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

OMB No 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning**and ending****B Check if applicable**

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

C Name of organization**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Doing Business As

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

Room/suite
400

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

ALEXANDRIA, VA 22314-1587**F Name and address of principal officer** **SHERRIE CATHCART**
SAME AS C ABOVE**D Employer identification number****23-7373091****E Telephone number****703-299-9766****G Gross receipts \$ 14,541,539.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.AASLD.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1950** **M State of legal domicile:** **IL****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities	SEE PART III, LINE 1					
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3		11			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11			
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		35			
6	Total number of volunteers (estimate if necessary)	6		199			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		-154,450.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		-154,450.			
8	Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year			
9	Program service revenue (Part VIII, line 2g)	5,800,923.		2,415,580.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,290,921.		7,451,621.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	474,591.		999,260.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,534,369.		1,567,732.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,100,804.		12,434,193.			
14	Benefits paid to or for members (Part IX, column (A), line 4)	936,500.		1,684,746.			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,544,885.		2,797,026.			
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 198,090.	257,732.		0.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,046,533.		5,234,478.			
18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	9,785,650.		9,716,250.			
19	Revenue less expenses - Subtract line 18 from line 12	5,315,154.		2,717,943.			
20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year			
21	Total liabilities (Part X, line 26)	36,812,701.		41,302,560.			
22	Net assets or fund balances - Subtract line 21 from line 20	11,326,281.		11,557,375.			
		25,486,420.		29,745,185.			

Part II Signature Block

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

Sign Here	Signature of officer	<i>Sherrie Cathcart</i>		Date	8-12-11
	SHERRIE CATHCART, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	DAVID F. GRALING CPA	<i>David F. Graling CPA</i>	8-11-11		
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶			
	Firm's address ▶ 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930		Phone no. (301) 951-9090		

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

☒ Yes ☐ No

SCANNED AUG 31 2011

RECEIVED
AUG 16 2011
OGDEN, UT

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AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES

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Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission

TO ADVANCE THE SCIENCE AND PRACTICE OF HEPATOLOGY, LIVER
TRANSPLANTATION, AND HEPATOBILIARY SURGERY, THEREBY PROMOTING LIVER
HEALTH AND OPTIMAL CARE OF PATIENTS WITH LIVER AND BILIARY TRACT
DISEASES.

- 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 \$ 3,682,811. including grants of \$ 45,746.) (Revenue \$ 6,844,498.)

THE ASSOCIATION'S EDUCATIONAL PROGRAM ENABLES THE DISSEMINATION OF NEW
TECHNIQUES AND ADVANCES IN EXISTING KNOWLEDGE AND PROCEDURES TO
PHYSICIANS. THE PROGRAM ALSO PROVIDES REGULAR OPPORTUNITIES FOR
PHYSICIANS TO REVIEW BASIC AND ADVANCED TOPICS IN THEIR SPECIALTY TO
PROMOTE THE ADVANCEMENT OF PATIENT CARE AND FOSTER NEW RESEARCH. THE
ASSOCIATION'S LIVER MEETING OFFERS THE LATEST IN LIVER DISEASE
TREATMENT OUTCOMES. ATTENDEES PARTICIPATE IN PLENARY, PARALLEL AND
POSTER SESSIONS, STATE-OF-THE-ART LECTURES, EARLY MORNING WORKSHOPS,
MEET-THE-PROFESSOR SESSIONS, SPECIALTY COURSES, SPECIAL INTEREST GROUPS
AND SCIENTIFIC EXHIBITS TO EXCHANGE THE LATEST LIVER DISEASE RESEARCH,
DISCUSS TREATMENT OUTCOMES, AND INTERACT WITH COLLEAGUES. THE
ASSOCIATION SPONSORS DIGESTIVE DISEASE WEEK, ONE CLINICAL RESEARCH

4b (Code) (Expenses \$ 1,194,590. including grants of \$ 1,140,000.) (Revenue \$)

