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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 2010 Open 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 01-01-2010 and ending 12-31-2010

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS		D Employer identification number 36-2229255
	Doing Business As THE JOINT COMMISSION		E Telephone number (630) 792-5000
	Number and street (or P O box if mail is not delivered to street address) One Renaissance Blvd	Room/suite	G Gross receipts \$ 148,534,244
	City or town, state or country, and ZIP + 4 Oakbrook Terrace, IL 60181		
	F Name and address of principal officer DR MARK CHASSIN One Renaissance Blvd Oakbrook Terrace, IL 60181		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ WWW.JOINTCOMMISSION.ORG	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CONTINUOUSLY IMPROVE HEALTH CARE FOR THE PUBLIC, IN COLLABORATION WITH OTHER STAKEHOLDERS, BY EVALUATING HEALTH CARE ORGANIZATIONS AND INSPIRING THEM TO EXCEL IN PROVIDING SAFE AND EFFECTIVE CARE OF THE HIGHEST QUALITY AND VALUE		
	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	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	468
	6 Total number of volunteers (estimate if necessary)	6	32
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	690	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,324,665	2,625,473
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,799,388	119,132,283
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	987,491	3,916,930
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,241,393	4,422,120
		123,352,937	130,096,806
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	70,490	125,867
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,759,378	80,890,186
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	33,739,221	34,836,363
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	113,569,089	115,852,416
	19 Revenue less expenses Subtract line 18 from line 12	9,783,848	14,244,390
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	126,559,932	146,500,090
	21 Total liabilities (Part X, line 26)	48,577,334	42,747,682
	22 Net assets or fund balances Subtract line 21 from line 20	77,982,598	103,752,408

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			2011-11-15 Date		
	PAIGE RODGERS CFO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed ☒	PTIN
	Firm's name ☒ CROWE HORWATH LLP					Firm's EIN ☐
	Firm's address ☒ 70 West Madison Street Suite 700 Chicago, IL 606024903					Phone no ☒ (312) 899-7000

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

THE JOINT COMMISSION PERIODICALLY EVALUATES AND ACCREDITS NEARLY 20,000 HEALTH CARE ORGANIZATIONS AND PROGRAMS IN THE US THE COMPREHENSIVE ACCREDITATION PROCESS EVALUATES AN ORGANIZATION'S COMPLIANCE WITH STATE-OF-THE-ART STANDARDS AND OTHER ACCREDITATION REQUIREMENTS THAT DIRECTLY AND INDIRECTLY RELATE TO THE QUALITY AND SAFETY OF CARE PROVIDED BY THE ORGANIZATION (SEE SCHEDULE O)

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 \$ 84,231,598 including grants of \$ 125,867) (Revenue \$ 126,686,099)

SURVEY AND CERTIFICATION FEES ARE GENERATED AS A CONSEQUENCE OF PERFORMING ACCREDITATION SURVEYS THAT ARE DESIGNED TO EVALUATE AN ORGANIZATION'S COMPLIANCE WITH STATE-OF-THE-ART STANDARDS AND THEIR ACCREDITATION REQUIREMENTS ABOUT 10,800 SURVEYS WERE COMPLETED AT THE REQUEST OF HEALTHCARE ORGANIZATIONS TO DETERMINE IF THE ORGANIZATION MEETS THE STANDARDS FOR ACCREDITATION THE SUBSCRIPTION BILLING PROGRAM ALLOWS ORGANIZATIONS TO PAY AN ANNUAL SUBSCRIPTION FEE FOR THEIR PARTICIPATION IN THE ONGOING SERVICES PROVIDED BY THE JOINT COMMISSION REVENUE FROM ANNUAL ACCREDITATION SUBSCRIPTION FEES IS RECOGNIZED RATABLY OVER THE PERIOD TO WHICH THE SUBSCRIPTION FEES RELATE ABOUT 19,750 ORGANIZATIONS WERE ENROLLED IN 2010 FOR A SUBSCRIPTION FEE PLAN

4b

(Code) (Expenses \$ 4,831,772 including grants of \$ 0) (Revenue \$ 3,410,707)

PERFORMANCE MEASUREMENT & RELATED ACTIVITIES(ORYX) AT THE JOINT COMMISSION ADVANCES HEALTHCARE QUALITY AND PATIENT SAFETY BY UNDERTAKING SCIENTIFICALLY CREDIBLE RESEARCH THAT INFORMS HEALTH SERVICES PRACTICE AND POLICY THE PROGRAM SUPPORTS THE DEVELOPMENT OF EVIDENCE-BASED AND MEANINGFUL PERFORMANCE MEASURES, SOUND STATISTICAL AND ANALYTICAL APPROACHES TO DATA ANALYSIS, AND THE IDENTIFICATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY STRATEGIES

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 89,063,370

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> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
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>	3	No
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> 	4	Yes
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>	5	
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>	6	No
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>	7	No
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>	8	No
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>	9	No
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> 	10	Yes
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> 	11a	Yes
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> 	11b	Yes
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>	11c	No
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>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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> 	11f	Yes
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>	12a	No
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> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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> 	14b	Yes
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 U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	Yes
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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
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>	18	No
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>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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

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.		
	1a138		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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.		
	2a468		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds 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?			
		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	1a29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedIL
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Paige Rodgers One Renaissance Blvd Oakbrook Terrace, IL 60181 (630) 792-5685

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

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

Form **990** (2010)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,020,062	0	1,751,354

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▶124

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

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
GOLDMAN SACHS & CO 85 BROAD STREET 26TH NEW YORK, NY 10004	INTEREST RATE SWAP FEES	692,399
ABM LAKESIDE INC 75 REMITTENCE DRIVE STE 3011 CHICAGO, IL 60675	JANITORIAL SERVICES	285,635
CONFERENCE AMERICA INC 7019 UNIVERSITY COURT MONTGOMERY, AL 36117	CONFERENCE CALL EQUIP & SERVICES	221,235
SODEXO MARRIOTT SERVICE INC 4880 PAYSPPHERE CIRCLE CHICAGO, IL 60674	CATERING SERVICES	217,758
SHERATON CHICAGO HOTEL & TOWERS 301 EAST NORTH WATER CHICAGO, IL 60611	CONFERENCE ROOM & FOOD SERVICES	205,671
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 ▶24		

Form 990 (2010)

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	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,208,727				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,416,746				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			2,625,473			
	Program Service Revenue				Business Code			
2a		SURVEY FEES			57,773,922	57,773,922		
b		ANNUAL SUBSCRIPTION FEES			57,381,285	57,381,285		
c		PERFORMANCE MEASUREMENT & RELATED ACTIVITIES			3,264,621	3,264,621		
d		HONORARIUM FEES			193,570	193,570		
e		APPLICATION FEES			133,000	133,000		
f		All other program service revenue			385,885	385,195	690	
g		Total. Add lines 2a-2f			119,132,283			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			2,586,037		2,586,037
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			1,062,418		1,062,418	
	6a			(i) Real	(ii) Personal			
		Gross Rents						
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0			
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory		19,768,331				
		b	Less cost or other basis and sales expenses	18,437,438				
		c	Gain or (loss)	1,330,893	0			
	d	Net gain or (loss)			1,330,893		1,330,893	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . .			0		
	9a	Gross income from gaming activities See Part IV, line 19 . .		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities . .			0		
	10a	Gross sales of inventory, less returns and allowances . .		a				
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . .			0			
Miscellaneous Revenue			Business Code					
11a	FEE FOR SERVICE FROM RELATED TAX EXEMPT ORGANIZATIONS			3,359,702	3,359,702			
	b							
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d			3,359,702			
12	Total revenue. See Instructions			130,096,806	122,491,295	690	4,979,348	

