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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES THE AHA LEADS, REPRESENTS AND SERVES HOSPITALS, HEALTH SYSTEMS AND OTHER RELATED ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

HEALTH CARE ISSUES AND BEST PRACTICES THROUGH ITS BOARD AND EXTENSIVE COMMITTEE AND CONSTITUENCY SECTION OUTREACH, AMONG OTHER MECHANISMS, THE AHA PROVIDES A FORUM FOR MEMBERS TO PARTICIPATE IN DISCUSSIONS OF RELEVANT HEALTH CARE ISSUES AND THE DEVELOPMENT OF BEST PRACTICES AS THEY RELATE TO HOSPITALS AND OTHER SECTORS OF HEALTH CARE

4b

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

REPRESENTATION AND ADVOCACY AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO REPRESENT AND ADVOCATE POLICY POSITIONS BEFORE THE CONGRESS, THE COURTS, THE WHITE HOUSE AND FEDERAL AGENCIES THROUGH REPRESENTATION AND ADVOCACY, THE AHA ASSISTS ITS MEMBERS ON INITIATIVES AND CHANGES NEEDED TO FURTHER HOSPITALS' MISSION TO DELIVER HIGH-QUALITY, COST-EFFICIENT HEALTH CARE TO ALL AMERICANS

4c

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

MEMBERSHIP SERVICES AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO PROVIDE EDUCATION, INFORMATION AND ASSISTANCE THAT HELPS HOSPITALS ACHIEVE THEIR FULL POTENTIAL IN PROVIDING THEIR COMMUNITIES WITH HIGH-QUALITY HEALTH CARE AHA PROVIDES SPECIFIC EDUCATION, PUBLICATIONS, NETWORKING, LEADERSHIP OPPORTUNITIES, AND RECOGNITION TO HOSPITALS AND HEALTHCARE PROFESSIONALS

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ☒	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? If "Yes," complete Schedule C, Part I ☒	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III ☒	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ☒	11a	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? If "Yes," complete Schedule D, Part VII ☒	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX ☒	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ☒	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)? If "Yes," complete Schedule D, Part X ☒	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ☒	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ☒	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ☒	15	Yes
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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		
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 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	246	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	378	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		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)?			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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		Yes	
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?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds 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?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
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	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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	No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
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 made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization John Evans 155 North Wacker Drive Ste 400 Chicago, IL 606061725 (312) 422-3000	

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,362,255	0	2,055,128

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 131

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HOGAN LOVELLS 555 13TH STREET NW WASHINGTON DC 20004	LEGAL AND CONSULTING	1,258,655
SAVVIS INC 10 S LA SALLE ST CHICAGO IL 60603	CONSULTING	981,615
AVMG INC 3310 MATRIX DRIVE STE 200 RICHARDSON TX 75082	MEETING SERVICES	446,396
BOCKORNY GROUP INC 1101 SIXTEENTH STREET NW STE 500 WASHINGTON DC 20036	CONSULTING	432,746
REGIONAL ECONOMIC MODELS INC 433 W STREET AMHERST MA 01002	MEDICAID CONSULTING	418,700