RESEARCH & CAREER DEVELOPMENT AWARDS: RESEARCH, ADVANCING HUMAN HEALTH,
AND DEVELOPING THE NEXT GENERATION OF HEPATOLOGISTS, LIVER TRANSPLANT
SURGEONS, AND ALLIED HEALTH PROFESSIONALS ARE AMONG AASLD'S HIGHEST
PRIORITIES. EACH YEAR, AASLD SUPPORTS RESEARCH AND CAREER DEVELOPMENT
AWARDS IN ADVANCED/TRANSPLANT HEPATOLOGY, CLINICAL HEPATOLOGY, BASIC
SCIENCE, CLINICAL/TRANSLATIONAL RESEARCH, AND LIVER TRANSPLANTATION.

4c (Code) (Expenses \$ 1,244,168. including grants of \$) (Revenue \$ 599,906.)

PUBLICATIONS: "HEPATOLOGY", THE OFFICIAL JOURNAL OF THE ASSOCIATION,
AND "LIVER TRANSPLANTATION" PROVIDE PEER-REVIEWED RESEARCH ON THE LIVER
AND BILIARY TRACT AND THEIR DISEASES. "LIVER TRANSPLANTATION", A
SPECIALTY JOURNAL, PUBLISHES STATE-OF-THE-ART INFORMATION ON LIVER
TRANSPLANTATION.

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

(Expenses \$ 1,416,207. including grants of \$ 499,000.) (Revenue \$)

4e Total program service expenses 7,537,776.

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032002
12-21-10

SEE SCHEDULE O FOR CONTINUATION(S)

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**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐ Yes ☒ No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 61		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		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?		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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12. N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders. N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**AMERICAN ASSOCIATION FOR THE STUDY
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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.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
DONALD M. JENSEN - 703-299-9766
1001 NORTH FAIRFAX ST, ALEXANDRIA, VA 22314

**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARUN J. SANYAL PRESIDENT	5.00	X		X				30,000.	0.	0.
JORGE A. BEZERRA SECRETARY	5.00	X		X				10,000.	0.	0.
MICHAEL R. LUCEY TREASURER	5.00	X		X				10,000.	0.	0.
T. JAKE LIANG PRESIDENT-ELECT	5.00	X		X				0.	0.	0.
SCOTT L. FRIEDMAN PAST PRESIDENT	5.00	X						0.	0.	0.
ADRIAN M DI BISCEGLIE COUNCILOR	5.00	X						0.	0.	0.
J. GREGORY FITZ COUNCILOR	5.00	X						0.	0.	0.
GUADALUPE GARCIA-TSAO COUNCILOR	5.00	X						0.	0.	0.
GINNY L. BUMGARDNER COUNCILOR AT LARGE	5.00	X						0.	0.	0.
ANNA MAE DIEHL COUNCILOR AT LARGE	5.00	X						0.	0.	0.
DOUGLAS R. LABRECQUE COUNCILOR AT LARGE	5.00	X						0.	0.	0.
SHERRIE CATHCART EXECUTIVE DIRECTOR	40.00			X				307,605.	0.	97,457.
NELLIE SARKISSIAN CHIEF OPERATIONS OFFICER	40.00			X				176,036.	0.	25,318.
JULIE DEAL DEPUTY EXECUTIVE DIR.	40.00			X				128,767.	0.	24,061.
GREGORY BOLOGNA DIR. OF COMMUNICATIONS	40.00					X		106,126.	0.	19,419.

**AMERICAN ASSOCIATION FOR THE STUDY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								768,534.	0.	166,255.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								768,534.	0.	166,255.