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	125,867	125,867		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,828,331	1,755,856	3,072,475	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	61,132,157	50,350,955	10,781,202	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,750,702	3,795,467	955,235	
9	Other employee benefits	5,714,250	4,307,704	1,406,546	
10	Payroll taxes	4,464,746	3,604,755	859,991	
a	Fees for services (non-employees)				
	Management	0			
b	Legal	311,000	194,266	116,734	
c	Accounting	212,472	18,750	193,722	
d	Lobbying	185,630		185,630	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	622,004		622,004	
g	Other	3,380,938	1,773,887	1,607,051	
12	Advertising and promotion	1,358,415	1,303,173	55,242	
13	Office expenses	685,609	172,320	513,289	
14	Information technology	799,437	51,682	747,755	
15	Royalties	0			
16	Occupancy	2,169,061	860,292	1,308,769	
17	Travel	16,674,273	16,480,537	193,736	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	820,899	535,890	285,009	
20	Interest	784,638	376,469	408,169	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,437,045	1,321,161	2,115,884	
23	Insurance	984,703	984,703		
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	TELEPHONE	726,527	577,991	148,536	
b	EQUIPMENT RENTAL	706,726	35,171	671,555	
c	POSTAGE & SHIPPING	228,889	131,770	97,119	
d	RECRUITMENT	211,491	46,373	165,118	
e	OTHER	536,606	258,331	278,275	
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	115,852,416	89,063,370	26,789,046	0
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	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			10,257,665	2	19,999,721
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,078,281	4	14,347,375
	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) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			5,102	8	4,527
	9	Prepaid expenses and deferred charges			1,793,304	9	1,446,412
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	63,371,112			
	b	Less: accumulated depreciation	10b	39,423,279	26,510,666	10c	23,947,833
	11	Investments—publicly traded securities			38,400,530	11	42,060,066
	12	Investments—other securities. See Part IV, line 11			40,514,384	12	44,694,156
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)			126,559,932	16	146,500,090	
Liabilities	17	Accounts payable and accrued expenses			11,957,114	17	11,738,220
	18	Grants payable				18	
	19	Deferred revenue			1,309,311	19	935,769
	20	Tax-exempt bond liabilities			22,120,000	20	20,385,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			13,190,909	25	9,688,693
	26	Total liabilities. Add lines 17 through 25			48,577,334	26	42,747,682
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			77,982,598	27	103,752,408
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	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			77,982,598	33	103,752,408
34	Total liabilities and net assets/fund balances			126,559,932	34	146,500,090	

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)	1	130,096,806
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,852,416
3	Revenue less expenses Subtract line 2 from line 1	3	14,244,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,982,598
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,525,420
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	103,752,408

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Employer identification number
36-2229255

Part I

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☒

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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)		

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

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 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 for 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 the 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	▶

Part IIISupport 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.")	2,267,564	2,068,118	2,391,006	2,324,665	2,625,473	11,676,826
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	95,644,437	98,919,524	110,796,686	115,797,728	119,131,593	540,289,968
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	97,912,001	100,987,642	113,187,692	118,122,393	121,757,066	551,966,794
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						551,966,794

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	97,912,001	100,987,642	113,187,692	118,122,393	121,757,066	551,966,794
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,204,788	3,901,283	4,308,525	3,567,554	3,648,455	18,630,605
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,100	7,620	13,961	1,660	0	30,341
c Add lines 10a and 10b	3,211,888	3,908,903	4,322,486	3,569,214	3,648,455	18,660,946
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,621,992	4,547,629	3,521,851	3,293,084	3,359,702	19,344,258
13 Total support (Add lines 9, 10c, 11 and 12.)	105,745,881	109,444,174	121,032,029	124,984,691	128,765,223	589,971,998
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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	93.560 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.292 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	3.160 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.045 %
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 ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, SCHEDULE A, PART III LINE 12 - OTHER INCOME, DESCRIPTION - FEES FROM RELATED ORGS 2006 \$4,621,992, 2007 \$4,547,629, 2008 \$3,521,851, 2009 \$3,293,084, 2010 \$3,359,702, TOTAL \$19,344,258,

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 the organization JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	Employer identification number 36-2229255
---	--

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 funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____ 0
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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 non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		185,630
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			185,630
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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) non-deductible 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	0
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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES - SUPPLEMENTAL INFORMATION	SCHEDULE C, PART IV - SUPPLEMENTAL INFORMATION	THE JOINT COMMISSION MADE DIRECT CONTACT WITH LEGISLATORS OR THEIR STAFFS AND PAID FEES TO A THIRD PARTY FIRM FOR PROFESSIONAL SERVICES WHICH INCLUDED LOBBYING ACTIVITIES. THESE ACTIVITIES RELATED TO HEALTH CARE LEGISLATION AND RELATED ISSUES.

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 JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	Employer identification number 36-2229255
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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 may 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 pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

Part III

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

3

Using the organization's 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	0	0			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,204,400		4,204,400
b Buildings		27,529,421	13,648,774	13,880,647
c Leasehold improvements		166,293	92,705	73,588
d Equipment		6,565,375	5,037,264	1,528,111
e Other		24,905,623	20,644,536	4,261,087
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				23,947,833

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1130,096,806
2	Total expenses (Form 990, Part IX, column (A), line 25)	2115,852,416
3	Excess or (deficit) for the year Subtract line 2 from line 1	314,244,390
4	Net unrealized gains (losses) on investments	46,326,165
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	85,494,430
9	Total adjustments (net) Add lines 4 - 8	911,820,595
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1026,064,985

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1142,781,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a6,326,165	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d6,620,456	
e	Add lines 2a through 2d	2e12,946,621
3	Subtract line 2e from line 1	3129,834,921
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 7b4a261,885	
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b	4c261,885
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5130,096,806

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1116,716,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d1,126,026	
e	Add lines 2a through 2d	2e1,126,026
3	Subtract line 2e from line 1	3115,590,531
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 7b4a261,885	
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b	4c261,885
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5115,852,416

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, 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.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE JOINT COMMISSION PROVIDED EQUITY CAPITAL OF \$10,000,000 TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, \$8,900,000 OF WHICH WAS PAID IN 2009 WITH THE REMAINING \$1,100,000 PAID IN JANUARY 2010. THE JOINT COMMISSION'S EQUITY CAPITAL IS REPORTED AS BOARD-DESIGNATED FUNDS FUNCTIONING AS ENDOWMENT IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE BOARD-DESIGNATED FUNDS FUNCTIONING AS ENDOWMENT HAS A CARRYING VALUE, NET OF INVESTMENT GAINS/LOSSES AND OPERATING NET LOSS, AS OF DECEMBER 31, 2010 OF \$8,572,762. SEE NOTE #7 TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR DETAILS.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE JOINT COMMISSION AND ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THE JOINT COMMISSION AND ITS AFFILIATES ARE SUBJECT TO INCOME TAXES ONLY ON INCOME DETERMINED TO BE UNRELATED BUSINESS INCOME. THE JOINT COMMISSION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." MANAGEMENT CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE FOR THE YEAR ENDED DECEMBER 31, 2010.
RECONCILIATION OF CHANGE IN NET ASSETS - ADJUSTMENT	FORM 990, SCHEDULE D, PART XI, LINE 7	JOINT COMMISSION RESOURCES, INC. HAS DETERMINED THAT THE REVENUE RECOGNITION METHODOLOGY USED HISTORICALLY FOR CERTAIN PUBLICATIONS AND MULTIMEDIA PRODUCTS IS NO LONGER APPROPRIATE. THIS ERROR WAS DISCOVERED AFTER RELEASE OF THE 2010 AUDITED FINANCIAL STATEMENTS AND IS CONSIDERED AN IMMATERIAL CORRECTION OF AN ERROR. ACCORDINGLY, THE 2010 RESULTS WILL BE CORRECTED IN CONNECTION WITH THE RELEASE OF THE 2011 FINANCIAL STATEMENTS. THE NUMBERS REFLECTED IN THE JOINT COMMISSION FORM 990 FOR THE FISCAL YEAR ENDED DECEMBER 31, 2010, ARE REPORTED AS CORRECTED. THE ADJUSTMENTS TO BOTH REVENUE AND CORRESPONDING EXPENSES FOR INTERCOMPANY TRANSACTIONS TO THE PARENT COMPANY ARE AS FOLLOWS: PRIOR YEARS REDUCTION TO BEGINNING 2010 NET ASSETS OF \$221,143; 2010 ROYALTY FEE REVENUE REDUCTION OF \$49,265; 2010 NET ASSET TRANSFER FROM AFFILIATE COMPANY REDUCTION OF \$86,767. TOTAL NET IMPACT TO NET ASSETS AS OF DECEMBER 31, 2010 OF \$357,175.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL SUPPORT TO FURTHER WORK DEDICATED TO PATIENT SAFETY OVERSEAS	0		125,867	IN-KIND	BOOK

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3

Enter total number of other organizations or entities

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

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 (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 and/or Form 3520-A. (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

