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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
AMERICAN HEALTH CARE ASSOCIATION

Doing business as

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

1201 L STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

F Name and address of principal officer
MARK PARKINSON
1201 L STREET NW
WASHINGTON,DC 20005

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number ▶

D Employer identification number
53-0260105

E Telephone number
(202) 842-4444

G Gross receipts \$ 42,159,119

I Tax-exempt status

☐ 501(c)(3)☒ 501(c) (6) ◀(insert no)☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW.AHCA.ORG

K Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1956

M State of legal domicile DC

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE AMERICAN HEALTH CARE ASSOCIATION IS A NON-PROFIT FEDERATION OF AFFILIATE STATE HEALTH ORGANIZATIONS, TOGETHER REPRESENTING MORE THAN 12,000 NON-PROFIT AND FOR-PROFIT NURSING, ASSISTED LIVING, DEVELOPMENTALLY-DISABLED, AND SUB-ACUTE CARE PROVIDERS, CARING FOR APPROXIMATELY ONE MILLION INDIVIDUALS EACH DAY
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 103
Revenue	6	Total number of volunteers (estimate if necessary) 500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 1,175,725
	7b	Net unrelated business taxable income from Form 990-T, line 34 -104,834
	8	Contributions and grants (Part VIII, line 1h) 1,423,754
	9	Program service revenue (Part VIII, line 2g) 28,466,204
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 181,731
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,200,699
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,272,388
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 152,500
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14,541,232
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 15,986,686
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 30,680,418
	19	Revenue less expenses Subtract line 18 from line 12 1,591,970
	20	Total assets (Part X, line 16) 32,621,692
	21	Total liabilities (Part X, line 26) 10,014,853
	22	Net assets or fund balances Subtract line 21 from line 20 22,606,839

Part II

Signature Block

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

Sign Here

Signature of officer

2015-11-16
Date

MARK PARKINSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
DEBORAH G KOSNETT

Preparer's signature
DEBORAH G KOSNETT

Date

Firm's name ▶ TATE AND TRYON

Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036

Check ☐ if self-employed

PTIN
P00290720

Firm's EIN ▶ 52-1855942

Phone no (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

IMPROVING LIVES BY DELIVERING SOLUTIONS FOR QUALITY CARE

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 \$)

ADVOCACY THE ASSOCIATION REPRESENTS THE LONG TERM AND POST-ACUTE CARE COMMUNITY TO THE NATION AT LARGE - TO GOVERNMENT, BUSINESS LEADERS, AND THE GENERAL PUBLIC - DEVELOPING NECESSARY AND REASONABLE PUBLIC POLICIES WHICH BALANCE ECONOMIC AND REGULATORY PRINCIPLES TO SUPPORT QUALITY CARE AND QUALITY OF LIFE

4b

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

QUALITY & RESEARCH THE ASSOCIATION ASSISTS ITS MEMBERS IN CONTINUING TO IMPROVE THE QUALITY OF CARE PROVIDED TO RESIDENTS THIS IS DONE IN A VARIETY OF WAYS, INCLUDING TRAINING PROGRAMS, A QUALITY AWARD PROGRAM, AS WELL AS DEVELOPMENT AND COMPILATION OF COMPREHENSIVE RESEARCH AND DATA CONCERNING THE LONG TERM AND POST-ACUTE SECTOR

4c

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

EDUCATION AND COMMUNICATION THE ASSOCIATION USES A VARIETY OF MECHANISMS TO EDUCATE AND COMMUNICATE TO MEMBERS, POLICYMAKERS AND THE GENERAL PUBLIC ON POST-ACUTE AND LONG TERM CARE ISSUES THE ORGANIZATION'S PRIMARY TRADE JOURNAL, THE PROVIDER MAGAZINE, IS CIRCULATED MONTHLY TO OVER 50,000 POST-ACUTE FACILITIES AND INTERESTED PARTIES ADDITIONALLY, THE ASSOCIATION SPONSORS ITS ANNUAL CONFERENCE AS WELL AS TECHNICAL MEETINGS AND WEBINARS THROUGHOUT THE YEAR