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAVAROCCHI RUSCIO AND DENNIS ASSOCIATE 600 MARYLAND AVE, SW, WASHINGTON, DC 20024	GOVERNMENT RELATIONS CONSULTANT	166,597.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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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	2415580.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			2415580.				
Program Service Revenue	2 a <u>MEETINGS/EDUCATION</u>	Business Code	900099	5770199.	5770199.		
	b <u>MEMBERSHIP DUES</u>		900099	1074299.	1074299.		
	c <u>PUBLICATIONS</u>		900099	599,906.	599,906.		
	d <u>CAREER DEVELOPMENT ADS</u>		541800	7,217.		7,217.	
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			7451621.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			382,893.			382,893.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1727188.			1,727,188.
	6 a Gross Rents	(i) Real	(ii) Personal				
		258379.					
	b Less rental expenses						
		422825.					
	c Rental income or (loss)						
		-164,446.					
	d Net rental income or (loss)			-164,446.		-161667.	-2,779.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,300,888.					
	b Less cost or other basis and sales expenses						
		1,684,521.					
	c Gain or (loss)						
		616367.					
	d Net gain or (loss)			616,367.			616,367.
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 <u>MISCELLANEOUS</u>		900099	4,990.			4,990.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,990.				
12 Total revenue. See instructions.			12,434,193.	7444404.	-154450.	2,728,659.	

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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	1,534,746.	1,534,746.		
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	150,000.	150,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	809,244.	495,912.	295,116.	18,216.
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	1,547,798.	915,289.	554,843.	77,666.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,781.	71,393.	43,030.	6,358.
9 Other employee benefits	166,273.	98,243.	60,115.	7,915.
10 Payroll taxes	152,930.	93,195.	53,241.	6,494.
11 Fees for services (non-employees)				
a Management				
b Legal	23,374.		11,844.	11,530.
c Accounting	26,544.		26,544.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	13,069.		13,069.	
g Other	997,703.	759,185.	238,380.	138.
12 Advertising and promotion	23,755.	16,862.	1,118.	5,775.
13 Office expenses	483,652.	330,908.	141,990.	10,754.
14 Information technology	81,784.	10,988.	70,114.	682.
15 Royalties				
16 Occupancy	545,392.	326,090.	197,733.	21,569.
17 Travel	359,337.	263,912.	92,058.	3,367.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	304,954.	299,217.		5,737.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,692.	41,566.	24,145.	2,981.
23 Insurance	59,231.	35,560.	23,671.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOOD & BEVERAGE	543,953.	506,593.	34,651.	2,709.
b PUBLISHERS FEES	519,420.	519,420.		
c AUDIO VISUAL	400,363.	397,704.	2,629.	30.
d HONORARIA	383,400.	383,400.		
e CO-SPONSORSHIP FEES	98,167.	98,167.		
f All other expenses	301,688.	189,426.	96,093.	16,169.
25 Total functional expenses Add lines 1 through 24f	9,716,250.	7,537,776.	1,980,384.	198,090.
26 Joint costs Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**AMERICAN ASSOCIATION FOR THE STUDY
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	10,008,965.	2	7,796,952.
	3 Pledges and grants receivable, net	3,265,080.	3	2,309,090.
	4 Accounts receivable, net	281,201.	4	750,610.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	93,473.	9	67,769.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,456,615.		
	b Less accumulated depreciation	10b 1,107,816.		
	11 Investments - publicly traded securities	7,614,439.	10c	7,348,799.
	12 Investments - other securities See Part IV, line 11	15,217,687.	11	22,590,914.
	13 Investments - program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	331,556.	14	438,126.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,812,701.	15	41,302,560.	
Liabilities	17 Accounts payable and accrued expenses	1,131,454.	16	41,302,560.
	18 Grants payable	1,131,454.	17	591,916.
	19 Deferred revenue	511,623.	18	991,907.
	20 Tax-exempt bond liabilities	387,029.	19	753,275.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	3,700,000.	20	3,600,000.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	4,179,102.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	3,966,127.
	25 Other liabilities Complete Part X of Schedule D	1,417,073.	24	
	26 Total liabilities. Add lines 17 through 25	11,326,281.	25	1,654,150.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		26	11,557,375.
	27 Unrestricted net assets	16,993,951.	27	21,046,660.
	28 Temporarily restricted net assets	4,430,619.	28	4,636,675.
	29 Permanently restricted net assets	4,061,850.	29	4,061,850.
	Organizations that do not follow SFAS 117, check here ☐ 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	25,486,420.	33	29,745,185.
	34 Total liabilities and net assets/fund balances	36,812,701.	34	41,302,560.

