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Form 990

Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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)

OMB No 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2010 and ending SEP 30, 2010

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS			D Employer identification number 36-2637617	
	Doing Business As				
	Number and street (or P.O. box if mail is not delivered to street address)				Room/suite
	1321 DUKE STREET				400
	City or town, state or country, and ZIP + 4				
	ALEXANDRIA, VA 22314-3563				
F Name and address of principal officer: MARIANNA GRACHEK 1321 DUKE STREET, SUITE 400, ALEXANDRIA, VA					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ► WWW.ACHCA.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 1962 M State of legal domicile: VA					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS IS AN ASSOCIATION OF PROFESSIONAL ADMINISTRATORS		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
	9 Program service revenue (Part VIII, line 2g)	Current Year	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,817.	1,858.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,378,035.	191,091.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	663.	144.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,389.	3,670.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,474,904.	196,763.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,063.	4,515.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	398,261.	106,049.	
b Total fundraising expenses (Part IX, column (D), line 25) ►			
17 Other expenses (Part IX, column (A), lines 10a-11d, 11f-24f)	633,502.	88,166.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,049,826.	198,730.	
19 Revenue less expenses Subtract line 18 from line 12	425,078.	-1,967.	
Revenue	Beginning of Current Year	End of Year	
	512,485.	509,857.	
	363,924.	361,849.	
	148,561.	148,008.	
Expenses			
Net Assets or Fund Balances			

Part II Signature Block

Sign Here	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				
	 Signature of officer				
	Date 17/25/11				
MARIANNA GRACHEK, PRESIDENT / CEO Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	CLAY ROSE, CPA	Date 07/20/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	REA & ASSOCIATES INC, CPA'S 5775 PERIMETER DRIVE - SUITE 200 DUBLIN, OH 43017-3224			EIN ►
					Phone no. ► (614) 889-8725

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

 Yes No

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:

THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS ASPIRES TO BE THE LEADING FORCE IN PROMOTING EXCELLENCE IN LEADERSHIP AMONG LONG-TERM CARE ADMINISTRATORS.

- 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 \$ 32,387. including grants of \$) (Revenue \$ 43,130.)

SEMINARS AND ANNUAL MEETING: SEMINARS AND AN ANNUAL MEETING TO IMPROVE THE EFFICIENCY OF NURSING HOME ADMINISTRATION AND ESTABLISH CRITERIA OF COMPETENCY FOR NURSING HOME ADMINISTRATORS.

4b (Code:) (Expenses \$ 49,075. including grants of \$) (Revenue \$ 16,030.)

EDUCATION OPERATIONS AND MEMBERSHIP: EDUCATION OPERATIONS AND MEMBERSHIP TO ASSIST IN DEVELOPING CURRICULA FOR EDUCATIONAL PROGRAMS IN LONG TERM HEALTH CARE ADMINISTRATION AT UNIVERSITIES AND OTHER EDUCATIONAL INSTITUTIONS.

4c (Code:) (Expenses \$ 65,047. including grants of \$) (Revenue \$ 131,931.)

OTHER PROGRAMS: THE ORGANIZATION FACILITATES A VARIETY OF OTHER PROGRAMS, INCLUDING OFFERING PUBLICATIONS, TO PROMOTE THE MISSION OF THE ORGANIZATION. THE ORGANIZATION PROVIDES PUBLICATIONS IN SUPPORT OF EDUCATION IN LONG-TERM HEALTH CARE ADMINISTRATION.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 146,509.

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - 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? *If "Yes," complete Schedule D, Part X*
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b	
d If "Yes," indicate the number of Forms 8282 filed during the year	7c	X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7d	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7e	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	7f	
9 Sponsoring organizations maintaining donor advised funds.	7g	
a Did the organization make any taxable distributions under section 4966?	7h	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:	8	
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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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
1a	Enter the number of voting members of the governing body	1a	17
b	Enter the number of voting members that are independent	1b	17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	X

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	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ►	
	REA & ASSOCIATES INC - 614-889-8725	
	5775 PERIMETER DRIVE, SUITE 200, DUBLIN, OH 43017	