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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	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		
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	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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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		No
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		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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		No
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		No
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		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)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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	110	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	103	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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	15	
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	15	
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	
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	Yes
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
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, address, and telephone number of the person who possesses the organization's books and records LEONA TAYLOR

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			

Part VII

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

(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,524,022	0	742,918

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 49

	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
SYNAPTITUDE INC 8300 BOONE BLVD SUITE 500 VIENNA, VA 22182	SOFTWARE DEVELOPMENT	1,444,378
ADFERO GROUP LLC 1666 K STREET NW SUITE 250 WASHINGTON, DC 20006	ADVERTISING	1,105,905
THE MORAN COMPANY 1655 NORTH FORT MYER DRIVE SUITE 1 ARLINGTON, VA 22209	CONSULTING	659,100
BGR GOVERNMENT AFFAIRS LLC PO BOX 14416 WASHINGTON, DC 20044	CONSULTING	600,000
ST JOHN & PARTNERS 5220 BELFORD RD 400 JACKSONVILLE, FL 32256	ADVERTISING/PR	515,686
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 31		

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code				
			900099	21,783,262	21,783,262		
	b	SPONSORSHIP	900099	4,558,498	4,558,498		
	c	MEETINGS & EXHIBIT	900099	3,317,495	3,268,697	48,798	
	d	PUBLICATIONS	900099	1,125,605		1,125,605	
	e	QUALITY AWARDS	900099	608,550	608,550		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		31,393,410			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		206,678		206,678
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
			268,703				
		b	Less rental expenses				
			311,448				
c		Rental income or (loss)					
		-42,745					
d		Net rental income or (loss)		-42,745		-17,411	-25,334
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7,792,951	7,113			
		b	Less cost or other basis and sales expenses				
			7,361,312	964			
c		Gain or (loss)					
		431,639	6,149				
d		Net gain or (loss)		437,788			437,788
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
			1,177,052				
b	Less cost of goods sold	b					
			413,203				
c	Net income or (loss) from sales of inventory		763,849	763,849			
	Miscellaneous Revenue	Business Code					
11a	LEGISLATIVE CONTRIBUTIONS	900099	976,642	976,642			
b	AFFINITY PROGRAMS	900099	283,310	264,577	18,733		
c	OTHER INCOME	900099	40,000	40,000			
d	All other revenue		13,260			13,260	
e	Total. Add lines 11a-11d		1,313,212				
12	Total revenue. See Instructions		34,072,192	32,264,075	1,175,725	632,392	

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 domestic organizations and domestic governments See Part IV, line 21	1,432,500			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,994,303			
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	8,965,302			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	435,731			
9	Other employee benefits	900,457			
10	Payroll taxes	725,317			
11	Fees for services (non-employees)				
a	Management				
b	Legal	443,674			
c	Accounting	125,740			
d	Lobbying	659,003			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	96,668			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,254,494			
12	Advertising and promotion	541,101			
13	Office expenses	1,323,604			
14	Information technology	769,930			
15	Royalties	62,579			
16	Occupancy	127,421			
17	Travel	1,570,170			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,105,936			
20	Interest	224,033			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	786,373			
23	Insurance	111,387			
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	PAC ADMINISTRATIVE EXPE	692,274			
b	DUES AND SUBSCRIPTIONS	210,951			
c	TAXES	207,169			
d	BAD DEBT EXPENSE	100,908			
e	All other expenses	384,121			
25	Total functional expenses. Add lines 1 through 24e	34,251,146			
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	846,921	1	1,109,030
	2	Savings and temporary cash investments	167,583	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,272,711	4	3,123,903
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net	972,696	7	675,483
	8	Inventories for sale or use	112,475	8	228,839
	9	Prepaid expenses and deferred charges	520,597	9	1,406,601
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a16,488,027		
	b	Less accumulated depreciation	10b9,051,894	6,810,149	10c7,436,133
	11	Investments—publicly traded securities	19,717,572	11	17,811,112
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	200,988	15	427,685
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,621,692	16	32,218,786
Liabilities	17	Accounts payable and accrued expenses	2,354,117	17	1,857,070
	18	Grants payable		18	
	19	Deferred revenue	926,208	19	1,284,617
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,151,101	23	3,963,650
	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	2,583,427	25	2,990,362
	26	Total liabilities. Add lines 17 through 25	10,014,853	26	10,095,699
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	22,530,608	27	21,963,897
	28	Temporarily restricted net assets	76,231	28	159,190
	29	Permanently restricted net assets		29	
	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	22,606,839	33	22,123,087
	34	Total liabilities and net assets/fund balances	32,621,692	34	32,218,786

