.	486,683.
e Other		272,832.	101,871.	170,961.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,748,240.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
CORPORATE BONDS	1,693,293.	END-OF-YEAR MARKET VALUE
GOV'T SECURITIES	2,531,595.	END-OF-YEAR MARKET VALUE
MORTGAGE BONDS	1,567,753.	END-OF-YEAR MARKET VALUE
MUTUAL FUNDS	3,873,317.	END-OF-YEAR MARKET VALUE
CERTIFICATE OF DEPOSIT	2,080,000.	COST
<b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>11,745,958.</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total.	(Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	

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

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	36,393.
CASH VALUE OF LIFE INSURANCE	1,304,107.
INTEREST PURCHASED	2,106.
INVESTMENT IN MHA MANAGEMENT SERVICES CORPORATION	5,244,566.
INVESTMENT IN THE HEALTH ALLIANCE OF MID-AMERICA, LLC	985,011.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	<b>7,572,183.</b>

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25
---------------	---

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>DUES COLLECTED IN ADVANCE</b>	<b>1,531,167.</b>
	<b>BIOTERRORISM GRANTS</b>	<b>592,243.</b>
	<b>DUE TO RELATED PARTY</b>	<b>354,194.</b>
	<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)</b>	<b>2,477,604.</b>

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,611,854.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,407,028.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,204,826.
4	Net unrealized gains (losses) on investments	4	994,439.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	619,650.
9	Total adjustments (net). Add lines 4 through 8	9	1,614,089.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,818,915.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	13,299,383.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	994,439.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	693,090.
e	Add lines 2a through 2d	2e	1,687,529.
3	Subtract line 2e from line 1	3	11,611,854.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,611,854.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	10,480,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	73,440.
e	Add lines 2a through 2d	2e	73,440.
3	Subtract line 2e from line 1	3	10,407,028.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,407,028.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

BOOK/TAX ADJUSTMENTS FROM PARTNERSHIP K-1: 55760.

BOOK INCOME FROM C-CORP: 563890.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RECLASS OF RENTAL INCOME: 73440.

BOOK/TAX ADJUSTMENTS FROM PARTNERSHIP K-1: 55760.

**Part XIV** Supplemental Information (continued)

BOOK INCOME FROM C-CORP: 563890.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES: 73440.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MISSOURI HOSPITAL ASSOCIATION**

Employer identification number

**44-0610607**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b** **X**

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

**2** **X**

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4a** **X**

**4b** **X**

**4c** **X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

**5a**

**5b**

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

**6a**

**6b**

If "Yes" to line 6a or 6b, describe in Part III.

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

**7**

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

**8**

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

**9**

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

Schedule J (Form 990) 2009



**Part III** Supplemental Information

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

PART I, LINE 1A: FIRST-CLASS OR CHARTER TRAVEL: IF THE DRIVE TIME IS MORE THAN THREE HOURS ONE WAY FOR A ONE-DAY MEETING OR IF THE DRIVE TIME IS MORE THAN FIVE HOURS ONE WAY FOR A MULTI-DAY MEETING, MEMBERS OF THE BOARD OF TRUSTEES MAY USE CHARTER AIR TRANSPORTATION AND BE REIMBURSED THE ACTUAL COST OF SUCH TRAVEL. OTHERS TRAVELING ON BEHALF OF THE ASSOCIATION WHO CHOOSE AIR CHARTER SERVICE WILL BE REIMBURSED THE LOWER OF THE ACTUAL COST OF THE CHARTER TRANSPORTATION OR TWO TIMES THE AMOUNT ALLOWED FOR AUTOMOBILE MILEAGE TO AND FROM THE MEETING OR FUNCTION. ON OCCASION SENIOR STAFF USE CHARTER TRAVEL FOR MEETINGS WITHIN THE STATE WHERE THE DRIVE TIME IS SIGNIFICANT FOR A MEETING THAT IS AN HOUR OR TWO.

TRAVEL FOR COMPANIONS: THE EMPLOYMENT CONTRACT WITH THE CURRENT CEO ALLOWS \$2,500 FOR SPOUSE TRAVEL. THIS IS TAXABLE TO THE CEO.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: MHA HAS A SERVICE AWARD PROGRAM THAT RECOGNIZES EMPLOYEES FOR THE LENGTH OF SERVICE AT 5 YEAR INTERVALS. WHEN THE AWARD EXCEEDS THE \$400 AVERAGE AND IS TAXABLE TO THE EMPLOYEE, THE EMPLOYEE RECEIVES A TAX GROSS-UP PAYMENT TO COVER THE TAX ATTRIBUTED TO THE AWARD.