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2010

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	Employer identification number 36-2229255
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☒ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
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		
☒ Independent compensation consultant		
☐ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ 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?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b Any related organization?	5b	No
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?	6a Yes	
b Any related organization?	6b Yes	
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) 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				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
First-class or charter travel	Schedule J, Part I, Line 1a	THE JOINT COMMISSION BOARD TRAVEL POLICY PERMITS REIMBURSEMENT FOR THE PURCHASE OF UPGRADE COUPONS FOR FIRST-CLASS AIR TRAVEL. THE JOINT COMMISSION'S STAFF TRAVEL POLICY PERMITS STAFF TO FLY BUSINESS CLASS ON INTERNATIONAL FLIGHTS, EXCLUDING EUROPE. FIRST CLASS TRAVEL BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSON.
Personal services	Schedule J, Part I, Line 1a	CERTAIN OFFICERS ARE OFFERED AN ALLOWANCE FOR TAX PREPARATION AND FINANCIAL PLANNING SERVICES. NOT ALL OFFICERS ELIGIBLE FOR THE SERVICES UTILIZE THEM. THESE SERVICES ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J-2, PART I, COLUMN D AS REPORTABLE COMPENSATION.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	THE JOINT COMMISSION MADE PAYMENTS PURSUANT TO AGREEMENT IN CONNECTION WITH STAFF'S RESIGNATION.
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	ALL OFFICERS ARE ALLOWED TO PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL DEFINED BENEFIT RETIREMENT PLAN. THE INCREASES IN THE VALUE OF THE PLAN DURING THE YEAR ARE REFLECTED IN COLUMN C DEFERRED COMPENSATION ON SCHEDULE J.
Compensation contingent on net earnings of the organization	Schedule J, Part I, Line 6a	THE JOINT COMMISSION'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVED THE 2009 AND 2010 GAINSHARE PLANS, WHICH PROVIDES FINANCIAL AWARDS TO STAFF FOR PERFORMANCE THAT CONTRIBUTES TO THE MISSION AND OBJECTIVES OF THE JOINT COMMISSION. THE PLAN IS SELF-FUNDED, IN THAT ALL AWARDS FOR 2009 AND 2010 WERE CONTINGENT UPON WHETHER THE ACTUAL FINANCIAL RESULTS FOR THE JOINT COMMISSION EXCEEDED THE JOINT COMMISSION'S BUDGETED NET EARNINGS IN EXCESS OF 2% OVER BUDGET. INDIVIDUAL GAINSHARING AWARDS WERE CAPPED AT \$3,000 FOR 2009 AND 2010, RESPECTIVELY. THE 2009 AWARDS WERE ACCRUED FOR IN THE YEAR ENDED DECEMBER 31, 2009 AND PAID OUT IN 2010. THE 2010 AWARDS WERE ACCRUED FOR IN THE YEAR ENDED DECEMBER 31, 2010 AND WILL BE PAID OUT IN 2011.
Compensation contingent on net earnings of a related organization	Schedule J, Part I, Line 6b	FOR THE CORPORATE GAINSHARING PLAN TO BE PAID, ALL AWARDS WERE CONTINGENT UPON WHETHER THE ACTUAL OPERATING MARGIN FINANCIAL RESULTS FOR THE ENTERPRISE EXCEEDED THE ENTERPRISE'S BUDGETED NET EARNINGS EXCESS OF 2% OVER BUDGET.

2010

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Employer identification number

36-2229255

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUATION FROM PART III, LINE 1) THESE ACCREDITATION SERVICES ARE PROVIDED FOR HOSPITALS, CLINICAL LABORATORIES, HOME CARE, LONG TERM CARE, BEHAVIORAL HEALTH CARE, AND AMBULATORY CARE ORGANIZATIONS. JOINT COMMISSION ACCREDITATION AND CERTIFICATION ARE RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING OPTIMUM ACHIEVABLE PERFORMANCE STANDARDS. TO EARN AND MAINTAIN THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL, AN ORGANIZATION MUST UNDERGO AN ON-SITE SURVEY BY A JOINT COMMISSION SURVEY TEAM AT LEAST EVERY THREE YEARS. LABORATORIES MUST BE SURVEYED AT LEAST EVERY TWO YEARS. IN ORDER FOR A HEALTH CARE ORGANIZATION TO PARTICIPATE IN AND RECEIVE PAYMENT FROM THE MEDICARE OR MEDICAID PROGRAMS, IT MUST MEET ELIGIBILITY REQUIREMENTS FOR PROGRAM PARTICIPATION, INCLUDING A CERTIFICATION OF COMPLIANCE WITH THE CONDITIONS OF PARTICIPATION, SET FORTH IN FEDERAL REGULATIONS. THIS CERTIFICATION IS AVAILABLE ON THE BASIS OF SURVEYS CONDUCTED BY STATE AGENCIES ON BEHALF OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). WHEN THE JOINT COMMISSION HAS AND ENFORCES STANDARDS AND SURVEY PROCEDURES THAT MEET OR EXCEED THE FEDERAL CONDITIONS OF PARTICIPATION, CMS MAY GRANT THE JOINT COMMISSION "DEEMING" AUTHORITY AND DEEM EACH ACCREDITED HEALTH CARE ORGANIZATION AS MEETING MEDICARE AND MEDICAID CERTIFICATION REQUIREMENTS. IN FACT, FEDERAL AND STATE AGENCIES OFTEN RELY ON THE EXPERTISE AND STANDARDS OF THE JOINT COMMISSION. FEDERAL DEEMED STATUS OPTIONS ARE CURRENTLY AVAILABLE FOR AMBULATORY CARE SURGICAL CENTERS, CLINICAL LABORATORIES, CRITICAL ACCESS HOSPITALS, HOME HEALTH AGENCIES, HOSPICES AND HOSPITALS. TO CONDUCT ITS ACCREDITATION SURVEYS, THE JOINT COMMISSION EMPLOYS AN EXPERIENCED, TRAINED CADRE OF MORE THAN 500 SURVEYORS THAT INCLUDE LIFE SAFETY SPECIALISTS. BEYOND BASIC EDUCATION IN THE ACCREDITATION PROCESS, SURVEYORS RECEIVE EDUCATION IN SYSTEMS THEORY, ORGANIZATION BEHAVIOR, AND EVALUATION TECHNIQUES. THE JOINT COMMISSION IS ALSO THE FIRST ACCREDITING BODY TO REQUIRE ITS SURVEYOR CADRE TO ACHIEVE AND MAINTAIN CERTIFICATION THROUGH FORMAL PERIODIC EXAMINATIONS. THE JOINT COMMISSION ALSO AWARDS DISEASE-SPECIFIC CARE CERTIFICATION TO HEALTH PLANS, DISEASE MANAGEMENT SERVICE COMPANIES, HOSPITALS AND OTHER CARE DELIVERY SETTINGS THAT PROVIDE DISEASE MANAGEMENT AND CHRONIC CARE SERVICES. THE JOINT COMMISSION'S CERTIFICATION PROGRAMS PROVIDE COMPREHENSIVE EVALUATIONS OF DISEASE OR CONDITION-SPECIFIC SERVICES, INCLUDING BUT NOT LIMITED TO ASTHMA, DIABETES, CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, SKIN AND WOUND MANAGEMENT, AND PRIMARY STROKE CARE. THE JOINT COMMISSION LAUNCHED A HEALTH CARE STAFFING SERVICES CERTIFICATION PROGRAM IN 2004. THIS PROGRAM PROVIDES INDEPENDENT, THOROUGH EVALUATIONS OF THE ABILITY OF STAFFING FIRMS TO PROVIDE COMPETENT STAFFING SERVICES. THE JOINT COMMISSION DEVELOPED THIS CERTIFICATION PROGRAM TO MEET QUALITY OVERSIGHT NEEDS THAT HAVE ARISEN BECAUSE OF THE ONGOING SHORTAGES OF NURSES AND OTHER PROFESSIONAL PERSONNEL. THESE SHORTAGES FORCE HEALTH CARE ORGANIZATIONS TO FILL POSITIONS WITH TEMPORARY EMPLOYEES PROVIDED BY STAFFING FIRMS, WHICH ARE OFTEN NOT OTHERWISE SUBJECT TO ANY QUALITY OVERSIGHT MECHANISM. AT THEIR HEART, ACCREDITATION AND CERTIFICATION ARE RISK-REDUCTION ACTIVITIES. COMPLIANCE WITH APPROPRIATE STANDARDS REDUCES THE RISK OF ADVERSE OUTCOMES. THE JOINT COMMISSION SPECIFICALLY ADDRESSES PATIENT SAFETY THROUGH THE FOLLOWING EFFORTS: PATIENT SAFETY-RELATED STANDARDS. JOINT COMMISSION STANDARDS ADDRESS PERFORMANCE OBJECTIVES AND EXPECTATIONS IN KEY FUNCTIONAL AREAS, SUCH AS PATIENT RIGHTS, MEDICATION MANAGEMENT, AND INFECTION CONTROL. THE STANDARDS AND ON-SITE EVALUATION PROCESS FOCUS NOT SIMPLY ON AN ORGANIZATION'S ABILITY TO PROVIDE SAFE, HIGH QUALITY CARE, BUT ON ITS ACTUAL PERFORMANCE. ALL STANDARDS RELATE DIRECTLY OR INDIRECTLY TO SAFETY AND QUALITY-RELATED PATIENT OUTCOMES. THE JOINT COMMISSION DEVELOPS AND UPDATES ITS STANDARDS IN CONSULTATION WITH HEALTH CARE EXPERTS, PROVIDERS, PRACTITIONERS, MEASUREMENT EXPERTS, PURCHASERS AND CONSUMERS. OVER FIFTY PERCENT OF JOINT COMMISSION STANDARDS RELATE DIRECTLY TO PATIENT SAFETY, ADDRESSING A WIDE RANGE OF AREAS SUCH AS SURGERY AND ANESTHESIA, BLOOD TRANSFUSION, RESTRAINT AND SECLUSION, STAFFING AND STAFF COMPETENCE, FIRE SAFETY, MEDICAL EQUIPMENT MAINTENANCE, EMERGENCY MANAGEMENT, AND SECURITY. PATIENT SAFETY STANDARDS ADDRESS THE IMPLEMENTATION OF PATIENT SAFETY PROGRAMS, THE PREVENTION OF ACCIDENTAL HARM THROUGH THE PROSPECTIVE ANALYSIS AND REDESIGN OF VULNERABLE PATIENT SYSTEMS (E.G. THE ORDERING, PREPARATION, AND DISPENSING OF MEDICATIONS), AND THE ORGANIZATION'S RESPONSIBILITY TO TELL A PATIENT ABOUT ALL OUTCOMES OF THE CARE RESPECTING THAT PATIENT, WHETHER GOOD OR BAD. SENTINEL EVENT POLICY. THE JOINT COMMISSION'S SENTINEL EVENT POLICY IS DESIGNED TO HELP HEALTH CARE ORGANIZATIONS TO IDENTIFY THE UNDERLYING CAUSES OF SENTINEL.