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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			
TIMOTHY C. DRESSMAN CHAIR	1.00	X	X				0.	0.	0.
CHRISTIAN B SHELTON ESQ. VICE CHAIR	1.00	X	X				0.	0.	0.
STEPHEN L. ESDALE IMMEDIATE PAST CHAIR	1.00	X	X				0.	0.	0.
ROXANNE GALLOWAY SECRETARY/TREASURER	1.00	X	X				0.	0.	0.
ERANE T. ALLEN DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
NORDA A BELLANTONI DISTRICT DIRECTOR	1.00	X					0.	0.	0.
MICHAEL HOTZ DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
GUY W. CROSSON DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
BRENDA LAWRENCE DISTRICT DIRECTOR	1.00	X					0.	0.	0.
MARK FINKELSTEIN DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
DOUGLAS OLSON ACADEMIC DIRECTOR	1.00	X					0.	0.	0.
HUGH J. HALL DISTRICT DIRECTOR	1.00	X					0.	0.	0.
BINA (COLOMBA) M. HRIBIK-PORTELLO DISTRICT DIRECTOR	1.00	X					0.	0.	0.
SUSAN C. HOFFMAN DISTRICT DIRECTOR	1.00	X					0.	0.	0.
ANTHONY J. RESTAINO DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
DANIEL E. SHIELDS DIRECTOR AT-LARGE	1.00	X					0.	0.	0.
ALLAN Z SWARTZ DISTRICT DIRECTOR	1.00	X					0.	0.	0.

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

1b Total

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 ►

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

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

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

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 **NONE**

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Form 990 (2009)

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Form 990 (2009)

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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	1,858.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,858.			
Program Service Revenue	2 a <u>MEMBERSHIP DUES</u>	Business Code 900099	131,812.	131,812.		
	b <u>MEETINGS AND SEMINARS</u>	900099	43,130.	43,130.		
	c <u>EDUCATIONAL PROGRAMS</u>	900099	16,030.	16,030.		
	d <u>MISCELLANEOUS PROGRAM</u>	900099	119.	119.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		191,091.			
	3 Investment income (including dividends, interest, and other similar amounts)		144.			144.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties		3,670.			3,670.	
6 a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue See instructions.		196,763.	191,091.	0.	3,814.	

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,515.	4,515.		
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				
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	97,061.	42,510.	54,551.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,716.	1,858.	1,858.	
10 Payroll taxes	5,272.	2,725.	2,547.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,825.		15,825.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	25,911.	14,394.	11,517.	
12 Advertising and promotion				
13 Office expenses	10,814.	2,955.	7,859.	
14 Information technology	5,841.		5,841.	
15 Royalties				
16 Occupancy	600.		600.	
17 Travel	14,195.	9,637.	4,558.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,771.	7,771.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	404.		404.	
23 Insurance				
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 PUBLICATION EXPENSES	6,647.	6,497.	150.	
b MISCELLANEOUS EXPENSES	158.		158.	
c ALLOCATION OF OVERHEAD	0.	53,647.	-53,647.	
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	198,730.	146,509.	52,221.	0.
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				

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	304,248.	1	267,070.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	250.	4	250.
	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	24,113.	9	45,285.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,715.		
	b Less accumulated depreciation	10b 7,428.	10c	5,287.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	149,757.	12	161,738.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	28,427.	15	30,227.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	512,485.	16	509,857.
Liabilities	17 Accounts payable and accrued expenses	25,828.	17	38,071.
	18 Grants payable		18	
	19 Deferred revenue	138,864.	19	141,472.
	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	84,131.
	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	108,300.	25	98,175.
	26 Total liabilities. Add lines 17 through 25	363,924.	26	361,849.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-356,889.	27	-66,550.
	28 Temporarily restricted net assets	401,159.	28	115,267.
	29 Permanently restricted net assets	104,291.	29	99,291.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	148,561.	33	148,008.
	34 Total liabilities and net assets/fund balances	512,485.	34	509,857.