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	34,072,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,251,146
3	Revenue less expenses Subtract line 2 from line 1	3	-178,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,606,839
5	Net unrealized gains (losses) on investments	5	-416,843
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	112,045
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,123,087

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		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	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	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?		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		

Additional Data

Software ID:

Software Version:

EIN: 53-0260105

Name: AMERICAN HEALTH CARE 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			
(1) LEONARD RUSS CHAIR	3 00	X		X				0	0	0
(1) LANE BOWEN VICE CHAIR (THRU OCT 2014)	3 00	X		X				0	0	0
(2) TOM COBLE VICE CHAIR	3 00	X		X				0	0	0
(3) MICHAEL R WYLIE SECRETARY/TREASURER	3 00	X		X				0	0	0
(4) NEIL PRUITT JR IMMED PAST CHAIR	3 00	X						0	0	0
(5) TOM COBLE MULTIFACILITY REPRESENTATIVE	1 00	X						0	0	0
(6) GLENN VAN EKEREN REGIONAL MULTIFACILITY REP	1 00	X						0	0	0
(7) ROBIN L HILLIER IO REPRESENTATIVE	1 00	X						0	0	0
(8) GARY M KELSO NFP REPRESENTATIVE (THRU OCT 2014)	1 00	X						0	0	0
(9) STEVEN E CHIES NFP REPRESENTATIVE (AS OF OCT 2014)	1 00	X						0	0	0
(10) JOHN E POIRIER ASHCAE REPRESENTATIVE (THRU OCT 2014)	1 00	X						0	0	0
(11) RICHARD HERRICK ASHCAE REP (AS OF OCT 2014)	1 00	X						0	0	0
(12) PATRICIA GIORGIO NCAL REPRESENTATIVE	1 00	X						0	0	0
(13) PAUL LIISTRO BOARD MEMBER	1 00	X						0	0	0
(14) DEBORAH MEADE BOARD MEMBER	1 00	X						0	0	0
(15) DAVID NORSWORTHY BOARD MEMBER	1 00	X						0	0	0
(16) FRANK ROMANO BOARD MEMBER (THRU OCT 2014)	1 00	X						0	0	0
(17) GREG ELLIOT BOARD MEMBER (AS OF OCT 2014)	1 00	X						0	0	0
(18) PHILLIP G FOGG BOARD MEMBER (AS OF OCT 2014)	1 00	X						0	0	0
(19) MARK V PARKINSON PRESIDENT & CEO	37 50			X				1,300,624	0	258,372
(20) JAMES ELDER CHIEF FINANCIAL OFFICER(THRU JAN 14)	37 50			X				23,646	0	0
(21) LEONA TAYLOR CHIEF FINANCIAL OFFICER (BEG FEB 1)	20 00			X				112,331	0	0
(22) RAE ANNE DAVIS CHIEF STRATEGIC OFFICER & SVP, ADM	37 50				X			311,532	0	43,274
(23) MICHAEL CHEEK SVP, FINANCE POLICY & LEG	37 50				X			267,636	0	21,211
(24) GREGORY M CRIST SVP, PUBLIC AFFAIRS	37 50				X			309,406	0	33,793