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	VENTS AND TAKE ACTION TO PREVENT THEIR RECURRENCE A SENTINEL EVENT IS AN UNEXPECTED OCCUR RENCE INVOLVING DEATH OR SERIOUS PHYSICAL - INCLUDING LOSS OF LIMB OR FUNCTION - OR PSYCHO LOGICAL INJURY , OR THE RISK THEREOF "RISK THEREOF" MEANS THAT, ALTHOUGH NO HARM OCCURRED ON THIS OCCASION, ANY RECURRENCE WOULD CREATE ANOTHER CHANCE FOR A SERIOUS ADVERSE OUTCOME ANY TIME A SENTINEL EVENT OCCURS, THE HEALTH CARE ORGANIZATION IS EXPECTED TO COMPLETE A THOROUGH AND CREDIBLE ROOT CAUSE ANALYSIS, IMPLEMENT IMPROVEMENTS TO REDUCE RISK, AND MON ITOR THE EFFECTIVENESS OF THOSE IMPROVEMENTS THE ROOT CAUSE ANALYSIS IS EXPECTED TO DRILL DOWN TO EXAMINE ALL RELEVANT ORGANIZATION SYST EMS AND PROCESSES THAT COULD HAVE CONTRIBUT ED THE FAILURES LEADING TO THE OCCURRENCE THIS EXAMINATION PROVIDES THE BASIS FOR RE-DESI GN OF SYST EMS AND PROCESSES TO PREVENT RECURRENCE OF SIMILAR OCCURRENCES IN THE FUTURE TH E SENTINEL EVENT POLICY ALSO ENCOURAGES ORGANIZATIONS TO REPORT SENTINEL EVENTS, THEIR ASS OCIATED ROOT CAUSES AND RELATED PREVENTIVE ACTIONS TO THE JOINT COMMISSION SO THAT THE JOINT COMMISSION CAN SHARE WITH OTHER ORGANIZATIONS DE-IDENTIFIED, AGGREGATE INFORMATION ABOU T "LESSONS LEARNED", AND THEREBY REDUCE THE RISK OF FUTURE SENTINEL EVENT OCCURRENCES ACRO SS THE DELIVERY SYST EM SENTINEL EVENT ALERTS SENTINEL EVENT ALERT IS A PERIODIC NEWSLETTE R THAT ADDRESSES SPECIFIC TYPES OF SENTINEL EVENTS, DESCRIBES THEIR COMMON UNDERLY ING CAUS ES, AND RECOMMENDS STEPS TO PREVENT FUTURE OCCURRENCES INFORMATION FOR SENTINEL EVENT ALE RT IS DERIVED PRINCIPALLY FROM THE JOINT COMMISSION'S SENTINEL EVENT DATABASE THE JOINT C OMMISSION BEGAN PUBLISHING SENTINEL EVENT ALERT IN 1998 TO REDEFINE THE PRINCIPAL PURPOSE OF ADVERSE EVENT REPORTING AS BEING FOR LEARNING SENTINEL EVENT ALERT HAS RAISED AWARENES S IN THE HEALTH CARE COMMUNITY AND THE FEDERAL GOVERNMENT ABOUT THE OCCURRENCE OF ADVERSE EVENTS AND WAYS THAT THESE EVENTS CAN BE PREVENTED IN THE FUTURE PAST ISSUES ARE AVAILABL E ON THE JOINT COMMISSION WEBSITE TOPICS HAVE INCLUDED MEDICATION ERRORS, WRONG-SITE SURG ERY , RESTRAINT-RELATED DEATHS, BLOOD TRANSFUSION ERRORS, INPATIENT SUICIDES, INFANT ABDUCT IONS, FATAL FALLS, AND OPERATIVE/POST-OPERATIVE COMPLICATIONS NATIONAL PATIENT SAFETY GOA LS IN JULY 2002, THE JOINT COMMISSION ESTABLISHED ITS FIRST SET OF SIX NATIONAL PATIENT SA FETY GOALS (NPSGS) AND 11 RELATED SPECIFIC REQUIREMENTS FOR IMPROVING THE SAFETY OF PATIEN T CARE IN HEALTH CARE ORGANIZATIONS ALL JOINT COMMISSION ACCREDITED HEALTH CARE ORGANIZAT IONS ARE REQUIRED TO IMPLEMENT GOAL-RELA TED REQUIREMENTS-OR ACCEPTABLE ALTERNA TIVES-THAT A PPLY TO THEM THE GOALS AND REQUIREMENTS ARE DRAWN FROM A "POOL" OF RECOMMENDATIONS IDENTIFIED BY THE SENTINEL EVENT ADVISORY GROUP AS EVIDENCE- OR CONSENSUS-BASED, COST-EFFECTIVE, AND FEASIBLE TO IMPLEMENT EACH YEAR, RECOMMENDATIONS FROM SENTINEL EVENT ALERT PUBLISHED IN THE PREVIOUS YEAR AND FROM OTHER AUTHORITATIVE SOURCES ARE ADDED TO THE POOL (CONTINU ATION BELOW)