Form 990 (2009)

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Form 990 (2009)

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Part XI | Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a <input checked="" type="checkbox"/>	
b Were the organization's financial statements audited by an independent accountant?	2b <input type="checkbox"/>	X
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.	2c <input checked="" type="checkbox"/>	
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	3a <input type="checkbox"/>	X
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	3b <input type="checkbox"/>	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization	AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS	Employer identification number 36-2637617
--------------------------	---------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975
See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11q(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
Yes	No	Yes	No	Yes	No	
Total						

LHA F

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

AMERICAN COLLEGE OF HEALTH CARE

Schedule A (Form 990 or 990-EZ) 2009 **ADMINISTRATORS**

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	631,386.	514,018.	569,299.	603,287.	1,020,035.	3,338,025.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	559,179.	536,236.	816,306.	749,029.	628,766.	3,289,516.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,190,565.	1,050,254.	1,385,605.	1,352,316.	1,648,801.	6,627,541.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						6,627,541.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,190,565.	1,050,254.	1,385,605.	1,352,316.	1,648,801.	6,627,541.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	15,844.	11,848.	12,908.	-9,820.	15,423.	46,203.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	15,844.	11,848.	12,908.	-9,820.	15,423.	46,203.
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	32,027.	43,031.	81,559.	95,396.	9,771.	261,784.
13 Total support (Add lines 9, 10c, 11, and 12)	1,238,436.	1,105,133.	1,480,072.	1,437,892.	1,673,995.	6,935,528.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95.56	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.67	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule A (Form 990 or 990-EZ) 2009

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 **AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS** Employer identification number **36-2637617**

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? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06
- 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 ► \$ _____

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Schedule D (Form 990) 2009

36-2637617 Page 2

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	505,450.	515,047.			
b Contributions		25,633.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	290,892.	35,230.			
f Administrative expenses					
g End of year balance	214,558.	505,450.			

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

- a Board designated or quasi-endowment ► 00 %
- b Permanent endowment ► 46.28 %
- c Term endowment ► 53.72 %

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

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

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

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					
b Buildings					
c Leasehold improvements					
d Equipment		12,715.	7,428.	5,287.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				►	5,287.

Schedule D (Form 990) 2009

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Schedule D (Form 990) 2009

36-2637617 Page 3

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 _____		
MONEY FUNDS AND MUTUAL FUNDS	161,738.	COST

Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 161,738.

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

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
RESTRICTED CASH	30,227.
	</td

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

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

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, including FIN 48.

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Schedule D (Form 990) 2009

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Schedule D (Form 990) 2009

36-2637617 Page 4

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
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net). Add lines 4 through 8	9
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

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

Part 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 V, LINE 4: THE ORGANIZATION MAINTAINS A VARIETY OF BOTH

TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED NET ASSET FUNDS, WHICH

INCLUDE THE FOLLOWING: THORPE FELLOWSHIP TEMPORARILY RESTRICTED FUND, PHIL

MCCONNELL TEMPORARILY RESTRICTED FUND, SISTER JOAN CASSIDY TEMPORARILY

RESTRICTED FUND, EDUCATION AND RESEARCH INSTITUTE TEMPORARILY RESTRICTED

FUND, PICKER FUNDS PASS-THROUGH TEMPORARILY RESTRICTED FUND, COMMONWEALTH

FUNDS PASS-THROUGH TEMPORARILY RESTRICTED FUND, GEORGIA CHAPTER

TEMPORARILY RESTRICTED FUND, THORPE FELLOWSHIP PERMANENTLY RESTRICTED

Part XIV **Supplemental Information (continued)**

FUND, BRODERICK SCHOLARSHIP PERMANENTLY RESTRICTED FUND, AND SISTER JOAN CASSIDY PERMANENTLY RESTRICTED FUND.

THE PURPOSE OF ALL TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS IS TO PROVIDE FUNDING FOR THE ORGANIZATION TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR HEALTH CARE ADMINISTRATORS AND TO PROMOTE CONTINUING EDUCATION FOR ALL LONG-TERM HEALTH CARE ADMINISTRATORS.

PART X: THE ORGANIZATION DOES NOT HAVE A FOOTNOTE TO ITS FINANCIAL STATEMENTS FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

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

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Name of the organization	AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS	Employer identification number 36-2637617
--------------------------	---------------------------------------------------	----------------------------------------------

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i)							
(ii)							
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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.