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			
(26) DAVID R GIFFORD SVP, QUALITY & REGULATORY	37 50				X			413,434	0	44,088
(1) DAVID A KYLLO EXECUTIVE DIRECTOR, NCAL	37 50				X			233,490	0	31,484
(2) CLIFTON PORTER SVP, GOVERNMENT RELATIONS	37 50				X			514,744	0	25,074
(3) JENNIFER S SHIMER SVP, MEMBER SVCS & COO	37 50				X			376,311	0	57,872
(4) ELISE D SMITH SVP, FINANCE POLICY & LEG	37 50				X			260,263	0	51,504
(5) PAULA WARREN CHIEF INFORMATION OFFICER	37 50				X			213,526	0	22,926
(6) MICHAEL BASSETT VP, GOVERNMENT RELATIONS	37 50					X		262,470	0	11,674
(7) PETER CORLESS MULTI-FACILITY LIAISON	37 50					X		214,882	0	36,510
(8) CHRISTOPHER DONNELLAN SR DIR, GOVERNMENT RELATIONS	37 50					X		209,679	0	44,581
(9) RUTA KADONOFF VP, QUALITY & REGULATORY	37 50					X		198,051	0	29,914
(10) KIMBERLY ZIMMERMAN VP, GOVERNMENT RELATIONS	37 50					X		301,997	0	30,641

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization AMERICAN HEALTH CARE ASSOCIATION	Employer identification number 53-0260105
--	--

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	▶ \$ 208,674
3	Volunteer hours	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	208,674
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	208,674
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) REPUBLICAN GOVERNORS ASSOCIATION	1747 PENNSYLVANIA AVE NW 250 WASHINGTON,DC 20006	11-3655877	100,000	
(2) DEMOCRATIC GOVERNORS ASSOCIATION	1401 K STREET NW 200 WASHINGTON,DC 20005	52-1304889	100,000	
(3) FRIENDS OF ANTHONY BROWN	1101 MERCANTILE LANE STE 220 LARGO,MD 20774	20-3677682	3,674	
(4) DEAL FOR GOVERNOR	POST OFFICE BOX 2495 GAINESVILLE,GA 30503	26-4800781	5,000	

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	Yes	

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	21,783,262
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	5,995,312
b	Carryover from last year	2b	-2,529,129
c	Total	2c	3,466,183
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	6,465,526
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	-2,999,343

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	THE ASSOCIATION PAID CONTRIBUTIONS OR DUES TO REPUBLICAN AND DEMOCRATIC ASSOCIATIONS

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN HEALTH CARE ASSOCIATION	Employer identification number 53-0260105
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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)

(ii) related organizations

3a(ii)

b

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

3b

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		2,491,587		2,491,587
b Buildings		4,052,190	3,400,350	651,840
c Leasehold improvements		4,765,290	2,585,965	2,179,325
d Equipment		1,932,437	1,288,052	644,385
e Other		3,246,523	1,777,527	1,468,996
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,436,133

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	35,102,698
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-416,843
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,447,349
e	Add lines 2a through 2d	2e	1,030,506
3	Subtract line 2e from line 1	3	34,072,192
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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	34,072,192

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	35,806,525
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	1,555,379
e	Add lines 2a through 2d	2e	1,555,379
3	Subtract line 2e from line 1	3	34,251,146
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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	34,251,146

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
PART X, LINE 2	THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES OF PAC, PART OF CONSOLIDATED AUDIT 616,802. UNREALIZED GAIN ON INTEREST RATE SWAP 112,045. RENTAL EXPENSE 311,448. GAIN ON DISPOSAL OF ASSETS - 6,149. COST OF GOODS SOLD 413,203.
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF AHCA PAC, PART OF CONSOLIDATED AUDIT 836,877. GAIN ON DISPOSAL OF ASSETS -6,149. RENTAL EXPENSE 311,448. COST OF GOODS SOLD 413,203.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN HEALTH CARE ASSOCIATION