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 40

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a		378,353			
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	378,353				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	MEMBER DUES	900099	78,912,281	78,868,781	43,500		
	b	EDUCATION PROGRAMS	611600	20,130,982	20,130,982			
	c	PUBLICATIONS	511120	2,815,007	2,815,007			
	d	LICENSING	900099	10,885,660	10,885,660			
	e	CONTRACTS	900099	395,131	395,131			
	f	All other program service revenue		150,200	150,200	0	0	
	g	Total. Add lines 2a-2f			113,289,261			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,435,171			4,435,171	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		629,022			629,022	
	6a	Gross rents	(i) Real	(ii) Personal	0			
	b	Less rental expenses			0			
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	4,762,983			
			45,666,242					
			40,902,726	533				
			4,763,516	-533				
	d	Net gain or (loss)			4,762,983			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		0				
	a							
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		0				
	a							
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		0				
	a							
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue			Business Code				
	11a	ADVERTISING	541800	690,964		690,964		
	b	EXTERNAL PRINTING	900004	39,163		39,163		
	c	MAILING LABEL REVENUE	900004	71,095	71,095			
d	All other revenue		138,177	138,177	0	0		
e	Total. Add lines 11a-11d			939,399				
12	Total revenue. See Instructions			124,434,189	113,455,033	773,627	9,827,176	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6,088,317			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	26,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	82,620			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	7,889,301			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	29,688,251			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,995,743			
9	Other employee benefits.	7,405,658			
10	Payroll taxes.	3,986,433			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,169,887			
c	Accounting.	89,662			
d	Lobbying.	1,838,849			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	853,964			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,925,050			
12	Advertising and promotion.	859,788			
13	Office expenses.	6,678,569			
14	Information technology.	3,052,776			
15	Royalties.	202,302			
16	Occupancy.	6,369,792			
17	Travel.	5,668,130			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	10,903,555			
20	Interest.	5,533			
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,425,857			
23	Insurance.	486,298			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	STATE AND METRO ASSOCIATIONS	3,326,024			
b	COMMISSIONS	928,577			
c	FEDERAL AND STATE TAXES	153,520			
d	EDUCATION & TRAINING	359,988			
e	All other expenses	567,772			
25	Total functional expenses. Add lines 1 through 24e.	117,028,216	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			750	1	750
	2	Savings and temporary cash investments			24,867,364	2	13,629,299
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,268,554	4	4,018,231
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other 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) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,671,992	9	2,350,312
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	37,959,064	16,567,694	10c	15,655,994
	b	Less accumulated depreciation	10b	22,303,070			
	11	Investments—publicly traded securities			139,290,277	11	164,339,634
	12	Investments—other securities See Part IV, line 11			26,647,352	12	27,941,273
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			27,446,170	15	33,262,469
16	Total assets. Add lines 1 through 15 (must equal line 34)			240,760,153	16	261,197,962	
Liabilities	17	Accounts payable and accrued expenses			14,200,412	17	18,721,250
	18	Grants payable				18	
	19	Deferred revenue			16,083,020	19	8,490,196
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties				23	5,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			66,405,751	25	41,247,771
	26	Total liabilities. Add lines 17 through 25			96,689,183	26	73,459,217
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			143,160,638	27	186,880,281
	28	Temporarily restricted net assets			874,710	28	822,842
	29	Permanently restricted net assets			35,622	29	35,622
	Organizations that do not follow SFAS 117 (ASC 958), 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			144,070,970	33	187,738,745
	34	Total liabilities and net assets/fund balances			240,760,153	34	261,197,962

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	124,434,189
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,028,216
3	Revenue less expenses Subtract line 2 from line 1	3	7,405,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,070,970
5	Net unrealized gains (losses) on investments	5	10,140,187
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	26,121,615
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	187,738,745

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-0726140
Name: AMERICAN HOSPITAL ASSOCIATION