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUATION FROM ABOVE) OFFICE OF QUALITY MONITORING THE JOINT COMMISSION'S OFFICE OF QUALITY MONITORING RECEIVES, EVALUATES, TRACKS, AND AS APPROPRIATE, RESPONDS TO COMPLAINTS AND REPORTS OF CONCERN ABOUT HEALTH CARE ORGANIZATIONS THAT RELATE TO SAFETY AND CARE ISSUES. THIS INFORMATION COMES FROM PATIENTS, THEIR FAMILIES, ORGANIZATION STAFF, PRACTITIONERS, GOVERNMENT AGENCIES, AND OTHERS. THE OFFICE MAINTAINS A TOLL-FREE HOTLINE AND ALSO RECEIVES WRITTEN REPORTS BY MAIL OR E-MAIL. WHEN A REPORT IS SUBMITTED, THE JOINT COMMISSION REVIEWS ANY PAST REPORTS AND THE ORGANIZATION'S MOST RECENT ACCREDITATION DECISION. DEPENDING ON THE NATURE OF THE REPORTED CONCERN, THE JOINT COMMISSION WILL TAKE ONE OF THE FOLLOWING ACTIONS: * INCORPORATE THE REPORTED CONCERN INTO THE QUALITY MONITORING DATABASE THAT IS USED TO TRACK HEALTH CARE ORGANIZATIONS OVER TIME TO IDENTIFY TRENDS OR PATTERNS IN THEIR PERFORMANCE. * ASK THE ORGANIZATION TO PROVIDE A WRITTEN RESPONSE TO THE REPORTED CONCERN. * REVIEW THE REPORTED CONCERN AND COMPLIANCE WITH RELATED STANDARDS AT THE TIME OF THE ORGANIZATION'S NEXT ACCREDITATION SURVEY. * CONDUCT AN UNANNOUNCED ON-SITE EVALUATION OF THE ORGANIZATION IF THE REPORT RAISES SERIOUS CONCERNS ABOUT A CONTINUING THREAT TO PATIENT SAFETY OR CONTINUING FAILURE TO COMPLY WITH STANDARDS. INFECTION CONTROL INITIATIVES INFECTION CONTROL IS A CRITICAL COMPONENT OF SAFE, QUALITY HEALTH CARE. THE JOINT COMMISSION IS ADDRESSING THIS IMPORTANT ISSUE WITH A NUMBER OF INITIATIVES: * THE JOINT COMMISSION RELEASED "PROVIDING A SAFER ENVIRONMENT FOR HEALTH CARE PERSONNEL AND PATIENTS THROUGH INFLUENZA VACCINATION: STRATEGIES FROM RESEARCH AND PRACTICE," A FREE MONOGRAPH, TO HELP HEALTH CARE ORGANIZATIONS OF ALL TYPES IMPROVE SEASONAL INFLUENZA VACCINATION RATES IN HEALTH CARE PERSONNEL. * THE JOINT COMMISSION RELEASED "MEASURING HAND HYGIENE ADHERENCE: OVERCOMING THE CHALLENGES," TO HELP HEALTH CARE ORGANIZATIONS TARGET THEIR EFFORTS IN MEASURING HAND HYGIENE PERFORMANCE. THE MONOGRAPH IS DESIGNED TO ADDRESS "EVERYTHING YOU EVER WANTED TO KNOW ABOUT HAND HYGIENE MEASUREMENT BUT WERE AFRAID TO ASK." THE AIM OF THE MONOGRAPH IS TO BROADEN UNDERSTANDING OF THE ISSUES AND PROVIDE PRACTICAL SOLUTIONS FOR STRENGTHENING MEASUREMENT AND IMPROVEMENT ACTIVITIES. * THE JOINT COMMISSION HAS TEAMED UP WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE INITIATIVE TO INCREASE IMMUNIZATION RATES OF HEALTHCARE WORKERS FOR SEASONAL INFLUENZA. * THE JOINT COMMISSION FUNCTIONS AS THE PRIMARY ORGANIZATION ON THE TASK FORCE, COMPENDIUM OF STRATEGIES TO PREVENT HEALTHCARE-ASSOCIATED INFECTIONS IN ACUTE CARE, WHOSE INITIATIVE IS TO MAINTAIN IMPLEMENTATION-FOCUSED STRATEGIES FOR SIX HEALTH-ACQUIRED INFECTIONS INCLUDING CENTRAL LINE-ACUTE BLOODSTREAM INFECTION, VENTILATOR-ASSOCIATED PNEUMONIA, CATHETER-ASSOCIATED URINARY TRACT INFECTION, SURGICAL SITE INFECTION, METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS, AND CLOSTRIDIUM DIFFICILE INFECTION. * THE JOINT COMMISSION HAS DEVELOPED THE NURSING-SENSITIVE CARE PERFORMANCE MEASURE SET. THE SET INCLUDES A CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION MEASURE, URINARY CATHETER-ASSOCIATED URINARY TRACT INFECTION FOR INTENSIVE CARE UNIT (ICU) PATIENTS MEASURE, AND VENTILATOR-ASSOCIATED PNEUMONIA FOR ICU PATIENTS MEASURE. * THE JOINT COMMISSION HAS TEAMED UP WITH THE CENTER FOR DISEASE CONTROL (CDC) TO STUDY THE VALIDITY OF RACE AND ETHNICITY IN VACCINATION FOR INFLUENZA IN VULNERABLE ELDERLY, AND DETERMINE WHETHER RACE MIGHT INFLUENCE IMMUNIZATION RATES OF LONG-TERM CARE FACILITY RESIDENTS. (CONTINUATION BELOW)

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUATION FROM ABOVE) PATIENT SAFETY RESEARCH THE JOINT COMMISSION'S DIVISION OF HEALTH SERVICES RESEARCH INCLUDES THE CENTER FOR PATIENT SAFETY RESEARCH (PSR), WHICH WORKS WITH EXTERNAL COLLABORATORS AND CONSULTANTS TO ADVANCE THE FIELD OF PATIENT SAFETY RESEARCH AND THE DESIGN OF ADVERSE EVENT REPORTING SYSTEMS JOINT COMMISSION RESEARCH INITIATIVES HAVE INCLUDED * CREATION OF A STANDARDIZED PATIENT SAFETY TAXONOMY AND ONTOLOGY TO SUPPORT NATIONAL ADVERSE EVENT REPORTING SYSTEMS * DEVELOPMENT OF AN INTERNATIONAL PATIENT SAFETY CLASSIFICATION (IPSEC) TO FACILITATE THE GLOBAL EXCHANGE AND DISSEMINATION OF INFORMATION AMONG USERS OF DISPARATE INCIDENT REPORTING SYSTEMS * DEVELOPMENT OF BEST PRACTICES FOR PATIENT SAFETY, A COLLABORATION WITH THE CENTER FOR HEALTH POLICY AND THE CENTER FOR PRIMARY CARE AND OUTCOMES RESEARCH AT STANFORD UNIVERSITY THIS PROJECT INVOLVES FORMULATION AND IMPLEMENTATION OF A SURVEY OF HOSPITAL ORGANIZATION CULTURE AS A TOOL FOR ASSESSING DETERMINANTS OF PATIENT SAFETY * PERFORMANCE OF RESEARCH AND THE CONVENING OF A ROUNDTABLE TARGETED AT MEASURING AND IMPROVING CARE FOR PATIENTS WITH OSTEOPOROSIS * EXPLORATION OF METHODS FOR IMPROVING PATIENT COMMUNICATION AND QUALITY OF CARE IN UNDERSERVED POPULATIONS * THE JOINT COMMISSION'S HOSPITALS, LANGUAGE, AND CULTURE A SNAPSHOT OF THE NATION (HLC) STUDY WAS DESIGNED TO GATHER INFORMATION ABOUT THE ACTIVITIES HOSPITALS ARE UNDERTAKING TO ADDRESS CULTURAL AND LANGUAGE NEEDS AMONG AN INCREASINGLY DIVERSE PATIENT POPULATION * EVALUATION OF HOW RAPID TESTS FOR INFLUENZA ARE IMPLEMENTED AND USED IN OUTPATIENT MEDICAL SETTINGS IN SOLO AND GROUP PRACTICE PHYSICIAN OFFICES * AN ASSESSMENT OF NATIONAL HOSPITAL SMOKE-FREE CAMPUS POLICIES AND THE DEVELOPMENT OF A TOOLKIT THAT FACILITATES HOSPITALS' TRANSITION TO SMOKE-FREE CAMPUSES * DEVELOPMENT OF A MONOGRAPH HIGHLIGHTING SUCCESSFUL STRATEGIES TO IMPROVE IMMUNIZATION RATES FOR TDAP AMONG HEALTH CARE PERSONNEL AND THE ADULT PATIENTS THEY SERVE * THE CONVENING OF STAKEHOLDERS TO IDENTIFY AND DISCUSS KEY RECOMMENDATIONS TO PROVIDE EQUITABLE CARE TO LESBIAN, GAY, BISEXUAL AND TRANSGENDER PATIENTS AND FAMILIES * CREATION OF NEW ALGORITHMS AND THEIR COMPARISON AGAINST STANDARD ALGORITHMS FOR ADMINISTERING PREOPERATIVE ANTIBIOTIC PROPHYLAXIS OF SURGICAL SITE INFECTIONS IN CERTAIN CARDIAC AND ORTHOPEDIC PROCEDURES * IDENTIFICATION AND DISSEMINATION OF PREFERRED PRACTICES AND TECHNOLOGY TO PREVENT CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) * A CLUSTER RANDOMIZED TRIAL TO DETERMINE THE EFFECTIVENESS OF UNIVERSAL GLOVE AND GOWNING PROCEDURES IN REDUCING HAI RATES IN THE ICU THE SPEAK UP INITIATIVES IN MARCH 2002, THE JOINT COMMISSION, TOGETHER WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), LAUNCHED A NATIONAL PROGRAM TO URGE PATIENTS TO TAKE AN ACTIVE ROLE IN PREVENTING HEALTH CARE ERRORS BY BECOMING INVOLVED AND INFORMED PARTICIPANTS ON THE HEALTH CARE TEAM THE SPEAK UP PROGRAM FEATURES BROCHURES, POSTERS AND BUTTONS ON A VARIETY OF PATIENT SAFETY TOPICS INCLUDING * HELP PREVENT ERRORS IN YOUR CARE * HELP AVOID MISTAKES IN YOUR SURGERY * TIPS FOR YOUR DOCTOR'S VISIT * INFORMATION FOR LIVING ORGAN DONORS * FIVE THINGS YOU CAN DO TO PREVENT INFECTION * HELP AVOID MISTAKES WITH YOUR MEDICINE * WHAT YOU SHOULD KNOW ABOUT RESEARCH STUDIES * PLANNING YOUR FOLLOW-UP CARE * HELP PREVENT MEDICAL TEST MISTAKES * KNOW YOUR RIGHTS * UNDERSTANDING YOUR DOCTORS AND OTHER CAREGIVERS * PREVENT ERROR'S IN YOUR CHILD'S CARE * WHAT YOU SHOULD KNOW ABOUT PAIN MANAGEMENT * REDUCE YOUR RISK OF FALLING SPEAK UP BROCHURES ARE AVAILABLE TO THE GENERAL PUBLIC AT NO COST ON THE JOINT COMMISSION'S WEBSITE (CONTINUATION BELOW)