**THE ORGANIZATION HAS CHANGED THE FISCAL YEAR AND IS
FILING A SHORT-YEAR FORM 990 FOR THE PERIOD FROM 7/1/2010 TO 9/30/2010.
THE SALARY AND BENEFIT INFORMATION FOR MARIANNA KERN GRACHEK, INCLUDED IN
PART VII OF THE FORM 990, IS THE SALARY FROM THE 2009 FORM W-2, WHICH WAS
ALSO REPORTED ON THE FORM 990 FOR FISCAL YEAR ENDING 6/30/2010.**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Employer identification number
36-2637617

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$
► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ► \$ 84,131.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV | Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 20a, 20b, or 20c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUSAN E ANAGNOSTOU	FORMER DIRECTOR	3,605	CONSULTING		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE Q FOR SCHEDULE L: CONTINUATIONS

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

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Employer identification number
36-2637617

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

FOR LONG-TERM HEALTH CARE ORGANIZATIONS AND FACILITIES. THE COLLEGE

REPRESENTS THE COMMON NEEDS AND INTEREST OF LONG-TERM CARE

ADMINISTRATORS THROUGH THE DEVELOPMENT AND MAINTENANCE OF EDUCATIONAL

PROGRAMS, ASSISTANCE IN DEVELOPING CURRICULA FOR EDUCATIONAL PROGRAMS

AT UNIVERSITIES AND OTHER EDUCATIONAL INSTITUTIONS, AND COLLECTION AND

DISSEMINATION OF INFORMATION ABOUT LONG-TERM HEALTH CARE

ADMINISTRATION, AND SERVES THE PUBLIC BY ADVANCING THE QUALITY OF

PATIENT CARE TO THE HIGHEST POSSIBLE LEVEL.

FORM 990, PART VI, SECTION A, LINE 6: THE AMERICAN COLLEGE OF HEALTH CARE

ADMINISTRATORS HAS 6 MEMBERSHIP CLASSES, INCLUDING THE FOLLOWING: FULL OR

FELLOW MEMBER, ASSOCIATE MEMBER, SENIOR RETIRED MEMBER, BRIDGE MEMBER,

STUDENT/ADMINISTRATOR-IN-TRAINING MEMBER, AND THE BUSINESS AFFILIATE.

THE FULL OR FELLOW MEMBERSHIP IS LIMITED TO PERSONS WHO, BY TRAINING OR

EXPERIENCE, ARE QUALIFIED TO ADMINISTER A LTC HEALTH AND/OR RESIDENTIAL

CARE FACILITY. LICENSURE IS NOT A REQUIREMENT. ONLY FULL OR FELLOW

MEMBERS OF ACHCA MAY HOLD NATIONAL OFFICE. FULL OR FELLOW MEMBERS ALSO

HAVE RIGHT TO VOTE AT MEMBERS MEETINGS.

ASSOCIATE MEMBERSHIP IS LIMITED TO ALLIED HEALTH PROFESSIONALS, AS WELL AS

VENDORS OF LONG-TERM CARE PRODUCTS AND SERVICES. ASSOCIATE MEMBERS MAY NOT

HOLD NATIONAL OFFICE AND DO NOT HAVE VOTING RIGHTS.

SENIOR RETIRED MEMBERSHIP IS AVAILABLE TO ACTIVE OR FELLOW MEMBERS WHO HAVE

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

832211
02-03-10

Schedule O (Form 990) 2009

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
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Name of the organization

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Employer identification number
36-2637617

RETIRED FROM ADMINISTERING HEALTH AND/OR RESIDENTIAL CARE FACILITIES AND
WHO ARE 65 YEARS OF AGE AND HAVE BEEN FULL MEMBERS FOR AT LEAST 15 YEARS.
SENIOR RETIRED MEMBERS MAY NOT HOLD NATIONAL OFFICE BUT SHALL HAVE THE
RIGHT TO VOTE.

BRIDGE MEMBERSHIP IS A ONE-YEAR TRANSITIONAL MEMBERSHIP FOR THOSE WHO HAVE
RECENTLY COMPLETED THEIR EDUCATION/AIT PROGRAM. BRIDGE MEMBERS MAY NOT
HOLD NATIONAL OFFICE AND DO NOT HAVE VOTING RIGHTS.