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
BENJAMIN K CHU MD CHAIRMAN	1 00	X		X				24,249	0	0
JAMES H HINTON CHAIRMAN-ELECT	1 00	X		X				11,135	0	0
RICHARD J UMBDENSTOCK PRESIDENT/CEO	40 00 1 00	X		X				1,503,909	0	411,220
TERI G FONTENOT IMMEDIATE PAST CHAIR	1 00	X		X				23,040	0	0
ALAN D AVILES TRUSTEE	1 00	X						0	0	0
BARBARA L WILSON TRUSTEE	1 00	X						85	0	0
BRUCE P BAILEY TRUSTEE	1 00	X						1,253	0	0
CAROLYN W CALDWELL TRUSTEE	1 00	X						1,265	0	0
CHRISTOPHER J DUROVICH TRUSTEE	1 00	X						0	0	0
CHRISTOPHER M DADLEZ TRUSTEE	1 00	X						1,630	0	0
DANIEL L GROSS RN DNSC TRUSTEE	1 00	X						1,764	0	0
DONNA M KATEN-BAHENSKY TRUSTEE	1 00	X						0	0	0
EUGENE A WOODS FACHE TRUSTEE	1 00	X						0	0	0
JAMES A DIEGEL TRUSTEE	1 00	X						1,042	0	0
JAMES H SKOSBERGH TRUSTEE	1 00	X						0	0	0
JOANNE CARROCINO TRUSTEE	1 00	X						0	0	0
JONATHAN B PERLIN MD PHD TRUSTEE	1 00	X						1,626	0	0
M BEATRICE GRAUSE TRUSTEE	1 00	X						0	0	0
MARY STARMANN-HARRISON TRUSTEE	1 00	X						860	0	0
MAUREEN SWICK RN MSN PHD TRUSTEE	1 00	X						1,543	0	0
MICHAEL C TARWATER TRUSTEE	1 00	X						663	0	0
ROGER J REAMER TRUSTEE	1 00	X						2,433	0	0
SANDRA G WRIGHT EDD TRUSTEE	1 00	X						0	0	0
SCOTT A DUKE TRUSTEE	1 00	X						2,913	0	0
THOMAS W BURKE MD TRUSTEE	1 00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
VICKIE L DIAMOND RN MS TRUSTEE	1 00	X						659	0	0
WILLIAM F BARROW II TRUSTEE	1 00	X						2,830	0	0
DIANNA DOYLE ASSISTANT TREASURER	40 00			X				118,767	0	17,816
GAIL M LOVINGER ASSISTANT SECRETARY	40 00			X				213,693	0	44,467
MICHAEL GUERIN SECRETARY	40 00			X				377,220	0	87,231
NEIL J JESUELE EXECUTIVE VICE PRESIDENT	40 00			X				980,860	0	229,791
R JOHN EVANS TREASURER	1 00			X				440,615	0	118,090
RICHARD J POLLACK EXECUTIVE VICE PRESIDENT	40 00			X				1,032,334	0	239,495
BARBARA LORSBACH SENIOR VICE PRESIDENT	40 00				X			604,708	0	137,532
DALE WOODIN VICE PRESIDENT	40 00				X			197,564	0	44,373
ELIZABETH SUMMY VICE PRESIDENT	40 00				X			160,859	0	14,267
JACK MACKAY VICE PRESIDENT & CIO	40 00				X			359,724	0	34,799
LISA ALLEN VP, CHIEF HR OFFICER	40 00				X			358,515	0	82,460
ALICIA MITCHELL SENIOR VICE PRESIDENT	40 00					X		382,278	0	87,687
JOHN COMBES PRESIDENT/CIO CHG	40 00					X		532,527	0	104,720
LINDA FISHMAN SENIOR VICE PRESIDENT	40 00					X		741,326	0	87,360
MELINDA HATTON SR VP, GENERAL COUNSEL	40 00					X		591,364	0	132,428
THOMAS NICKELS SENIOR VICE PRESIDENT	40 00					X		687,002	0	181,392

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 35c (Proxy Tax), then

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

Name of the organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
---	--

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

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

▶ \$ 0

3

Volunteer hours

0

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$ 0

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$ 0

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$ 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-
(1) AHAPAC	325 7TH STREET NW WASHINGTON,DC 20004	36-2996517	0	47,269

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part I-A, Line 1, Description of political campaign activities	AHA RECEIVED CONTRIBUTIONS FROM AHA EMPLOYEES IN SUPPORT OF AHAPAC. THE FUNDS FROM AHA EMPLOYEES WERE RECEIVED AND DIRECTLY DELIVERED TO AHAPAC, A RELATED TAX-EXEMPT SECTION 527 POLITICAL ORGANIZATION.

[illegible]

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization AMERICAN HOSPITAL ASSOCIATION	Employer identification number 36-0726140
--	---

Part I

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

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

Part II

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

1

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

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

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

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

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0		0
c Leasehold improvements	0	15,504,844	7,067,964	8,436,880
d Equipment	0	544,850	457,462	87,388
e Other	0	21,909,370	14,777,644	7,131,726
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,655,994

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE ASSOCIATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES SECTION OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. AS OF DECEMBER 31, 2013 AND 2012, THE ASSOCIATION HAS NO LIABILITY FOR UNRECOGNIZED BENEFITS.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN HOSPITAL ASSOCIATION

Employer identification number
36-0726140

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			28,607,402

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT PAYMENT	82,620	WIRE	0	N/A	N/A

- 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

[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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-0726140
Name: AMERICAN HOSPITAL ASSOCIATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	1,117
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	2,029
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	6,939

