

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **AMERICAN HOSPITAL ASSOCIATION INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**155 NORTH WACKER DRIVE 400**  
 City or town, state or province, country, and ZIP or foreign postal code  
**CHICAGO, IL 60606-1725**

**D** Employer identification number  
**36-0726140**

**E** Telephone number  
**(312) 422-3000**

**F** Name and address of principal officer: **MR. RICHARD POLLACK**  
**800 10TH STREET, N.W., WASHINGTON, DC 20001-4956**

**G** Gross receipts \$ **205,851,551**

**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 ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( **6** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.AHA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1898** **M** State of legal domicile: **IL**

**Part I Summary**

|                             |  |  |   |                                   |
|-----------------------------|--|--|---|-----------------------------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES. THE AHA LEADS, REPRESENTS AND SERVES HOSPITALS, HEALTH SYSTEMS AND OTHER RELATED ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT.</u> |   |                                   |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>27</b>                         |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>26</b>                         |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | <b>5</b>  | <b>370</b>                        |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>26</b>                         |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>614,280</b>                    |
| <b>b</b>                    | Net unrelated business taxable income from Form 990-T, line 38 | <b>7b</b>  | <b>745,331</b>                                  |                                   |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | Prior Year<br><b>169,716</b>                    | Current Year<br><b>398,508</b>    |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)   | <b>125,649,678</b>                              | <b>128,160,654</b>                |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>9,553,630</b>                                | <b>3,698,266</b>                  |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>2,160,180</b>                                | <b>2,048,166</b>                  |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>137,533,204</b>                              | <b>134,305,594</b>                |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>3,283,243</b>                                | <b>5,178,360</b>                  |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>  |                                   |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | <b>60,260,214</b>                               | <b>73,968,657</b>                 |
|                             | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0</b>  | <b>0</b>                          |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>   |   |                                   |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | <b>62,785,610</b>                               | <b>61,548,753</b>                 |
|                             | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | <b>126,329,067</b>                              | <b>140,695,770</b>                |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12           | <b>11,204,137</b>  | <b>(6,390,176)</b>                              |                                   |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)   | Beginning of Current Year<br><b>308,713,804</b> | End of Year<br><b>285,528,042</b> |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)  | <b>90,147,749</b>                               | <b>82,066,336</b>                 |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20   | <b>218,566,055</b>                              | <b>203,461,706</b>                |

**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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title **CHRISTINA Y. FISHER, CFO**

**Paid Preparer Use Only**

Print/Type preparer's name **NICOLE BENCIK** Preparer's signature *Nicole Bencik* Date **8/14/19** Check  if self-employed PTIN **P00756195**

Firm's name ▶ **CROWE LLP** Firm's EIN ▶ **35-0921680**

Firm's address ▶ **225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224** Phone no. **(312) 899-7000**

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** (2018)

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print<br><br>File by the due date for filing your return. See instructions.                                       | Enter filer's identifying number, see instructions   |  |
|---|--|--|
|   | Name of exempt organization or other filer, see instructions.<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b>    | Employer identification number (EIN) or<br><b>36-0726140</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>155 NORTH WACKER DRIVE, 400</b> | Social security number (SSN)                                 |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>CHICAGO, IL 60606-1725</b> |  |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

• The books are in the care of ► **CHRISTINA Y. FISHER**

Telephone No. ► **(312) 422-3000** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 18 or  
 ►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |
|---|-----------|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2019)

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES. THE AHA LEADS, REPRESENTS AND SERVES HOSPITALS, HEALTH SYSTEMS AND OTHER RELATED ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
HEALTH CARE ISSUES AND BEST PRACTICES: THROUGH ITS BOARD AND EXTENSIVE COMMITTEE AND CONSTITUENCY SECTION OUTREACH, AMONG OTHER MECHANISMS, THE AHA PROVIDES A FORUM FOR MEMBERS TO PARTICIPATE IN DISCUSSIONS OF RELEVANT HEALTH CARE ISSUES AND THE DEVELOPMENT OF BEST PRACTICES AS THEY RELATE TO HOSPITALS AND OTHER SECTORS OF HEALTH CARE.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
REPRESENTATION AND ADVOCACY: AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO REPRESENT AND ADVOCATE POLICY POSITIONS BEFORE THE CONGRESS, THE COURTS, THE WHITE HOUSE AND FEDERAL AGENCIES. THROUGH REPRESENTATION AND ADVOCACY, THE AHA ASSISTS ITS MEMBERS ON INITIATIVES AND CHANGES NEEDED TO FURTHER HOSPITALS' MISSION TO DELIVER HIGH-QUALITY, COST-EFFICIENT HEALTH CARE TO ALL AMERICANS.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MEMBERSHIP SERVICES: AHA WORKS WITH, AND ON BEHALF OF, ITS MEMBERS TO PROVIDE EDUCATION, INFORMATION AND ASSISTANCE THAT HELPS HOSPITALS ACHIEVE THEIR FULL POTENTIAL IN PROVIDING THEIR COMMUNITIES WITH HIGH-QUALITY HEALTH CARE. AHA PROVIDES SPECIFIC EDUCATION, PUBLICATIONS, NETWORKING, LEADERSHIP OPPORTUNITIES, AND RECOGNITION TO HOSPITALS AND HEALTHCARE PROFESSIONALS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **0**