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUATION FROM ABOVE) THE JOINT COMMISSION IS SCHEDULED TO RELEASE IN MARCH 2011 A SERIES OF ANIMATED SPEAK UP VIDEOS TO ENCOURAGE PATIENTS TO SPEAK UP AND BE ACTIVE PARTICIPANTS IN THEIR HEALTH CARE. PRODUCED BY THE JOINT COMMISSION, THESE ENTERTAINING 60-SECOND VIDEOS ARE INTENDED AS PUBLIC SERVICE ANNOUNCEMENTS AND WILL AIR ON THE JOINT COMMISSION'S YOUTUBE CHANNEL AND IN OTHER VENUES. THE CAST OF CHARACTERS INTRODUCED IN THE VIDEOS ENCOUNTER SITUATIONS WHERE THEY HAVE TO "SPEAK UP" IN EVERYDAY LIFE SUCH AS ORDERING ITEMS FROM A BAKERY OR RESTAURANT, OR VALET PARKING A CAR. THE VIDEOS POINT OUT THAT YOU SHOULD BE JUST AS COMFORTABLE SPEAKING UP ABOUT YOUR HEALTH CARE WHETHER IN A DOCTOR'S OFFICE OR AT THE HOSPITAL. QUALITY CHECK AND QUALITY REPORTS QUALITY CHECK OFFERS A COMPREHENSIVE COMPENDIUM OF QUALITY AND SAFETY-RELATED PERFORMANCE INFORMATION ON THE NEARLY 20,000 JOINT COMMISSION-ACCREDITED HEALTH CARE ORGANIZATIONS AND PROGRAMS THROUGHOUT THE UNITED STATES. THESE QUALITY REPORTS MAKE PUBLICLY AVAILABLE SPECIFIC INFORMATION REGARDING ORGANIZATION ACCREDITATION STATUS, PERFORMANCE IN CARING FOR PATIENTS WITH COMMON CONDITIONS (SUCH AS PNEUMONIA) AND COMPLIANCE WITH NATIONAL PATIENT SAFETY GOAL REQUIREMENTS, AMONG OTHER FEATURES. QUALITY REPORTS UTILIZE A USER-FRIENDLY FORMAT WITH CHECKS, PLUSES AND MINUSES TO HELP THE PUBLIC COMPARE HEALTH CARE ORGANIZATION PERFORMANCE IN KEY AREAS. STRATEGIC SURVEILLANCE SYSTEM IN JULY 2007, THE JOINT COMMISSION LAUNCHED THE STRATEGIC SURVEILLANCE SYSTEM (S3) TO ACCREDITED HOSPITALS. THIS SYSTEM, PROVIDED AT NO ADDITIONAL COST, IS A VALUE ADDED ELEMENT OF THE ACCREDITATION PROCESS INTENDED TO HELP ACCREDITED HOSPITALS IDENTIFY AND PRIORITIZE AREAS FOR IMPROVEMENT. THIS NEW TOOL PROVIDES A SERIES OF RISK ASSESSMENT AND COMPARATIVE PERFORMANCE MEASURE REPORTS TO HELP HOSPITALS IMPROVE THEIR CARE PROCESSES AND PRIORITIZE THE ACTIONS TO TAKE FOR IMPROVEMENT. S3 USES DATA THE JOINT COMMISSION CURRENTLY HAS, INCLUDING PAST SURVEY FINDINGS, ORYX CORE MEASURE DATA, DATA FROM THE OFFICE OF QUALITY MONITORING (COMPLAINTS AND NON SELF-REPORTED SENTINEL EVENTS), DATA FROM AN ORGANIZATION'S E-APP, AND MEDPAR DATA. REPORTS ARE POSTED AND UPDATED QUARTERLY ON EACH HOSPITAL'S SECURE JOINT COMMISSION EXTRANET SITE. S3 OFFERS THE FOLLOWING BENEFITS TO HOSPITALS: * HOSPITALS WILL HAVE ACCESS TO NATIONAL AND STATE BENCHMARKS AS WELL AS SELECT GROUPS, TO COMPARE THEMSELVES TO OTHERS. * HOSPITALS WITH A COMMON OWNER WILL BE ABLE TO COMPARE S3 DATA AMONG EACH HOSPITAL TO IDENTIFY TRENDS OR COMMON AREAS FOR IMPROVEMENT. * S3 HELPS DRIVE AND MONITOR SYSTEMS IMPROVEMENT THROUGHOUT AN ORGANIZATION BY PROVIDING ONGOING QUANTITATIVE FEEDBACK. * S3 ALLOWS ORGANIZATIONS TO DRILL-DOWN TO CERTAIN PERFORMANCE AREAS SO THEY CAN COMPARE THEMSELVES TO OTHERS ON A WELL-DEFINED BASIS.

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE JOINT COMMISSION HAS CORPORATE MEMBERS AS NOTED IN THEIR BYLAWS. EACH MEMBER IS GRANTED A CERTAIN NUMBER OF VOTES WHEN VOTING ON ISSUES BROUGHT UP DURING MEMBER MEETINGS. THE FOLLOWING CORPORATIONS ARE MEMBERS OF THE JOINT COMMISSION: AMERICAN COLLEGE OF PHYSICIANS, THREE VOTES; AMERICAN COLLEGE OF SURGEONS, THREE VOTES; AMERICAN DENTAL ASSOCIATION, ONE VOTE; AMERICAN HOSPITAL ASSOCIATION, SEVEN VOTES; AND AMERICAN MEDICAL ASSOCIATION, SEVEN VOTES. THE NUMBER OF VOTES TO WHICH ANY ADDITIONAL MEMBERS SHALL BE ENTITLED SHALL BE ESTABLISHED BY AMENDMENT TO THE BYLAWS.

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	SEE NARRATIVE FOR LINE 6

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	SEE NARRATIVE FOR LINE 6

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE JOINT COMMISSION'S MANAGEMENT, INCLUDING THE CEO, CFO, CORPORATE COMPLIANCE & PRIVACY OFFICER, AND LEGAL COUNSEL PERFORMED A DETAILED REVIEW OF THE FORM 990 WITH THE PAID TAX P REPARER. ONCE THIS LEVEL OF REVIEW WAS PERFORMED, A THOROUGH WALK THROUGH OF FORM 990 WAS DONE WITH THE FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE FORM 990 WAS PROVIDED TO TH E ENTIRE BOARD OF COMMISSIONERS PRIOR TO FILING. A FINAL FILED COPY OF THE RETURN WILL BE PLACED ON THE ORGANIZATION'S WEBSITE FOR THE PUBLIC ONCE ACCEPTED BY THE IRS.