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0		PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	120,770
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA	0
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	28,505

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA ATTEND MEETINGS AND CONFERENCES	1,959
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	28,363,463
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SALES OF BOOKS AND DATA	0

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		82,620

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
AMERICAN HOSPITAL ASSOCIATION

Employer identification number
36-0726140

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

22

3

Enter total number of other organizations listed in the line 1 table

7

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASHE INTERNSHIP GRANT	7	20,000	0	N/A	N/A
(2) ASHRM EDUCATIONAL SCHOLARSHIP	2	6,000	0	N/A	N/A

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART III, GRANTS TO INDIVIDUALS	THE ASHE INTERNSHIP PROGRAM'S PURPOSE IS TO PROVIDE AN OPPORTUNITY FOR A UNIVERSITY STUDENT INTERN TO GAIN VALUABLE EXPERIENCE IN MANAGING THE HEALTH CARE FACILITY PHYSICAL ENVIRONMENT THE ASHRM EDUCATIONAL SCHOLARSHIP AND GRANT PROGRAM'S PURPOSE IS TO PROVIDE SUPPORT AN INDIVIDUALS EFFORTS TO EARN A MASTERS IN HEALTHCARE ADMINISTRATION
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	TYPICALLY AHA MAKES GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS TO SUPPORT THEIR GENERAL OPERATIONS OR IN RESPONSE TO THEIR FUNDRAISING EFFORTS IN THESE INSTANCES, AHA DOES NOT HAVE A FORMAL PROCESS FOR WHICH THEY MONITOR THE USE OF THE GRANT PAID IN OTHER CASES, THE AHA PROVIDES GRANTS OR CONTRIBUTIONS TO SUPPORT A SPECIFIC EFFORT OR PROJECT IN SUCH CASES, AHA'S MANAGEMENT IS KEPT INFORMED AS TO THE USE OF THE FUNDS AND THE STATUS OR SATISFACTORY COMPLETION OF THE PROJECT

Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 36-0726140

Name: AMERICAN HOSPITAL ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH AND EDUCATIONAL TRUST 155 N WACKER DRIVE CHICAGO,IL 606061725	36-2203931	501(C)(3)	1,852,702	0	N/A	N/A	GENERAL SUPPORT PAYMENT
AMERICAN ORGANIZATION OF NURSE EXECUTIVES 155 N WACKER DRIVE CHICAGO,IL 606061725	36-3591337	501(C)(6)	551,034	0	N/A	N/A	GENERAL SUPPORT PAYMENT
INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT 155 N WACKER DRIVE CHICAGO,IL 606061725	58-2094118	501(C)(3)	489,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
ENROLL AMERICA 1201 NEW YORK AVE NW WASHINGTON,DC 20005	27-1661221	501(C)(3)	1,100,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
COALITION TO PROTECT AMERICA'S HEALTHCARE PO BOX 30211 BETHESDA,MD 208240211	52-2253225	501(C)(4)	1,000,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR MS 1A3 FAIRFAX,VA 22030	54-1603842	501(C)(3)	83,333	0	N/A	N/A	RESEARCH GRANT
PROJECT HOPE 7500 OLD GEORGETOWN ROAD BETHESDA,MD 20814	53-0242962	501(C)(3)	50,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	50,000	0	N/A	N/A	DISASTER RELIEF
SOUTH DAKOTA ASSOCIATION OF HEALTHCARE ORGANIZATIONS 3708 WEST BROOKS PLACE SUITE 1 SIOUX FALLS,SD 57106	46-0254666	501(C)(6)	50,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS 4000 KRUSE WAY PLACE BLDG 2 SUITE 1 LAKE OSWEGO,OR 97035	93-0554950	501(C)(6)	50,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA HOSPITAL ASSOCIATION 4000 N LINCOLN BLVD OKLAHOMA CITY,OK 73105	73-0618552	501(C)(6)	50,000	0	N/A	N/A	DISASTER RELIEF
OWENSBORO COMMUNITY & TECHNICAL 4800 NEW HARTFORD RD OWENSBORO,KY 42303	61-1109704	501(C)(3)	35,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
PROJECT PERFECT WORLD FOUNDATION 290 EAST JOHN CARPENTER FREEWAY IRVING,TX 75062	04-3546835	501(C)(3)	35,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
EVIDENCE BASED HEALTH SOLUTIONS PO BOX 62 NOTRE DAME,IN 46556	51-0668093		33,333	0	N/A	N/A	RESEARCH GRANT
ILLINOIS HOSPITAL ASSOCIATION 1151 E WARRENVILLE ROAD NAPERVILLE,IL 60563	36-2352486	501(C)(6)	30,000	0	N/A	N/A	PROJECT GRANT
UNITED WAY OF METROPOLITAN CHICAGO 560 WEST LAKE STREET CHICAGO,IL 60661	30-0200078	501(C)(3)	26,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
CENTER FOR HEALTH DESIGN 1850 GATEWAY BLVD STE 1083 CONCORD,CA 94520	68-0298038	501(C)(3)	25,000	0	N/A	N/A	PROJECT GRANT
NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVENUE NW WASHINGTON,DC 20036	62-1312239	501(C)(3)	20,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 515 NORTH STATE STREET CHICAGO,IL 60654	36-4483505	501(C)(3)	20,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	20,000	0	N/A	N/A	PROJECT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID A WINSTON HEALTH POLICY FELLOWSHIP 2000 14TH STREET NORTH STE 780 ARLINGTON,VA 22201	52-1492039	501(C)(3)	16,500	0	N/A	N/A	GENERAL SUPPORT PAYMENT
ASSOCIATION OF UNIVERSITY PROGRAMS IN HEALTH ADMINISTRATION 2000 14TH STREET NORTH STE 780 ARLINGTON,VA 22201	36-6110249	501(C)(3)	15,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
ASIAN HEALTH CARE LEADERS ASSOC 566 WADAMS STE 500 CHICAGO,IL 60661	26-1282400	501(C)(3)	10,000	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT
THE KENNETH B SCHWARTZ CENTER 101 MERRIMAC STREET BOSTON,MA 02114	04-1564655	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
TRUMAN MEDICAL CENTER 2310 HOLMES STE 735 KANSAS CITY,MO 64108	43-1194064	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
INSTITUTE FOR PATIENT & FAMILY CENTERED CARE 6917 ARLINGTON RD BETHESDA,MD 20814	52-1777133	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT PAYMENT
CONGRESSIONAL MANAGEMENT FOUNDATION 513 CAPITOL COURT NE STE 300 WASHINGTON,DC 20002	52-1076614	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
B'NAI B'RITH INTERNATIONAL 3397 BARHAM BLVD LOS ANGELES,CA 90068	53-0179971	501(C)(3)	7,500	0	N/A	N/A	SUPPORT FOR AWARDS PROGRAM
ALLIANCE FOR HEALTH REFORM 1444 EYE STREET NW WASHINGTON,DC 20005	52-1746328	501(C)(3)	7,500	0	N/A	N/A	SUPPORT FOR FUNDRAISING EFFORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN HOSPITAL ASSOCIATION

Employer identification number
36-0726140

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 of the expenses described above? If "No," complete Part III to explain.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
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?		
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, First-class or charter travel	BY POLICY, FIRST-CLASS TRAVEL WAS MADE AVAILABLE TO THREE BOARD MEMBERS AND THREE OFFICERS. IT WAS NOT TREATED AS TAXABLE COMPENSATION FOR ANY INTERESTED PERSON. THESE INDIVIDUALS ARE REQUIRED TO TRAVEL EXTENSIVELY ON ORGANIZATION BUSINESS, AND PROVIDING FOR FIRST-CLASS TRAVEL IS CONSIDERED A REASONABLE ACCOMMODATION. ADDITIONALLY, FIRST-CLASS TRAVEL MAY BE APPROVED IN CASES OF HARDSHIP OR EXTENUATING CIRCUMSTANCES ON A CASE-BY-CASE BASIS.
Schedule J, Part I, Line 1a, Travel for companions	SPOUSAL TRAVEL WAS PROVIDED TO THREE OFFICERS AND TWENTY BOARD MEMBERS IN 2013. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.
Schedule J, Part I, Line 1a, Discretionary spending account	IN CONNECTION WITH OFFICIAL DUTIES, STIPENDS WERE MADE AVAILABLE TO THE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, AND CHAIRMAN ELECT OF THE BOARD. TAXABLE BENEFIT ALLOWANCES WERE MADE AVAILABLE TO FIVE OFFICERS, TWO KEY EMPLOYEES, AND FIVE OF THE HIGHEST COMPENSATED EMPLOYEES. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.
Schedule J, Part I, Line 1a, Housing allowance or residence for personal use	A HOUSING ALLOWANCE WAS PROVIDED TO ONE KEY EMPLOYEE IN 2013. THE RELATED BENEFIT WAS INCLUDED IN TAXABLE COMPENSATION.
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	THE FOLLOWING OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES PARTICIPATED IN OR RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: *RICHARD UMBDENSTOCK - \$322,335 *NEAL JESUELE - \$164,163 *RICHARD POLLACK - \$153,876 *MICHAEL GUERIN - \$41,548 *JOHN EVANS - \$48,145 *BARBARA LORSBACH - \$72,698 *LISA ALLEN - \$39,058 *THOMAS NICKELS - \$116,122 *LINDA FISHMAN - \$266,543 *MELINDA HATTON - \$71,324 *JOHN COMBES - \$63,236 *ALICIA MITCHELL - \$44,453.