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

2014

Open to Public
Inspection

Employer identification number
53-0260105

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 Domestic Organizations and Domestic Governments. 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 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
(1) DEMOCRATIC GOVERNORS ASSOCIATION 1401 K STREET NW WASHINGTON,DC 20005	52-1304889	527	100,000				CONTRIBUTION
(2) REPUBLICAN GOVERNORS ASSOCIATION 1747 PENNSYLVANIA AVENUE NW SUITE 250 WASHINGTON,DC 20006	11-3655877	527	100,000				CONTRIBUTION
(3) CROSSROADS GRASSROOTS POLICY STRATEGIES 1401 NEW YORK AVENUE NW SUITE 1200 WASHINGTON,DC 20005	27-2753378	501(C)(4)	450,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION
(4) PATRIOT MAJORITY USA PO BOX 35522 WASHINGTON,DC 200335522	45-0710294	501(C)(4)	450,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION
(5) BROWN UNIVERSITY PO BOX 1893 PROVIDENCE,RI 02912	05-0258809	501(C)(3)	300,000				CONTRIBUTION TO FUND RESEARCH ORGANIZATION IN SUPPORT OF AHCA MISSION
(6) AMERICAN SENIORS HOUSING 5225 WISCONSIN AVENUE NW SUITE 502 WASHINGTON,DC 20015	52-2261594	501(C)(6)	10,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION
(7) CENTER FOR EXCELLENCE IN ASSISTED LIVING 2342 OAK STREET FALLS CHURCH,VA 22046	43-2080306	501(C)(3)	12,500				CONTRIBUTION IN SUPPORT OF AHCA MISSION
(8) CONGRESSIONAL MANAGEMENT FOUNDATION 710 E STREET SE WASHINGTON,DC 200032840	52-1076614	501(C)(3)	10,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION

2

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

3

3

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

5

Part III

Grants and Other Assistance to Domestic Individuals. 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

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
PART I, LINE 2	GRANTS ARE ONLY MADE TO ORGANIZATIONS THAT SUPPORT THE AHCA MISSION SMALLER GRANTS ARE REVIEWED AND APPROVED AS PART OF THE ANNUAL BUDGETING PROCESS LARGER GRANTS ARE REVIEWED AND APPROVED BY THE RESPECTIVE GOVERNANCE COMMITTEE TO WHICH THE GRANT PURPOSE RELATES

Additional Data

Software ID:
Software Version:
EIN: 53-0260105
Name: AMERICAN HEALTH CARE ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DEMOCRATIC GOVERNORS ASSOCIATION1401 K STREET NW WASHINGTON,DC 20005	52-1304889	527	100,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REPUBLICAN GOVERNORS ASSOCIATION1747 PENNSYLVANIA AVENUE NW SUITE 250 WASHINGTON,DC 20006	11-3655877	527	100,000				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROSSROADS GRASSROOTS POLICY STRATEGIES 1401 NEW YORK AVENUE NW SUITE 1200 WASHINGTON, DC 20005	27-2753378	501(C)(4)	450,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PATRIOT MAJORITY USA PO BOX 35522 WASHINGTON,DC 200335522	45-0710294	501(C)(4)	450,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BROWN UNIVERSITYPO BOX 1893 PROVIDENCE,RI 02912	05-0258809	501(C)(3)	300,000				CONTRIBUTION TO FUND RESEARCH ORGANIZATION IN SUPPORT OF AHCA MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN SENIORS HOUSING5225 WISCONSIN AVENUE NW SUITE 502 WASHINGTON,DC 20015	52-2261594	501(C)(6)	10,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR EXCELLENCE IN ASSISTED LIVING2342 OAK STREET FALLS CHURCH, VA 22046	43-2080306	501(C)(3)	12,500				CONTRIBUTION IN SUPPORT OF AHCA MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONGRESSIONAL MANAGEMENT FOUNDATION710 E STREET SE WASHINGTON, DC 200032840	52-1076614	501(C)(3)	10,000				CONTRIBUTION IN SUPPORT OF AHCA MISSION