**Part III** Supplemental Information

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

HOUSING ALLOWANCE: A NEW CEO WAS HIRED DURING 2009 AND A HOUSING ALLOWANCE WAS PROVIDED DURING THE TRANSITION, WHICH TOTALED \$3,900.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: THE EMPLOYMENT CONTRACT WITH THE CEO PROVIDES THAT THE INITIATION FEE AND ANNUAL MEMBERSHIP FEES FOR A COUNTRY CLUB MEMBERSHIP BE PAID FOR THE CEO. HEALTH CLUB MEMBERSHIPS (UP TO \$150 PER YEAR) ARE PROVIDED TO EMPLOYEES AS A WELLNESS BENEFIT AS PROVIDED IN OUR HEALTHY LIFESTYLES POLICY.

PART I, LINE 4B: THE PRESIDENT AND CEO PARTICIPATE IN A 457(F) PLAN. DURING 2009, THE CONTRIBUTION TO THIS PLAN FOR MARC D. SMITH TOTALED \$49,016 AND THE CONTRIBUTION FOR HERB KUHN TOTALED \$27,275. THERE WAS A CHANGE IN THIS POSITION DURING 2009.

MHA'S PRESIDENT AND CEO ANNOUNCED HIS RETIREMENT AND A NEW PRESIDENT AND CEO WAS HIRED IN SEPTEMBER.

INCENTIVE COMPENSATION -- PAID TO CEO BY MISSOURI HOSPITAL

## Part III Supplemental Information

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

## ASSOCIATION:

INCENTIVE COMPENSATION IS INTENDED TO REWARD THE CHIEF EXECUTIVE OFFICER FOR THE ACHIEVEMENT OF THOSE PRIORITY ORGANIZATIONAL OBJECTIVES ESTABLISHED BY THE COMPENSATION COMMITTEE. THE AWARD OF ANY PORTION OF INCENTIVE COMPENSATION IS AT THE SOLE DISCRETION OF THE COMMITTEE OPERATING WITHIN THE BOARD-APPROVED MISSOURI HOSPITAL ASSOCIATION EXECUTIVE COMPENSATION PHILOSOPHY AND AT NO TIME IS GUARANTEED.

INCENTIVE COMPENSATION WILL ONLY BE CONSIDERED WHEN THE FOLLOWING CRITERIA ARE MET.

-THE CHIEF EXECUTIVE OFFICER RECEIVES A FAVORABLE ANNUAL PERFORMANCE APPRAISAL.

-THE ASSOCIATION ACHIEVES POSITIVE NET INCOME FROM ITS CONSOLIDATED OPERATIONS (UNLESS, AT THE SOLE DISCRETION OF THE COMPENSATION COMMITTEE, SPECIFIC CIRCUMSTANCES WARRANT AN EXCEPTION).

THE EVALUATION OF NET INCOME WILL BE BASED ON THE ASSOCIATION'S NOVEMBER 30 CONSOLIDATED FINANCIAL STATEMENTS AND YEAR-END PROJECTIONS. ANY MATERIAL

**Part III** Supplemental Information

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

CHANGES IN THE ASSOCIATION'S FINANCIAL POSITION REFLECTED IN THE SUBSEQUENT ANNUAL AUDIT MAY, AT THE SOLE DISCRETION OF THE COMPENSATION COMMITTEE OPERATING WITHIN THE BOARD-APPROVED MISSOURI HOSPITAL ASSOCIATION EXECUTIVE COMPENSATION PHILOSOPHY, CAUSE THE AMOUNT OF CURRENT OR FUTURE INCENTIVE COMPENSATION TO BE CHANGED.