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 36-0726140
Name: AMERICAN HOSPITAL ASSOCIATION

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				
RICHARD J UMBDENSTOCK PRESIDENT/CEO	(i) (ii)	942,419 0	118,401 0	443,089 0	209,520 0	201,700 0	1,915,129 0	0 0
NEIL J JESUELE EXECUTIVE VICE PRESIDENT	(i) (ii)	681,904 0	68,910 0	230,046 0	201,097 0	28,694 0	1,210,651 0	164,163 0
RICHARD J POLLACK EXECUTIVE VICE PRESIDENT	(i) (ii)	740,154 0	75,042 0	217,138 0	197,534 0	41,961 0	1,271,829 0	153,876 0
MICHAEL GUERIN SECRETARY	(i) (ii)	252,613 0	26,906 0	97,701 0	72,556 0	14,675 0	464,452 0	0 0
R JOHN EVANS TREASURER	(i) (ii)	305,997 0	32,720 0	101,898 0	85,429 0	32,661 0	558,705 0	48,145 0
GAIL M LOVINGER ASSISTANT SECRETARY	(i) (ii)	192,605 0	19,264 0	1,824 0	26,368 0	18,099 0	258,160 0	0 0
BARBARA LORSBACH SENIOR VICE PRESIDENT	(i) (ii)	433,524 0	45,062 0	126,122 0	106,330 0	31,202 0	742,239 0	72,698 0
JACK MACKAY VICE PRESIDENT & CIO	(i) (ii)	282,343 0	27,381 0	50,000 0	15,300 0	19,499 0	394,523 0	0 0
LISA ALLEN VP, CHIEF HR OFFICER	(i) (ii)	260,488 0	26,572 0	71,455 0	51,915 0	30,545 0	440,975 0	39,058 0
ELIZABETH SUMMY VICE PRESIDENT	(i) (ii)	136,244 0	23,400 0	1,215 0	4,882 0	9,385 0	175,126 0	0 0
DALE WOODIN VICE PRESIDENT	(i) (ii)	186,268 0	8,563 0	2,733 0	24,555 0	19,818 0	241,937 0	0 0
THOMAS NICKELS SENIOR VICE PRESIDENT	(i) (ii)	467,168 0	48,050 0	171,785 0	151,322 0	30,070 0	868,394 0	116,122 0
LINDA FISHMAN SENIOR VICE PRESIDENT	(i) (ii)	365,693 0	43,110 0	332,523 0	79,168 0	8,191 0	828,686 0	205,095 0
MELINDA HATTON SR VP, GENERAL COUNSEL	(i) (ii)	427,090 0	44,210 0	120,064 0	104,906 0	27,522 0	723,792 0	71,324 0
JOHN COMBES PRESIDENT/CIO CHG	(i) (ii)	375,556 0	39,197 0	117,774 0	80,818 0	23,902 0	637,247 0	63,236 0
ALICIA MITCHELL SENIOR VICE PRESIDENT	(i) (ii)	260,030 0	28,136 0	94,112 0	74,635 0	13,052 0	469,966 0	44,453 0