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN HEALTH CARE ASSOCIATION

Employer identification number
53-0260105

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 in column(B) 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
PART I, LINE 1A	MEMBERSHIP TO THE CAPITOL HILL CLUB IS MAINTAINED FOR A FEW EMPLOYEES. THE CLUB IS USED TO HOST LARGE AND INDIVIDUAL MEETINGS WITH MEMBERS OF CONGRESS AND LOBBYISTS. CERTAIN OFFICERS AND KEY EMPLOYEES THAT RESIDE OUTSIDE OF THE DC METROPOLITAN AREA MAY RECEIVE REIMBURSEMENTS OF HOUSING AND COMMUTING COSTS. THESE AMOUNTS ARE INCLUDED AS W-2 WAGES OF THE AFFECTED EMPLOYEES.
PART I, LINE 4B	4B A 457F PLAN WAS ESTABLISHED IN 2013 FOR THE PRESIDENT & CEO. A \$200,000 CONTRIBUTION WAS MADE ON HIS BEHALF, NO PAYMENTS RECEIVED.

Additional Data

Software ID:
Software Version:
EIN: 53-0260105
Name: AMERICAN HEALTH CARE ASSOCIATION

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK V PARKINSON, PRESIDENT & CEO	(i) (ii)	1,062,068 0	238,298 0	258 0	222,750 0	41,248 0	1,564,622 0	0 0
1 RAE ANNE DAVIS, CHIEF STRATEGIC OFFICER & SVP, ADM	(i) (ii)	277,972 0	33,500 0	60 0	18,200 0	32,732 0	362,464 0	0 0
2 MICHAEL CHEEK, SVP, FINANCE POLICY & LEG	(i) (ii)	238,376 0	29,200 0	60 0	9,537 0	15,787 0	292,960 0	0 0
3 GREGORY M CRIST, SVP, PUBLIC AFFAIRS	(i) (ii)	277,483 0	31,863 0	60 0	18,023 0	22,447 0	349,876 0	0 0
4 DAVID R GIFFORD, SVP, QUALITY & REGULATORY	(i) (ii)	336,471 0	59,250 0	17,713 0	19,014 0	30,821 0	463,269 0	0 0
5 DAVID A KYLLO, EXECUTIVE DIRECTOR, NCAL	(i) (ii)	215,764 0	17,468 0	258 0	19,810 0	16,484 0	269,784 0	0 0
6 CLIFTON PORTER, SVP, GOVERNMENT RELATIONS	(i) (ii)	444,996 0	37,600 0	32,148 0	0 0	32,159 0	546,903 0	0 0
7 JENNIFER S SHIMER, SVP, MEMBER SVCS & COO	(i) (ii)	338,047 0	38,204 0	60 0	22,250 0	48,408 0	446,969 0	0 0
8 ELISE D SMITH, SVP, FINANCE POLICY & LEG	(i) (ii)	239,344 0	19,683 0	1,236 0	29,055 0	30,417 0	319,735 0	0 0
9 PAULA WARREN, CHIEF INFORMATION OFFICER	(i) (ii)	197,775 0	15,661 0	90 0	14,769 0	12,461 0	240,756 0	0 0
10 MICHAEL BASSETT, VP, GOVERNMENT RELATIONS	(i) (ii)	243,416 0	19,000 0	54 0	0 0	14,891 0	277,361 0	0 0
11 PETER CORLESS, MULTI-FACILITY LIAISON	(i) (ii)	198,624 0	16,000 0	258 0	11,436 0	29,753 0	256,071 0	0 0
12 CHRISTOPHER DONNELLAN, SR DIR, GOVERNMENT RELATIONS	(i) (ii)	179,041 0	30,500 0	138 0	8,959 0	42,470 0	261,108 0	0 0
13 RUTA KADONOFF, VP, QUALITY & REGULATORY	(i) (ii)	183,367 0	14,594 0	90 0	14,145 0	20,411 0	232,607 0	0 0
14 KIMBERLY ZIMMERMAN, VP, GOVERNMENT RELATIONS	(i) (ii)	246,988 0	54,949 0	60 0	17,682 0	22,294 0	341,973 0	0 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 990-EZ 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.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization AMERICAN HEALTH CARE ASSOCIATION	Employer identification number 53-0260105