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	12,434,193.
2	Total expenses (must equal Part IX, column (A), line 25)	9,716,250.
3	Revenue less expenses Subtract line 2 from line 1	2,717,943.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	25,486,420.
5	Other changes in net assets or fund balances (explain in Schedule O)	1,540,822.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	29,745,185.

Part XII Financial Statements and Reporting

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

☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
23-7373091

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)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 ► ☐		
b 33 1/3% support test - 2009. 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 ► ☐		
17a 10% -facts-and-circumstances test - 2010. 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 ► ☐		
b 10% -facts-and-circumstances test - 2009. 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 ► ☐		
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2010

AMERICAN ASSOCIATION FOR THE STUDY

Schedule A (Form 990 or 990-EZ) 2010 **OF LIVER DISEASES**

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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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,829,584.	2,753,479.	5,730,972.	5,800,923.	2,415,580.	21,530,538.
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	7,213,427.	7,546,353.	6,538,665.	7,286,178.	7,444,404.	36,029,027.
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	12,043,011.	10,299,832.	12,269,637.	13,087,101.	9,859,984.	57,559,565.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			240,000.	20,000.		260,000.
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			240,000.	20,000.		260,000.
8 Public support. (Subtract line 7c from line 6)						57,299,565.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	12,043,011.	10,299,832.	12,269,637.	13,087,101.	9,859,984.	57,559,565.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	554,185.	745,404.	2,283,867.	2,342,451.	2,107,302.	8,033,209.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	554,185.	745,404.	2,283,867.	2,342,451.	2,107,302.	8,033,209.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				14,868.	4,990.	19,858.
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,597,196.	11,045,236.	14,553,504.	15,444,420.	11,972,276.	65,612,632.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	87.33 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	89.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	12.24 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	9.64 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES** Employer identification number **23-7373091**

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

AMERICAN ASSOCIATION FOR THE STUDY

Schedule C (Form 990 or 990-EZ) 2010 OF LIVER DISEASES

23-7373091 Page 2

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

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

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

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

AMERICAN ASSOCIATION FOR THE STUDY

Schedule C (Form 990 or 990-EZ) 2010 **OF LIVER DISEASES**

23-7373091 Page **3**

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25,760.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			25,760.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number
23-7373091

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)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

- 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	4,254,617.	2,175,397.	3,623,633.		
b Contributions		1,000,000.	1,000.		
c Net investment earnings, gains, and losses	796,186.	1,186,784.	-1,184,703.		
d Grants or scholarships					
e Other expenditures for facilities and programs	66,579.	107,564.	-264,533.		
f Administrative expenses					
g End of year balance	4,984,224.	4,254,617.	2,175,397.		

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 81.50 %
 c Term endowment ► 18.50 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,076,573.	898,845.	7,177,728.
c Leasehold improvements				
d Equipment		371,683.	204,978.	166,705.
e Other		8,359.	3,993.	4,366.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,348,799.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) INTEREST RATE SWAP OBLIGATION	1,441,641.
(3) DEFERRED COMPENSATION LIABILITY	212,509.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

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

2. FIN 48 (ASC 740)

032053
12-20-10

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	12,434,193.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,716,250.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,717,943.
4	Net unrealized gains (losses) on investments	4	1,712,592.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-171,770.
9	Total adjustments (net) Add lines 4 through 8	9	1,540,822.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,258,765.

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	14,392,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,712,592.
b	Donated services and use of facilities	2b	7,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	251,055.
e	Add lines 2a through 2d	2e	1,971,447.
3	Subtract line 2e from line 1	3	12,421,124.
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	13,069.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	13,069.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,434,193.

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

1	Total expenses and losses per audited financial statements	1	10,133,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	7,800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	422,825.
e	Add lines 2a through 2d	2e	430,625.
3	Subtract line 2e from line 1	3	9,703,181.
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	13,069.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	13,069.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,716,250.