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	AHA IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. THESE MEMBERS MAY PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. SPECIFICALLY, MEMBERS MAY PARTICIPATE IN THE ELECTION OF MEMBERS OF THE GOVERNING BODY. THE MEMBERSHIP OF AHA IS MADE UP OF: 1. HOSPITALS, HEALTH CARE SYSTEMS, AND HEALTH SERVICE ORGANIZATIONS WHICH PROVIDE A CONTINUUM OF INTEGRATED COMMUNITY HEALTH RESOURCES AND WHICH INCLUDE AT LEAST ONE LICENSED HOSPITAL THAT IS OWNED, LEASED, MANAGED OR RELIGIOUSLY SPONSORED; 2. HEALTH PROVIDER ORGANIZATIONS, OTHER THAN REGISTERED HOSPITALS, WHICH PROVIDE PATIENT CARE SERVICES, AS WELL AS PHYSICIAN GROUPS, HEALTH INSURANCE SERVICES, AND STAFF AND GROUP MODEL HEALTH MAINTENANCE ORGANIZATIONS WITHOUT A HOSPITAL COMPONENT; 3. OTHER ORGANIZATIONS INTERESTED IN THE OBJECTIVES OF THE ASSOCIATION; 4. PERSONAL MEMBERS. MEMBERS OF THE BOARD OF TRUSTEES ARE SELECTED BY A COMMITTEE ON NOMINATIONS. MEMBERS WHO SEEK TO BE ON THE BOARD ARE PUT THROUGH A VETTING PROCESS, AND A SLATE OF CANDIDATES IS PRESENTED TO THE BOARD FOR APPROVAL.

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	PLEASE SEE THE NARRATIVE FOR PART VI, SECTION A, LINE 6

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE FULL FORM 990 IS REVIEWED BY MANAGEMENT AND BY LEGAL COUNSEL IT IS THEN REVIEWED BY THE BOARD OF TRUSTEES OPERATIONS COMMITTEE, THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE, AND FINALLY THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ON AN ANNUAL BASIS, THE ASSOCIATION'S TRUSTEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE TO THE ASSOCIATION SECRETARY THE ASSOCIATION'S OFFICERS, KEY EMPLOYEES AND ALL OTHER EMPLOYEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE ON A BI-ANNUAL BASIS THE RETURNED QUESTIONNAIRES ARE HANDLED JOINTLY BY THE SECRETARY , LEGAL, HUMAN RESOURCES AND INTERNAL AUDIT ANY QUESTIONNAIRE THAT RAISES A POTENTIAL ISSUE IS REVIEWED AND REFERRED TO THE ASSOCIATION'S PRESIDENT FOR DETERMINATION REGARDING A CONFLICT AND ANY ACTION TO BE CONSIDERED OR UNDERTAKEN ANY POTENTIAL CONFLICT OF INTEREST THAT ARISES AFTER THE QUESTIONNAIRE IS COMPLETED MUST BE PROMPTLY REPORTED ANY RESTRICTIONS IMPOSED, BASED ON INFORMATION DISCLOSED IN A CONFLICT OF INTEREST QUESTIONNAIRE OR OTHERWISE, WOULD BE COMMENSURATE WITH THE TYPE OF CONFLICT IDENTIFIED AND WOULD BE DISCLOSED TO THE BOARD OF TRUSTEES

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DOES NOT INCLUDE ANY INDIVIDUAL WHOSE COMPENSATION IT REVIEWS THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO PRODUCE COMPARABLE SALARY DATA FOR THE CEO, AND OFFICERS AND KEY EMPLOYEES AS APPROPRIATE, AND MAKES RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS, CONSISTENT WITH EXISTING COMPENSATION AGREEMENTS, POLICIES AND PROCEDURES THE COMMITTEE CONSIDERS THE RECOMMENDATIONS FROM THE COMPENSATION CONSULTANT, EVALUATES THE CEO'S PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS, AND DETERMINES WHETHER ANY ADJUSTMENT OR PERFORMANCE-BASED REWARD SHOULD BE MADE THE PROCESS FOR DETERMINING, REVIEWING AND APPROVING COMPENSATION AND ADJUSTMENTS TO COMPENSATION IS UNDERTAKEN ON AN ANNUAL BASIS CONTEMPORANEOUS MINUTES OF THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE PREPARED AND REVIEWED BY THE COMMITTEE IN A TIMELY MANNER