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE AHCA EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, IMMEDIATE PAST CHAIR, THE SECRETARY/TREASURER, AND ONE ADDITIONAL BOARD OF GOVERNORS MEMBER, SELECTED BY THE BOARD THE EXECUTIVE COMMITTEE ACTS IN THE ABSENCE OF THE BOARD, AND REPORTS ITS ACTIONS TO THE BOARD AT THE EARLIEST CONVENIENCE. THE EXECUTIVE COMMITTEE ALSO SETS COMPENSATION, TERMS, AND CONDITIONS OF EMPLOYMENT FOR THE AHCA PRESIDENT, SUBJECT TO BOARD OF GOVERNORS APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A SECTION 501(C)(6) TRADE ASSOCIATION COMPOSED OF REGULAR MEMBERS THAT ARE ORGANIZED GROUPS OF CARE FACILITIES WITHIN THE CONFINES OF A STATE DISTRICT, TERRITORY OR POSSESSION OF THE UNITED STATES("AFFILIATE ASSOCIATIONS"), ANY CARE FACILITY THAT IS A MEMBER OF AN AFFILIATE ASSOCIATION IS ALSO A REQUIRED MEMBER OF AHCA AHCA ALSO HAS ASSOCIATE MEMBERS, WHO MAY BE INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, LLC'S, AND OTHER ENTITIES THAT EITHER (A) SUPPLY PRODUCTS OR SERVICES TO LONG TERM CARE PROVIDERS OR (B) ARE NOT SUPPLIERS, BUT HELP PROMOTE AHCA OBJECTIVES AHCA ALSO HAS AN HONORARY MEMBERSHIP, WHICH MAY BE CONFERRED BY THE COUNCIL OF STATES ON THOSE INDIVIDUALS WHO HAVE RENDERED DISTINGUISHED SERVICE TO THE HEALTH CARE FIELD OR TO AHCA HONORARY MEMBERS MAY NOT VOTE BUT MAY SERVE ON COMMITTEES IN AN ADVISORY CAPACITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE AHCA BOARD OF GOVERNORS CONSISTS OF - THE CHAIR AND VICE-CHAIR AND SECRETARY/TREASURER - FIVE AT-LARGE MEMBERS - AN INDEPENDENT OWNER MEMBER - A MULTIFACILITY MEMBER - A REGIONAL MULTIFACILITY MEMBER - A NOT FOR PROFIT MEMBER - A REPRESENTATIVE OF NCAL - THE NATIONAL CENTER FOR ASSISTED LIVING, A SUBDIVISION OF AHCA (SELECTED BY NCAL) - A REPRESENTATIVE OF ASHCAE, A SUBDIVISION OF AHCA (SELECTED BY ASHCAE) - AN ASSOCIATE BUSINESS MEMBER (SELECTED BY THE ASSOCIATE MEMBERS, NONVOTING) - THE IMMEDIATE PAST CHAIR OF AHCA - THE PRESIDENT OF AHCA (NONVOTING) BOARD OF GOVERNORS MEMBERS ARE ELECTED AT THE ANNUAL MEETING OF THE COUNCIL OF STATES, BY SECRET BALLOT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DUES RATES AND BY-LAWS CHANGES ARE SUBJECT TO APPROVAL BY THE COUNCIL OF STATES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT OF THE 990 IS FIRST REVIEWED BY MANAGEMENT IT IS THEN PROVIDED TO THE BOARD OF GOVERNORS ELECTRONICALLY FOR REVIEW ANY AND ALL COMMENTS FROM THE BOARD OF GOVERNORS ARE ADDRESSED BY MANAGEMENT IF ANY CHANGES TO THE FORM 990 ARE REQUIRED BASED ON REVIEW BY THE BOARD OF GOVERNORS, A REVISED VERSION IS THEN DISTRIBUTED TO THE BOARD OF GOVERNORS PRIOR TO FILING THE RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY DESIGNED TO HELP DIRECTORS, OFFICERS, EMPLOYEES, AND OTHER INDIVIDUALS