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: DONOR RESTRICTED ENDOWMENT ASSETS ARE HELD IN

PERPETUITY AND INVESTED IN AN ATTEMPT TO PROVIDE A STREAM OF FUNDING TO
PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE
PURCHASING POWER OF THE ENDOWED ASSETS.

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR
REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31,

Part XIV Supplemental Information (continued)

2010, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10
AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP OBLIGATION -171,770.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SHOWN AS EXPENSES ON FINANCIAL STATEMENTS
AND NETTED AGAINST REVENUE ON FORM 990 422,825.
UNREALIZED LOSS ON INTEREST RATE SWAP OBLIGATION -171,770.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 251,055.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SHOWN AS EXPENSES ON FINANCIAL STATEMENTS
AND NETTED AGAINST REVENUE ON FORM 990 422,825.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public Inspection

AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES

23-7373091

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		150,000.
3 a Sub-total	0	0			150,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			150,000.

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

Schedule F (Form 990) 2010

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

[illegible]

AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES

Schedule F (Form 990) 2010

23-7373091 Page 4

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION PROVIDES GRANT FUNDING TO THE INSTITUTIONS (ACADEMIC, MEDICAL, AND/OR RESEARCH). THE ORGANIZATION RECEIVES AND REVIEWS SCHEDULED FINANCIAL AND RESEARCH REPORTS FROM THE INSTITUTION REGARDING THE USE OF FUNDING TO ENSURE COMPLIANCE WITH THE TERMS OF THE GRANTS AND AGREEMENT.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number
23-7373091

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION 75 MAIDEN LANE SUITE 603 NEW YORK, NY 10038	36-2883000	501(C)(3)	675,000.	0.			LIVER SCHOLAR AWARDS
DREXEL UNIVERSITY COLLEGE OF MEDICINE - OFFICE OF RESEARCH 3201 ARCH ST. SUITE 100 - PHILADELPHIA, PA 19104	23-2979433	501(C)(3)	78,000.	0.			NP/PA CLINICAL HEPATOLOGY FELLOWSHIP PROGRAM
DUKE UNIVERSITY MEDICAL CENTER DIV. GASTRO TRENT DR. RM 03116 ORANGE ZONE DURHAM, NC 27710	56-0532129	501(C)(3)	150,000.	0.			ADVANCED/ TRANSPLANT HEPATOLOGY FELLOWSHIP PROGRAM; CAREER DEVELOPMENT AWARD IN
MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE PO BOX 414876 BOSTON, MA 2199	04-2697983	501(C)(3)	210,000.	0.			ADVANCED/ TRANSPLANT HEPATOLOGY FELLOWSHIP PROGRAM; CLINICAL & TRANSLATIONAL RESEARCH
MAYO CLINIC 200 FIRST ST. SW 9TH FLR. ROCHESTER, MN 55905	41-6011702	501(C)(3)	135,000.	0.			ADVANCED/ TRANSPLANT HEPATOLOGY FELLOWSHIP PROGRAM; AASLD/LIFER CLINICAL & TRANSLATIONAL
THE TRUSTEES OF COLUMBIA UNIV 630 WEST 168TH ST. BOX 83 NEW YORK, NY 10032	13-5598093	501(C)(3)	60,000.	0.			ADVANCED/ TRANSPLANT HEPATOLOGY FELLOWSHIP PROGRAM

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

8.

3 Enter total number of other organizations

0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

Schedule I (Form 990)
OF LIVER DISEASES
23-7373091
Page 1

[illegible]

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES GRANT FUNDING TO THE INSTITUTIONS (ACADEMIC, MEDICAL, AND/OR RESEARCH). THE ORGANIZATION RECEIVES AND REVIEWS SCHEDULED FINANCIAL AND RESEARCH REPORTS FROM THE INSTITUTION REGARDING THE USE OF FUNDING TO ENSURE COMPLIANCE WITH THE TERMS OF THE GRANTS AND AGREEMENT.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY MEDICAL CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCED/ TRANSPLANT HEPATOLOGY