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

**MISSOURI HOSPITAL ASSOCIATION**

Employer Identification number

**44-0610607**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(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			
MARC D. SMITH PRESIDENT/CEO	50.00	X		X	X			1,386,998.	0.	248,777.
HERB B. KUHN PRESIDENT/CEO	50.00	X		X	X			152,786.	0.	57,307.
DAVID CARPENTER CHAIR	1.00	X		X				0.	0.	0.
JAMES H. ROSS CHAIR-ELECT	1.00	X		X				0.	0.	0.
CRYSTAL HAYNES PAST-CHAIR	1.00	X		X				0.	0.	0.
THOMAS H. ROCKERS SECRETARY	1.00	X		X				0.	0.	0.
MRYA L. EVANS SECRETARY	1.00	X		X				0.	0.	0.
JOHN W. MCCLELLAN TREASURER	1.00	X		X				0.	0.	0.
GARY R. OLSON, FACHE TREASURER	1.00	X		X				0.	0.	0.
KATHLEEN C. POFF SR. VP & CFO	45.00			X	X			218,395.	0.	51,293.
DAVID HALE VP STATE LEGISLATION	45.00					X		120,139.	0.	39,307.
MICHAEL R. DUNAWAY SR. VP FIELD OPERATIONS	45.00					X		221,031.	0.	49,708.
DANIEL R. LANDON SR. VP GOV. RELATIONS	45.00					X		215,055.	0.	52,915.
GERALD M. SILL, J.D. SR. VP & GENERAL COUNSEL	45.00					X		169,657.	0.	42,912.
MARY C. BECKER SR. VP STRATEGIC COMM. &	45.00					X		163,526.	0.	45,066.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MISSOURI HOSPITAL ASSOCIATION

Employer identification number

44-0610607

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTHCARE-RELATED ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 6: MHA HAS INSTITUTIONAL, ASSOCIATE  
AND INDIVIDUAL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES IS MADE UP OF  
PERMANENT MEMBERS (15), ELECTED MEMBERS (15) AND THE CEO (1). SIX MEMBERS  
ARE ELECTED BY THEIR DISTRICT. UPON THE RECOMMENDATION OF THE NOMINATING  
COMMITTEE, THE MEMBERSHIP ELECTS 5 MEMBERS AND 3 CHAIR OFFICERS (NOTE A  
PERMANENT BOARD MEMBER CAN SERVE AS A CHAIR OFFICER, WHICH WOULD BE A DUAL  
APPOINTMENT). THE MHA BOARD OF TRUSTEES APPOINTS 4 MEMBERS TO REPRESENT  
MHA AT THE AMERICAN HOSPITAL ASSOCIATION. THE PERMANENT SEATS ARE AWARDED  
TO INSTITUTIONS WITH EXPENSES IN EXCESS OF AN ESTABLISHED AMOUNT.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW CHANGES REQUIRE MEMBERSHIP  
APPROVAL. THESE CHANGES TYPICALLY ARE RECOMMENDED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS E-MAILED  
TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS AND KEY  
EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND ARE REQUIRED  
TO SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S CEO:

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MISSOURI HOSPITAL ASSOCIATION

Employer identification number  
44-0610607

THE BOARD HAS AN APPROVED EXECUTIVE COMPENSATION PHILOSOPHY AND ADMINISTRATIVE GUIDELINES FOR IMPLEMENTING THE PHILOSOPHY. GOALS ARE ESTABLISHED EACH YEAR BY THE COMPENSATION COMMITTEE WITH INPUT FROM THE BOARD OF TRUSTEES. THE SALARY FOR THE CEO IS SET BY THE COMPENSATION COMMITTEE. THE COMMITTEE MEMBERS ARE INDEPENDENT -- THE THREE CHAIR OFFICERS OF THE BOARD AND THE TREASURER OF THE BOARD. COMPARATIVE DATA IS PROVIDED TO THE COMMITTEE BY AN OUTSIDE, INDEPENDENT FIRM. THIS FIRM CONDUCTS A SURVEY OF STATE ASSOCIATIONS, ANALYZES THE DATA AND THE MARKET, AND PROVIDES THE COMPENSATION COMMITTEE WITH A RECOMMENDED RANGE AND TARGET FOR THE CEO POSITION IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION PHILOSOPHY. THE COMPENSATION COMMITTEE PERFORMS A FORMAL EVALUATION OF THE CEO'S PERFORMANCE AND THEN UTILIZES THE DATA PROVIDED BY THE INDEPENDENT FIRM TO DETERMINE THE RECOMMENDED SALARY ADJUSTMENT. THE COMPENSATION COMMITTEE ALSO SOLICITS INPUT ON THE CEO'S PERFORMANCE FROM MEMBERS OF THE BOARD OF TRUSTEES. A FORMAL PROCESS IS USED TO SET THE BASE COMPENSATION, AWARD ANY INCENTIVE BONUS AND ESTABLISH THE GOALS FOR THE COMING YEAR. THE COMPENSATION COMMITTEE SHARES ITS ACTIONS AND DETAILS OF THE CEO'S COMPENSATION AND BENEFITS WITH THE FULL BOARD.