WITH DECISION-MAKING AUTHORITY FOR THE ORGANIZATION (I.E., EVERY "RESPONSIBLE PERSON") IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND PROVIDE PROCEDURES TO ADDRESS ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. EACH NEW RESPONSIBLE PERSON IS REQUIRED TO REVIEW THE POLICY AND ACKNOWLEDGE IT IN WRITING. ANNUALLY, EACH RESPONSIBLE PERSON MUST COMPLETE A DISCLOSURE FORM IDENTIFYING RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PARTY IS INVOLVED THAT HE OR SHE BELIEVES COULD GIVE RISE TO A CONFLICT OF INTEREST. ALSO, ALL OFFICERS AND DIRECTORS APPLYING FOR A POSITION ON THE BOARD ARE REQUIRED TO COMPLETE AN APPLICATION WHICH INCLUDES A CONFLICT DISCLOSURE STATEMENT AND POLICY. MEMBERS OF THE CREDENTIALING COMMITTEE REVIEW THE APPLICATIONS. ANNUAL DISCLOSURE FORMS FOR EMPLOYEES ARE REVIEWED BY HUMAN RESOURCES. CONFLICTS IDENTIFIED ARE MADE AVAILABLE TO THE CHAIR OR THE CHAIR'S DESIGNEE, AS WELL AS ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ALL COMPENSATION AWARDED TO THE CEO/PRESIDENT IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS BASED UPON COMPARABILITY DATA PROVIDED BY A NATIONALLY KNOWN COMPENSATION CONSULTING FIRM WITH SPECIAL EXPERTISE IN THE WASHINGTON, D C TRADE ASSOCIATION MARKET THE COMPENSATION AMOUNT IS THEN COMMUNICATED TO THE HR DEPARTMENT BY THE BOARD CHAIR, IN WRITING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NOT NORMALLY MADE AVAILABLE TO GENERAL PUBLIC, BUT FURNISHED TO ANY MEMBER ON REQUEST ALSO, THE BY-LAWS ARE ACCESSIBLE IN A MEMBERS-ONLY SECTION OF THE WEBSITE

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	POLICY CONSULTANTS 1,061,475 CONTRACT MGMT SERVICES 180,411 PERIODICAL & PUBLICATION SERVICES 287,764 GENERAL CONSULTANTS 2,683,571 OTHER PROF FEES 41,273

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SWAP AGREEMENT GAIN 112,045

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT REVIEW PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN HEALTH CARE ASSOCIATION

Employer identification number

53-0260105

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) AHCANCAL INSURANCE SOLUTIONS LLC 1201 L ST NW WASHINGTON, DC 20005 47-1554374	INSURANCE & CONSULTING	DC	0	0	AMERICAN HEALTH CARE ASSOCIATION

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) FOUNDATION FOR THE FUTURE OF AGING 1201 L ST NW 400 WASHINGTON, DC 20005 30-0212598	WORKS TO IMPROVE QUALITY OF LONG-TERM CARE SERVICES	DC	501(C)(3)	509A3 TYPE I		Yes	
(2) AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE 1201 L ST NW WASHINGTON, DC 20005	SEPARATE SEGREGATED FUND PAC	DC	527(F)			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

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

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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