Return Reference	Explanation
FORM 990, PART VI, LINE 15B, COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	WHERE APPROPRIATE, THE COMMITTEE HAS AUTHORIZED THE CEO TO APPLY THE SAME PROCEDURES AS DESCRIBED IN THE NARRATIVE FOR PART VI, SECTION B, LINE 15A TO THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES. FOR ALL OTHER OFFICERS AND KEY EMPLOYEES, COMPENSATION IS EVALUATED BY THE ORGANIZATION'S MANAGEMENT ON AN ANNUAL BASIS USING PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS. PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST TO MEMBERS, A SUMMARY OF THE FINANCIAL RESULTS ARE PRINTED EACH YEAR AS PART OF THE ANNUAL REPORT TO MEMBERSHIP. FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	PENSION LIABILITY ADJUSTMENT - 26121615,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN HOSPITAL ASSOCIATION

Employer identification number

36-0726140

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
(1) HEALTH FORUM LLC 155 NORTH WACKER DRIVE SUITE 400 CHICAGO, IL 606061725 36-0726140	EDUCATION	IL	14,721,539	25,862,466	NA
(2) CENTER FOR HEALTHCARE GOVERNANCE 155 NORTH WACKER DRIVE SUITE 400 CHICAGO, IL 606061725 36-1066473	MEMBERSHIP/EDUCATION	IL	1,789,634	250,456	NA

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 entity?	
						Yes	No
(1) AMERICAN ORGANIZATION OF NURSE EXECUTIVES 155 NORTH WACKER STE 400 CHICAGO, IL 606061725 36-3591337	NURSE LEADERSHIP	IL	501(C)(6)	N/A	NA	Yes	
(2) HEALTH RESEARCH AND EDUCATIONAL TRUST 155 NORTH WACKER STE 400 CHICAGO, IL 606061725 36-2203931	RESEARCH/EDUCATION	IL	501(C)(3)	Type I	NA	Yes	
(3) INSTITUTE FOR DIVERSITY IN HEALTHCARE 155 NORTH WACKER STE 400 CHICAGO, IL 606061725 58-2094118	DIVERSITY	IL	501(C)(3)	N/A	NA	Yes	
(4) AHAPAC 325 7TH STREET NW WASHINGTON, DC 20004 36-2996517	POLITICAL CAMPAIGNING	IL	527	N/A	NA	Yes	
(5) AONE FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION 325 7TH STREET NW WASHINGTON, DC 20004 27-2399044	NURSE EDUCATION SUPPORT	DC	501(C)(3)	Type I	AONE	Yes	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AHA SERVICES INC AND SUBSIDIARIES 155 NORTH WACKER DRIVE STE 400 CHICAGO, IL 606061725 32-0002089	ADMINISTRATION	IL	NA	C CORPORATION	20,387,407	5,753,594	100 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

Yes

1g

No

1h

Yes

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 36-0726140

Name: AMERICAN HOSPITAL ASSOCIATION

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AHA SERVICES INC AND SUBSIDIARIES	A	1,180,071	COST
AHA SERVICES INC AND SUBSIDIARIES	A	3,541	COST
HEALTH RESEARCH AND EDUCATIONAL TRUST	B	1,852,702	COST
INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT	B	489,000	COST
AMERICAN ORGANIZATION OF NURSE EXECUTIVES	B	551,034	COST
AHA SERVICES INC AND SUBSIDIARIES	H	829,957	COST
AMERICAN ORGANIZATION OF NURSE EXECUTIVES	J	306,630	COST
HEALTH RESEARCH AND EDUCATIONAL TRUST	J	623,681	COST
INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT	J	57,353	COST
AMERICAN ORGANIZATION OF NURSE EXECUTIVES	L	198,501	COST
HEALTH RESEARCH AND EDUCATIONAL TRUST	L	643,124	COST
AHA SERVICES INC AND SUBSIDIARIES	M	95,900	COST