**OTHER OFFICERS OR KEY EMPLOYEES:**

THE BOARD HAS AN APPROVED EXECUTIVE COMPENSATION PHILOSOPHY. COMPARATIVE DATA IS PROVIDED BY AN OUTSIDE, INDEPENDENT FIRM. THIS FIRM CONDUCTS A SURVEY OF STATE ASSOCIATIONS, ANALYZES THE DATA AND THE MARKET. IN ADDITION, HUMAN RESOURCES STAFF CONTACT HOSPITALS AND HEALTH SYSTEMS, THE STATE OF MISSOURI DIVISION OF PERSONNEL AND PRIVATE INDUSTRY FOR THEIR PROJECTED SALARY INCREASES FOR THE NEXT YEAR. THIS DATA IS USED TO

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Schedule O (Form 990) 2009

932211  
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OMB No 1545-0047

**2009**

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MISSOURI HOSPITAL ASSOCIATION

Employer identification number

44-0610607

DETERMINE THE RECOMMENDED SALARY ADJUSTMENT. THE CHIEF EXECUTIVE OFFICER CONDUCTS THE PERFORMANCE EVALUATIONS FOR SENIOR EXECUTIVES AND ESTABLISHES THE SALARY ADJUSTMENT. THE CEO REVIEWS THE SALARY AND RECOMMENDED INCREASES FOR THE SENIOR EXECUTIVES WITH THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE MEMBERS ARE INDEPENDENT. THEY ARE THE THREE CHAIR OFFICERS OF THE BOARD AND THE TREASURER OF THE BOARD. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD THAT THE SALARIES FOR THE SENIOR EXECUTIVES WERE REVIEWED. THE BENEFITS PROVIDED TO THE SENIOR EXECUTIVES ARE SHARED WITH THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R, PART II, COLUMN B:

HOSPITAL INDUSTRY DATA INSTITUTE: TO GATHER DATA FOR PRIVATE AND PUBLIC HOSPITALS AND ASSEMBLE VARIOUS REPORTS IN ORDER TO ASSIST FACILITIES IN CONDUCTING EFFICIENT OPERATIONS.

MHA CENTER FOR EDUCATION: ASSIST HOSPITALS AND OTHER HEALTHCARE-RELATED ORGANIZATIONS IN THE EFFECTIVE MANAGEMENT AND UTILIZATION OF HUMAN RESOURCES AND IN DEVELOPING EDUCATION PROGRAMS DESIGNED TO MEET THE EDUCATIONAL REQUIREMENTS OF HOSPITAL PERSONNEL.

POLITICAL ACTION COMMITTEE OF THE MHA: TO SUPPORT FEDERAL CANDIDATES FOR PUBLIC OFFICE WHO WOULD SERVE IN THE PUBLIC INTEREST WITH RESPECT

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Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2009**

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Inspection

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MISSOURI HOSPITAL ASSOCIATION

Employer identification number

44-0610607

TO MATTERS AFFECTING HOSPITALS AND THE HEALTH CARE INDUSTRY.

SCHEDULE R, PART III, COLUMN B:

THE HEALTH ALLIANCE OF MID AMERICA, LLC: ENHANCE AND FURTHER THE  
TAX-EXEMPT PURPOSES OF ITS MEMBERS THROUGH EFFICIENCIES AND ECONOMICS  
OF SCALE IN THE OPERATION OF PROGRAMS AND PROVISION OF PRODUCTS AND  
SERVICES TO, OR FOR THE BENEFIT OF, THE MEMBERS AND CONSTITUENCIES OF  
THE MEMBERS, BY MEANS OF COORDINATING AND CONSOLIDATING PROGRAMS,  
PRODUCTS AND SERVICES AND THROUGH THE CONDUCT OF ANY LAWFUL BUSINESS  
FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE ACT.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MHA MANAGEMENT SERVICES CORPORATION		A	73,440.
(2) MHA MANAGEMENT SERVICES CORPORATION		N	731,646.
(3) MHA MANAGEMENT SERVICES CORPORATION		N	75,300.
(4)			
(5)			
(6)			





**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Marc D. Smith

Name

5612 Tanner Bridge Road

Street

Jefferson City, MO 65101-

City/State/Zip

333-44-9194

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.