STUDENT/ADMINISTRATOR-IN-TRAINING MEMBERSHIP IS AVAILABLE TO THOSE ENROLLED
IN A HEALTH CARE OR AGING SERVICES RELATED ACADEMIC PROGRAMS AND TO THOSE
IN AN ADMINISTRATOR-IN-TRAINING (AIT) OR EQUIVALENT PROGRAM.

STUDENT/ADMINISTRATOR-IN-TRAINING MEMBERS MAY NOT HOLD NATIONAL OFFICE AND
DO NOT HAVE VOTING RIGHTS.

BUSINESS AFFILIATE MEMBERSHIP IS AVAILABLE TO BUSINESSES INTERESTED IN THE
LONG-TERM CARE COMMUNITY. BUSINESS AFFILIATE MEMBERSHIP GIVES BUSINESSES
THE ABILITY TO PARTNER WITH ACHCA AND ENJOY UNIQUE NETWORKING AND MARKETING
OPPORTUNITIES WHILE BUILDING RELATIONSHIPS WITH INFLUENTIAL DECISION MAKERS
IN LONG-TERM CARE. BUSINESS AFFILIATES HAVE NO VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: FULL OR FELLOW MEMBERS AND SENIOR
RETIRED MEMBERS ARE THE ONLY MEMBERSHIP CLASSES THAT HAVE VOTING RIGHTS.
NOT MORE THAN SIXTY (60) DAYS PRECEDING THE ANNUAL MEMBERSHIP MEETING AT
THE ANNUAL CONVOCATION, THE VOTING MEMBERS SHALL BE SENT A MAIL BALLOT OR
AN INVITATION TO VOTE ELECTRONICALLY, IN ACCORDANCE WITH THE RULES

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

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Employer identification number
36-2637617

ESTABLISHED BY THE BOARD OF DIRECTORS, FOR THE PURPOSE OF ELECTING ELIGIBLE
MEMBERS AS CONFIRMED BY THE NOMINATING COMMITTEE TO FILL A VACANT POSITION.
ELECTION FOR DIRECTORS SHALL BE BY PLURALITY VOTE. IN THE EVENT OF A TIE
VOTE IN AN ELECTION, THE TIE WILL BE BROKEN BY A VOTE OF THE MEMBERS
PRESENT AND VOTING AT THE ANNUAL MEMBERSHIP BUSINESS MEETING AT ANNUAL
CONVOCATION. DIRECTORS SHALL BE ELECTED FOR THREE-YEAR STAGGERED TERMS AND
SHALL TAKE OFFICE AT THE CLOSE OF THE ANNUAL CONVOCATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN
OUTSIDE PUBLIC ACCOUNTING FIRM. THE FORM 990 IS THEN REVIEWED BY THE
EXECUTIVE DIRECTOR. THE FORM 990 IS THEN PROVIDED FOR TO THE BOARD OF
DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND COMMITTEE
MEMBERS OF THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS ARE REQUIRED
TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT IN WHICH THE BOARD
MEMBERS AND COMMITTEE MEMBERS ACKNOWLEDGE RECEIPT OF THE CONFLICT OF
INTEREST POLICY, DECLARE UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY,
AND LIST ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY ARISE. THE BOARD
MEMBERS AND COMMITTEE MEMBERS ARE REQUIRED TO LIST ANY ASSOCIATION,
ORGANIZATION AND HEALTH CARE INSTITUTION WITH WHICH THEY HAVE A
PROFESSIONAL OR BUSINESS INTEREST THAT COULD POSSIBLY BE CONSIDERED A
POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE IS MADE UP
OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS AND DETERMINES THE

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

032211
02-03-10

Schedule O (Form 990) 2009

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

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

Employer identification number
36-2637617

COMPENSATION OF THE PRESIDENT/CEO OF THE ORGANIZATION BASED ON

COMPARABILITY DATA FROM SIMILARLY SITUATED HEALTH CARE PROFESSIONAL

ASSOCIATIONS.