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE POLICY STATES THAT ANY DECISION THAT COULD RESULT IN AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST MUST BE AVOIDED. ALL STAFF AND BOARD MEMBERS REVIEW THE POLICY ON AN ANNUAL BASIS AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR, WHICH IS DESIGNED TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO POSSIBLE CONFLICTS. ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EVERY INDIVIDUAL OF THE ORGANIZATION HAS AN ONGOING RESPONSIBILITY TO DISCLOSE SITUATIONS THAT INVOLVE PERSONAL, FAMILIAR, OR BUSINESS RELATIONSHIPS THAT COULD BE PERCEIVED AS A CONFLICT OF INTEREST. THE INTERESTS IDENTIFIED ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER AND MANAGER AND APPROPRIATELY MANAGED. ALL DISCLOSURES ARE PURSUED UNTIL 100% COMPLETED. THE BOARD IS REQUIRED TO DISCLOSE A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DURING A MEETING AND THEN NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING REFLECTS THAT A DISCLOSURE WAS MADE AND THE MEMBER ABSTAINED FROM VOTING. THE COMPLIANCE OFFICER MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AS WELL AS THE RESPONSES TO THE QUESTIONNAIRES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO HAS AVAILABLE AN INDEPENDENT HOTLINE NUMBER FOR STAFF TO REPORT ANY POTENTIAL CONFLICTS DURING THE YEAR ANONYMOUSLY.

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE OFFICERS' COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS OFFICERS. IN SETTING THE OFFICERS' COMPENSATION, THE JOINT COMMISSION'S HUMAN RESOURCES AND COMPENSATION COMMITTEE RELIES ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO INSURE THAT HE OR SHE IS INDEPENDENT. THE PROCESS FOR DETERMINING THE JOINT COMMISSION'S OFFICERS COMPENSATION IS UNDERTAKEN ANNUALLY FOR ALL OFFICERS.

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE JOINT COMMISSION ENGAGES ITS HUMAN RESOURCES DEPARTMENT TO ASSIST IN DETERMINING COMPE NSATION OF ITS KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES IN SETTING THE KEY AND HIG HEST COMPENSATED EMPLOYEES' COMPENSATION, THE HUMAN RESORUCES DEPARTMENT RELIES ON INDEPEN DENT SURVEY AND COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATI ONS AND/OR ON THE INTERNAL JOB EVALUATION SYSTEM TO SUPPORT ITS DECISION-MAKING PROCESS T HE KEY AND HIGHEST COMPENSATED EMPLOYEES' COMPENSATION AGREEMENT IS SUBJECT TO A REVIEW AN D APPROVAL BY THE VICE PRESIDENT OF HUMAN RESOURCES THE COMPENSATION OF KEY AND HIGHEST C OMPENSATED EMPLOYEES IS ADEQUATELY DOCUMENTED IN AN ANNUAL PERFORMANCE APPRAISAL WHICH REQ UIRES APPROVAL BY A VICE PRESIDENT THE PROCESS FOR DETERMINING THE JOINT COMMISSION'S KEY AND HIGHEST COMPENSATED EMPLOYEES' COMPENSATION IS UNDERTAKEN ANNUALLY IN FEBRUARY FOR AL L KEY EMPLOYEES

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE CONFLI CT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC	FORM 990, PART VII, SECTION A, LINE 1(A), COL B & SCHD J-2	MARILYN P. CHOW, COMMISSIONER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A DIRECTOR TO JOINT COMMISSION RESOURCES, A RELATED 501 (C) (3) ORGANIZATION JOSEPH M. HEYMAN, COMMISSIONER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS TREASURER TO JOINT COMMISSION RESOURCES, A RELATED 501 (C) (3) ORGANIZATION ISABEL V. HOVERMAN, VICE CHAIRMAN, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A DIRECTOR TO JOINT COMMISSION RESOURCES AND 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, WHICH ARE BOTH RELATED 501 (C) (3) ORGANIZATIONS CRAIG W. JONES, COMMISSIONER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, A RELATED 501 (C) (3) ORGANIZATION LAMAR S. MCGINNIS, COMMISSIONER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS VICE CHAIRMAN TO JOINT COMMISSION RESOURCES AND 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, WHICH ARE BOTH RELATED 501 (C) (3) ORGANIZATIONS REBECCA J. PATCHIN, SECRETARY, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, A RELATED 501 (C) (3) ORGANIZATION GERALD M. SHEA, TREASURER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, A RELATED 501 (C) (3) ORGANIZATION J.B. SILVERS, COMMISSIONER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A DIRECTOR TO JOINT COMMISSION RESOURCES, A RELATED 501 (C) (3) ORGANIZATION DAVID A. WHISTON, CHAIRMAN, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS A DIRECTOR TO JOINT COMMISSION RESOURCES AND 1 HOUR A WEEK AS A BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, WHICH ARE BOTH RELATED 501 (C) (3) ORGANIZATIONS MARK CHASSIN, PRESIDENT & CHIEF EXECUTIVE OFFICER, DEVOTES APPROXIMATELY 2 HOURS A WEEK AS A DIRECTOR TO JOINT COMMISSION RESOURCES AND 3 HOURS A WEEK AS PRESIDENT AND BOARD MEMBER TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, WHICH ARE BOTH RELATED 501 (C) (3) ORGANIZATIONS ANN SCOTT BLOUIN, EXECUTIVE VICE PRESIDENT, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS PRESIDENT TO JCAHO SURVEYOR & QHR CONSULTANT CORP, A RELATED 501 (C) (3) ORGANIZATION PAIGE RODGERS, CHIEF FINANCIAL OFFICER, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS TREASURER TO JCAHO SURVEYOR & QHR CONSULTANT CORP AND 1 HOUR A WEEK AS CHIEF FINANCIAL OFFICER FOR THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, WHICH ARE BOTH RELATED 501 (C) (3) ORGANIZATIONS ANNE MARIE BENEDICT O, CHIEF OF STAFF & EXECUTIVE VICE PRESIDENT, DEVOTES APPROXIMATELY 6 HOURS A WEEK AS CHIEF OF STAFF & EXECUTIVE VICE PRESIDENT TO THE JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE, A RELATED 501 (C) (3) ORGANIZATION LYNN DRAGISIC, VICE PRESIDENT, DEVOTES APPROXIMATELY 1 HOUR A WEEK AS SECRETARY TO JCAHO SURVEYOR & QHR CONSULTANT CORP, A RELATED 501 (C) (3) ORGANIZATION

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 6326165, PRIOR PERIOD ADJUSTMENTS - 62000, CHANGE IN FAIR VALUE OF HEDGE - INTEREST RATE SWAP - -26026, CHANE IN UNRECOGNIZED NET DEF INED BENEFIT PLAN COSTS NOT Y ET RECOGNIZED IN NET PERIODIC BENEFIT COST - 2008952, TRANSFE R OF NET ASSETS TO PARENT COMPANY FROM AFFILIA TE - 4475472, BOARD-DESIGNATED FUNDS FUNCTIO NING AS ENDOWMENT - -1100000, ROYALTY FEE REVENUE POST AUDIT CORRECTION - -192449, TRANSFE R OF NET ASSETS TO PARENT CO FROM AFFILIA TE POST AUDIT CORRECTION - -28694,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Employer identification number
36-2229255

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) JOINT COMMISSION RESOURCES INC 1515 WEST 22ND STREET STE 1300W OAKBROOK, IL 60523 36-3521721	HEALTHCARE	IL	501(C)(3)	9	NA		
(2) JOINT COMMISSION CENTER FOR TRANSFORMING HLTCR ONE RENAISSANCE BLVD OAKBROOK TERRACE, IL 60181 26-3020947	HEALTHCARE	IL	501(C)(3)	9	NA		
(3) JCAHO SURVEYOR & QHR CONSULTANT CORP ONE RENAISSANCE BLVD OAKBROOK TERRACE, IL 60181 36-3673595	HEALTHCARE	IL	501(C)(3)	11	NA		
(4) ACADEMY FOR HEALTHCARE QUALITY ONE RENAISSANCE BLVD OAKBROOK TERRACE, IL 60181 36-4214225	EDUCATION	IL	501(C)(3)	9	NA		