The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

Employee Signature: 

Employer Signature:

By 

Its CEO

Date: 12/28/09

Date: 12/28/2009

**SIGN TWO COPIES OF THIS FORM – SEE BELOW**

**Note:** Current IRS regulations require the following:

1. The employer and the employee must each sign this representation not later than the last day (including extensions) for filing the Federal income tax return of the employer or the employee (whichever is earlier) for the taxable year in which the employer pays the first premium under the arrangement.
2. The employer and the employee must each keep an original signed copy of this representation as part of their books and records.
3. The employer and the employee must each attach a copy of this representation to their Federal income tax returns for any taxable year in which the employer pays a premium under the arrangement.

**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Kathleen C. Poff

Name

5119 Coventry Waye

Street

Jefferson City, MO 65101-8284

City/State/Zip

489-62-9728

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.

The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

**Employee Signature:**

Kathleen C. Poff

Date: 12/29/2009

**Employer Signature:**

By [Signature]  
Its CEO

Date: 12/28/2009

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**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Michael R. Dunaway

Name

15081 Linden Drive

Street

Leawood, KS 66224-

City/State/Zip

487-58-9784

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

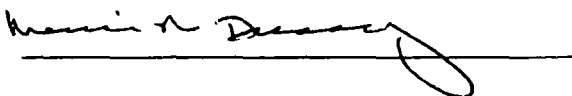
44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.

The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

**Employee Signature:**



Date: 1/18/2010

**Employer Signature:**

By   
Its CEO

Date: 12/28/2009

**SIGN TWO COPIES OF THIS FORM - SEE BELOW**

**Note:** Current IRS regulations require the following:

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3. The employer and the employee must each attach a copy of this representation to their Federal income tax returns for any taxable year in which the employer pays a premium under the arrangement.

**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Dwight Fine

Name

12675 Riviera Heights Road

Street

Holts Summit, MO 65043-

City/State/Zip

487-42-7521

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.

The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

**Employee Signature:**

Dwight L. Fine

Date: 1/6/2010

**Employer Signature:**

By [Signature]  
Its CEO

Date: 12/28/2009

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**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Mary C. Becker

Name

7800 S. Eagle Road

Street

Columbia, MO 65203-

City/State/Zip

585-26-5852

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.

The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

**Employee Signature:**

Mary C. Becker

**Date:**

1/5/10

**Employer Signature:**

By [Signature]

Its CEO

**Date:** 12/28/2009

**SIGN TWO COPIES OF THIS FORM – SEE BELOW**

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**REPRESENTATION UNDER TREAS. REG. § 1.7872-15(D)(2)  
REGARDING NONRECOURSE SPLIT-DOLLAR LOAN**

**Employee**

Daniel R. Landon

Name

1811 Forest Park Court

Street

Jefferson City, MO 65109-

City/State/Zip

511-72-6604

Social Security Number

**Employer**

Missouri Hospital Association

Name

4712 Country Club Drive

Street

Jefferson City, MO 65109

City/State/Zip

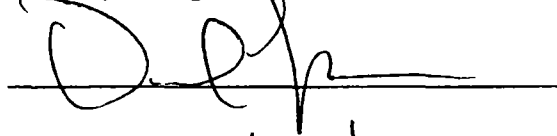
44-0610607

Employer Identification Number

The Employer has paid one or more premiums into a life insurance policy owned by the Employee. The premiums are split dollar loans under Treas. Reg. § 1.7872-15. The loans are nonrecourse.


The Employer and Employee represent that a reasonable person would expect that all payments under the loan(s) will be made.

**Employee Signature:**



Date: 12/29/09

**Employer Signature:**

By   
Its CEO

Date: 12/28/2009

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**Note:** Current IRS regulations require the following:

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