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

FORM 990, PART VII

COMPENSATION IS NOT REPORTED IN THIS FILING AS IT IS A SHORT-YEAR TAX
RETURN THAT DID NOT INCLUDE THE MONTH OF DECEMBER.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

TIMOTHY C. DRESSMAN - 8100 CLYO ROAD, CENTERVILLE, OH 45458

CHRISTIAN B SHELTON ESQ. - 7 SOUTH MAIN STREET, BRANFORD, CT 06405

STEPHEN L. ESDALE - 16 CEDAR STREET, WALPOLE, MA 02081

ROXANNE GALLOWAY - 60 BARCLAY COURT, NEWNAN, GA 30263

ERANE T. ALLEN - 150 FRENCH ROAD, ROCHESTER, NY 14618

NORDA A BELLANTONI - 14 SUNRISE COURT, TOMS RIVER, NJ 08753

MICHAEL HOTZ - 33 WINDERMERE ROAD, MONTCLAIR, NJ 07043

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

832211
02-03-10

Schedule O (Form 990) 2009

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

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Employer identification number
36-2637617

GUY W. CROSSON - 1020 RUNYAN DRIVE, CHATTANOOGA, TN 37401

BRENDA LAWRENCE - 1236 SOUTH MONROE STREET, MONROE, MI 48161

MARK FINKELSTEIN - 29 HIGHLAND STREET, WEST HARTFORD, CT 06119

DOUGLAS OLSON - UNIVERSITY OF WISCONSIN-EAU CLAIRE, EAU CLAIRE, WI 54702

HUGH J. HALL - 239 LERGIS AVENUE, WEST WARWICK, RI 02893

BINA (COLOMBA) M. HRIBIK-PORTELLO - 2325 EAST HARMON AVENUE

LAS VEGAS, NV 89119

SUSAN C. HOFFMAN - 885 WEST WALNUT LANE, PHILADELPHIA, PA 19144

ANTHONY J. RESTAINO - 875 JERUSALEM AVENUE, UNIONDALE, NY 11553

DANIEL E. SHIELDS - 5800 FOREST HILLS BLVD, COLUMBUS, OH 43231

ALLAN Z SWARTZ - 1715 WHITAKER STREET, WHITE BEAR LAKE, MN 55110

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LARRY I SLATKY

(A) PURPOSE OF LOAN:

OPERATING FUNDS NEEDED BY ORGANIZATION TO COVER CASH FLOW SHORTFALL

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

832211
02-03-10

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Complete to provide information for responses to specific questions on
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Name of the organization	AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS	Employer identification number 36-2637617
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(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 100000. (D) BALANCE DUE \$ 84131.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUSAN E ANAGNOSTOU

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 3605.

(D) DESCRIPTION OF TRANSACTION: CONSULTING CONTRACT WITH ORGANIZATION

PAYING \$ 43,260 PER YEAR BEGINNING 8/15/2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Form 4562

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

Identifying number
36-2637617

FORM 990 PAGE 10

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	404.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property	/	27 5 yrs	MM	S/L		
	/	27 5 yrs	MM	S/L		
i Nonresidential real property	/	39 yrs	MM	S/L		
	/		MM	S/L		

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	404.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**AMERICAN COLLEGE OF HEALTH CARE
ADMINISTRATORS**

Form 4562 (2009)

36-2637617 Page 2

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	-------------------------------------	--------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use

	%		
	%		
	%		

27 Property used 50% or less in a qualified business use

	%			S/L -		
	%			S/L -		
	%			S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?	Yes	No	

Yes

No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year

43 Amortization of costs that began before your 2009 tax year

43

44 Total. Add amounts in column (f) See the instructions for where to report

44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS	Employer identification number 36-2637617
	Number, street, and room or suite no. If a P O box, see instructions. REA AND ASSOCIATES, 5775 PERIMETER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DUBLIN, OHIO 43017	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **REA & ASSOCIATES INC - 5775 PERIMETER DRIVE, SUITE 200 - DUBLIN, OH 43017**
Telephone No ► **614-889-8725** FAX No ► **614-889-0159**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for
- I request an additional 3-month extension of time until **AUGUST 15, 2011**
- For calendar year **JUL 1, 2010**, and ending **SEP 30, 2010**
- If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period
- State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN
AND TO ENSURE THAT THE RETURN IS REVIEWED BY THE APPROPRIATE PERSONS.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CPA**

Date ►

Form 8868 (Rev. 1-2011)