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
LOANS OR LOAN GUARANTEES TO OR FOR OTHER ORGANIZATIONS	SCHEDULE R, PART V, LINE 1D	THE JOINT COMMISSION HAS AGREED TO PROVIDE THE CENTER FOR TRANSFORMING HEALTHCARE A LINE OF CREDIT FOR WORKING CAPITAL PURPOSES AT 12/31/10, THERE WERE \$1,918,928 DRAWN ON THE LOC

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 36-2229255
Name: JOINT COMMISSION ON ACCREDITATION OF
HEALTHCARE ORGANIZATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY H MCGRATH MD MPH COMMISSIONER	5	X						0	0	0
MARY ANNE MCCAFFREE MD COMMISSIONER	4	X						636	0	0
T ANTHONY DENTON JD MHA COMMISSIONER	4	X						0	0	0
BENJAMIN K CHU MD MPH MACP COMMISSIONER	4	X						403	0	0
DAVID L BRONSON MD FACP COMMISSIONER	3	X						0	0	0
GINA VAL ZIMMERMAN SENIOR EXECUTIVE DIRECTOR	40				X			157,231	0	50,570
ERIC B LARSON MD MPH MACP COMMISSIONER	4	X						0	0	0
DENNIS O'LEARY RETIRED PRESIDENT/CEO	0						X	385,632	0	18,351
ISABEL V HOVERMAN MD MACP VICE CHAIRMAN	4	X		X				636	0	0
ELEANOR WAGNER DIRECTOR, LEGAL AFFAIRS	40					X		187,823	0	40,587
M NICOLE JAMALI MD COMMISSIONER	3	X						0	0	0
EDWARD L LANGSTON MD RPH COMMISSIONER	4	X						636	0	0
MARK PELLETIER EXECUTIVE DIRECTOR	40					X		232,053	0	12,750
CRAIG W JONES FACHE COMMISSIONER	5	X						636	0	0
GERALD M SHEA TREASURER	4	X		X				0	0	0
ILENE CORINA COMMISSIONER	4	X						0	0	0
KURT D NEWMAN MD FACS COMMISSIONER	3	X						0	0	0
CATHERINE BARRY IPEMA CHIEF COMMUNICATION OFFICER	40					X		172,158	0	48,851
CHRISTOPHER J QUERAM COMMISSIONER	3	X						636	0	0
MARILYN P CHOW RN DNSC FANN COMMISSIONER	3	X						636	0	0
JB SILVERS PHD COMMISSIONER	3	X						0	0	0
RICHARD MORROW DIRECTOR, BUSINESS EXCELLENCE	40					X		196,997	0	21,896
JOSEPH T ENGLISH MD COMMISSIONER	4	X						636	0	0
JAMES FLEWELLEN EXEC DIR, TECHNOLOGY & SUPPORT	40				X			205,861	0	30,443
JOSIE R WILLIAMS MD MMM COMMISSIONER	5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAMAR S MCGINNIS JR MD FACS COMMISSIONER	4	X						0	0	0
JOSEPH M HEYMAN MD COMMISSIONER	3	X						636	0	0
REBECCA J PATCHIN MD SECRETARY	3	X		X				0	0	0
RALPH W MULLER COMMISSIONER	3	X						0	0	0
DAVID A WHISTON DDS CHAIRMAN OF THE BOARD	5	X		X				50,636	0	0
JONATHAN B PERLIN MD PHD MSHA FACP COMMISSIONER	3	X						0	0	0
ALEXANDER M CAPRON COMMISSIONER	3	X						0	0	0
MARK CHASSIN MD MPP MPH PRESIDENT/CEO	35	X		X				942,963	0	48,951
PAUL SCHYVE SENIOR VICE PRESIDENT	40			X				2,377,104	0	287,111
JEROD LOEB EXECUTIVE VICE PRESIDENT	40			X				311,358	0	87,700
CHARLES MOWLL EXECUTIVE VICE PRESIDENT	40			X				316,690	0	333,502
ANN SCOTT BLOUIN EXECUTIVE VICE PRESIDENT	39			X				519,557	0	164,303
GEORGE MORRIS FORMER VICE PRESIDENT	0						X	213,274	0	15,658
PAIGE RODGERS CHIEF FINANCIAL OFFICER	38			X				376,771	0	182,378
LYNN DRAGISIC VICE PRESIDENT	39			X				250,830	0	89,639
ROBERT WISE VICE PRESIDENT	40			X				315,989	0	44,464
ANNE MARIE BENEDICTO CHIEF OF STAFF/EXEC VP	34			X				276,323	0	117,278
HAROLD BRESSLER GENERAL COUNSEL	40			X				344,099	0	124,477
NANCY HOWELL AGEЕ COMMISSIONER	4	X						0	0	0
CHARLES R BUCK JR SCD COMMISSIONER	4	X						0	0	0
R TIMOTHY RICE FACHE COMMISSIONER	4	X						636	0	0
DAVID GILMARTIN SENIOR LEGAL COUNSEL	40					X		180,586	0	32,445

Software ID: 10000128

Software Version: v2010.1.0

EIN: 36-2229255

Name: JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
GINA VAL ZIMMERMAN	(i) (ii)	155,008 0	2,000 0	223 0	20,491 0	30,079 0	207,801 0	0 0
DENNIS O'LEARY	(i) (ii)	0 0	0 0	385,632 0	0 0	18,351 0	403,983 0	385,632 0
ELEANOR WAGNER	(i) (ii)	183,598 0	2,000 0	2,225 0	29,601 0	10,986 0	228,410 0	0 0
MARK PELLETIER	(i) (ii)	230,042 0	1,500 0	511 0	11,959 0	791 0	244,803 0	0 0
CATHERINE BARRY IPEMA	(i) (ii)	170,158 0	2,000 0	0 0	21,219 0	27,632 0	221,009 0	0 0
RICHARD MORROW	(i) (ii)	106,805 0	2,000 0	88,192 0	1,563 0	20,333 0	218,893 0	0 0
JAMES FLEWELLEN	(i) (ii)	158,218 0	2,775 0	44,868 0	4,911 0	25,532 0	236,304 0	0 0
MARK CHASSIN MD MPP MPH	(i) (ii)	770,537 0	2,000 0	170,426 0	19,906 0	29,045 0	991,914 0	0 0
PAUL SCHYVE	(i) (ii)	432,693 0	2,000 0	1,942,411 0	277,176 0	9,935 0	2,664,215 0	1,923,809 0
JEROD LOEB	(i) (ii)	293,967 0	2,000 0	15,391 0	59,743 0	27,957 0	399,058 0	0 0
CHARLES MOWLL	(i) (ii)	302,777 0	2,000 0	11,913 0	310,017 0	23,485 0	650,192 0	0 0
ANN SCOTT BLOUIN	(i) (ii)	505,407 0	2,000 0	12,150 0	140,410 0	23,893 0	683,860 0	0 0
GEORGE MORRIS	(i) (ii)	0 0	0 0	213,274 0	0 0	15,658 0	228,932 0	0 0
PAIGE RODGERS	(i) (ii)	374,452 0	2,000 0	319 0	154,538 0	27,840 0	559,149 0	0 0
LYNN DRAGISIC	(i) (ii)	236,222 0	2,000 0	12,608 0	65,579 0	24,060 0	340,469 0	0 0
ROBERT WISE	(i) (ii)	312,096 0	2,000 0	1,893 0	26,026 0	18,438 0	360,453 0	0 0
ANNE MARIE BENEDICTO	(i) (ii)	271,930 0	2,000 0	2,393 0	91,998 0	25,280 0	393,601 0	0 0
HAROLD BRESSLER	(i) (ii)	271,892 0	2,000 0	70,207 0	99,968 0	24,509 0	468,576 0	56,528 0
DAVID GILMARTIN	(i) (ii)	178,834 0	1,500 0	252 0	7,157 0	25,288 0	213,031 0	0 0

Software ID: 10000128

Software Version: v2010.1.0

EIN: 36-2229255

Name: JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) JOINT COMMISSION RESOURCES INC	A	1,013,153	ACTUAL
(2) JOINT COMMISSION RESOURCES INC	K	2,858,222	CONTRACTUAL
(3) JOINT COMMISSION RESOURCES INC	K	328,505	CONTRACTUAL
(4) JOINT COMMISSION RESOURCES INC	P	12,047,377	ACTUAL
(5) JOINT COMMISSION RESOURCES INC	R	4,475,472	CONTRACTUAL
(6) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	B	1,100,000	CONTRACTUAL
(7) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	D	1,918,928	ACTUAL
(8) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	K	550,745	CONTRACTUAL
(9) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	P	955,839	ACTUAL