FELLOWSHIP PROGRAM; CAREER DEVELOPMENT AWARD IN LIVER TRANSPLANTATION

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCED/ TRANSPLANT HEPATOLOGY

FELLOWSHIP PROGRAM; CLINICAL & TRANSLATIONAL RESEARCH AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: MAYO CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCED/ TRANSPLANT HEPATOLOGY

FELLOWSHIP PROGRAM; AASLD/LIFER CLINICAL & TRANSLATIONAL RESEARCH

FELLOWSHIP

**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

2010

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Name of the organization

**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number

23-7373091

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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

- | | |
|---|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

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

Schedule J (Form 990) 2010

**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

23-7373091

Page **2**

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 SHERRIE CATHCART	(i)	287,605.	20,000.	0.	73,088.	24,369.	405,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NELLIE SARKISSIAN	(i)	164,953.	11,083.	0.	16,507.	8,811.	201,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JULIE DEAL	(i)	118,767.	10,000.	0.	12,095.	11,966.	152,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
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Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES** Employer identification number **23-7373091**

Part I Bond Issues SEE PART V FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
INDUSTRIAL DEVELOPMENT A AUTHORITY ALEXANDRIA VA	52-1381432015312DF5		08/01/06	4000000.	PURCHASE 22,000 SQ FT OFFICE COND	X		X			X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		4,000,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		141,933.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		3,858,067.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2006						
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	41.00		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			%		%		%	
6 Total of lines 4 and 5	41.00		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: INDUSTRIAL DEVELOPMENT AUTHORITY ALEXANDRIA VA

(F) DESCRIPTION OF PURPOSE: PURCHASE 22,000 SQ FT OFFICE CONDO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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Name of the organization

**AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number
23-7373091

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINGLE TOPIC CONFERENCE, AND ONE TRANSPLANT HEPATOLOGY CERTIFICATION

REVIEW COURSE AND COLLABORATES WITH DOMESTIC AND INTERNATIONAL MEDICAL

SOCIETIES ON MUTUAL EDUCATION PROGRAMMING IN HEPATOLOGY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS

EXPENSES \$ 594,938. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FELLOWSHIP AWARDS

EXPENSES \$ 516,246. INCLUDING GRANTS OF \$ 474,000. REVENUE \$ 0.

PROFESSIONAL RELATIONS

EXPENSES \$ 305,023. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: AASLD MEMBERSHIP IS COMPRISED OF

SCIENTISTS AND PHYSICIANS DEDICATED TO THE FIELD OF HEPATOLOGY AND ARE

DIVIDED INTO SIX CATEGORIES: REGULAR, EMERITUS, INTERNATIONAL, TRAINEE,

ASSOCIATE, AND HONORARY.

FORM 990, PART VI, SECTION A, LINE 7A: AASLD BYLAWS REQUIRE A QUORUM FOR

THE ELECTION OF OFFICERS, COUNCILORS, COUNCILORS-AT-LARGE AND MEMBERS OF AT

LEAST FIFTY CURRENT, REGULAR OR EMERITUS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: AFFIRMATIVE ACTION OF A MAJORITY OF

THE ENTIRE GOVERNING BOARD IS CONSIDERED THE ACTION OF THE ENTIRE GOVERNING

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number
23-7373091

BOARD FOR CONSENT TO OR APPROVAL OF ISSUES. ALL ACTIVITIES, INCLUDING THE
HOLDING OF ELECTIONS AND THE PREPARATION OF PROGRAMS FOR MEETINGS OF THE
MEMBERS, IS SUPERVISED AND APPROVED BY THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE
OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. EACH YEAR, THE AASLD
GOVERNING BOARD IS PROVIDED WITH A COMPLETED FORM 990 TO REVIEW PRIOR TO
ITS FILING DATE WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: AN AASLD DISCLOSURE FORM IS
COMPLETED BY ALL MEMBERS OF THE GOVERNING BOARD, COMMITTEES, AND TASK
FORCES OF THE ASSOCIATION UPON NOMINATION AND/OR APPOINTMENT. ALSO INCLUDED
ARE PUBLICATION EDITORS, ASSOCIATE EDITORS, AND POTENTIAL NOMINEES FOR
ELECTED OFFICE. THE FORM IS UPDATED THEREAFTER DURING EACH PERSON'S TENURE
OF OFFICE, AS NECESSARY. COMMITTEE CHAIRS MAKE FORMS AVAILABLE AT ALL
MEETINGS. IF IT IS DETERMINED THAT A CONFLICT EXISTS, THE ETHICS COMMITTEE
ADVISES THE MEMBER TO TAKE ACTIONS INCLUDING THE FOLLOWING POSSIBLE
ACTIONS:

- . DIVEST OR RESIGN FROM THE CONFLICT IN QUESTION.
- . ABSTAIN FROM DISCUSSION AND VOTING ON MATTERS INVOLVING THE CONFLICT.
- . EXCUSE THEMSELVES FROM PARTICIPATING IN SUCH MATTERS.
- . RESIGN FROM THE AASLD COMMITTEE OR OFFICE.

IF A CONFLICT IS PRESENT, DEPENDING ON THE NATURE OF THE CONFLICT, THE
MEMBER MUST:

- . ABSTAIN FROM DISCUSSION AND VOTING ON MATTERS INVOLVING THE CONFLICT.
- . EXCUSE THEMSELVES FROM PARTICIPATING IN SUCH MATTERS.
- . RESIGN FROM THE COMMITTEE OR OFFICE.

Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**

Employer identification number
23-7373091

FORM 990, PART VI, SECTION B, LINE 15A: AASLD PERFORMS ANNUAL SALARY
REVIEWS FOR EACH STAFF POSITION AND ADJUSTS COMPENSATION LEVELS AS
NECESSARY. ANNUAL COMPENSATION SURVEYS ARE PERFORMED BY OUTSIDE CONSULTANTS
EVERY TWO TO THREE YEARS. THE GOVERNING BOARD APPROVES/ADJUSTS THE
EXECUTIVE DIRECTOR'S SALARY. THE EXECUTIVE DIRECTOR'S PERFORMANCE AND
SALARY REVIEW ARE NOTED IN A LETTER FROM THE PRESIDENT OF AASLD TO THE
EXECUTIVE DIRECTOR WITH A COPY TO THE ENTIRE GOVERNING BOARD. A COPY OF THE
LETTER ALONG WITH THE RELATED SUPPORTING DOCUMENTS, ARE IN THE EXECUTIVE
DIRECTOR'S PERSONNEL FILE.

AASLD PERFORMS ANNUAL SALARY REVIEWS FOR EACH STAFF POSITION AND ADJUSTS
COMPENSATION LEVELS AS NECESSARY. ANNUAL COMPENSATION SURVEYS ARE PERFORMED
BY OUTSIDE CONSULTANTS EVERY TWO TO THREE YEARS. THE EXECUTIVE DIRECTOR
APPROVES STAFF SALARY. STAFF SALARY DETERMINATION IS COMMUNICATED WITH
STAFF ALONG WITH WRITTEN PERFORMANCE EVALUATION, WHICH IS CONDUCTED AT
YEAR-END. INDIVIDUAL MEMORANDUMS FROM THE EXECUTIVE DIRECTOR TO INDIVIDUAL
STAFF, COMMUNICATING THE SALARY CHANGE AND THE POSITION GRADE, IS GIVEN TO
INDIVIDUAL STAFF MEMBERS. COPIES OF THESE MEMORANDUMS ARE IN INDIVIDUALS'
PERSONNEL FILES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CO, CT, GA, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR
PA, TN, UT, VA, WA, WV

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON RECEIPT OF A BONAFIDE REQUEST. ALL MEMBERS RECEIVE FINANCIAL
RESULTS AT THE ANNUAL MEETING. THE CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization **AMERICAN ASSOCIATION FOR THE STUDY
OF LIVER DISEASES**Employer identification number
23-7373091

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,712,592.

UNREALIZED LOSS ON INTEREST RATE SWAP OBLIGATION -171,770.

TOTAL TO FORM 990, PART XI, LINE 5 1,540,822.