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>  |     | ✓  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | ✓   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>   | ✓   |    |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>  |     |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>  | ✓   |    |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>   |     | ✓  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>   |     | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>  |     | ✓  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>           |     | ✓  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>  |     | ✓  |
| <b>11</b> 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.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>  | ✓   |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>  | ✓   |    |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>  |     | ✓  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>   | ✓   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | ✓   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | ✓   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>   |     | ✓  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>  | ✓   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>   |     | ✓  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | ✓  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i> | ✓   |    |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>  |     | ✓  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>   |     | ✓  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>   |     | ✓  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>  |     | ✓  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>  |     | ✓  |
| <b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>   |     | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> 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>   | ✓   |    |

**Part IV Checklist of Required Schedules** *(continued)*

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>22</b> 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> . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>23</b> 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> . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>24a</b> 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> . . . . .                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>b</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> . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>26</b> 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> . . . . .                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>27</b> 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> . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>28</b> 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):  |                                     |                                     |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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> . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>32</b> 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> . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>33</b> 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> . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>34</b> 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> . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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> . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>37</b> 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> . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**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                       |
|---|-------------------------------------|--------------------------|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .  |                                     |                          |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |                                     |                          |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | 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  |            |    |
|            | <b>2a</b> 370  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                 | ✓          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | ✓          |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>   | ✓          |    |
| <b>4a</b>  | 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)?                         |            | ✓  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | ✓  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | ✓  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>  | 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?  | ✓          |    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | ✓          |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            |    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</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  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | ✓  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>   | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.   | <b>15</b>  | ✓  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | ✓  |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .  |                                     |                                     |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.              |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
| <b>2</b>  | 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? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | 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? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>7a</b> | 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? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .         |                                     | <input checked="" type="checkbox"/> |

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

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>10b</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? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | 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?   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  |                                     | <input checked="" type="checkbox"/> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</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? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 ►  
 CHRISTINA Y. FISHER, 155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 60606-1725, (312) 422-3000

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) NANCY P. HOWELL AGEE<br>CHAIR           | 5.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 26,838   | 0   | 0   |
| (2) BRIAN A. GRAGNOLATI<br>CHAIR - ELECT    | 5.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 28,846   | 0   | 0   |
| (3) EUGENE A. WOODS<br>IMMEDIATE PAST CHAIR | 5.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 22,414   | 0   | 0   |
| (4) RICHARD J. POLLACK<br>PRESIDENT & CEO   | 40.0<br>1.0  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 2,254,745  | 0   | 495,281   |
| (5) CHRISTINA R. CAMPOS<br>TRUSTEE          | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 964  | 0   | 0   |
| (6) WILLIAM F. CARPENTER III<br>TRUSTEE     | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 993  | 0   | 0   |
| (7) ROBERT F. CASALOU<br>TRUSTEE            | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 502  | 0   | 0   |
| (8) CARMELA COYLE<br>TRUSTEE                | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 437  | 0   | 0   |
| (9) DOUGLAS P. CROPPER<br>TRUSTEE           | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 839  | 0   | 0   |
| (10) DAVID ENTWISTLE<br>TRUSTEE             | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 350  | 0   | 0   |
| (11) VANESSA ERVIN<br>TRUSTEE               | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 836  | 0   | 0   |
| (12) MELINDA L. ESTES<br>TRUSTEE            | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 5,232  | 0   | 0   |
| (13) JOHN M. HAUPERT<br>TRUSTEE             | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 196  | 0   | 0   |
| (14) RODNEY F. HOCHMAN<br>TRUSTEE           | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 406  | 0   | 0   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) MICHELLE HOOD<br>-----<br>TRUSTEE                                   | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 196  | 0   | 0   |
| (16) STEVEN P. JOHNSON<br>-----<br>TRUSTEE                               | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 2,705  | 0   | 0   |
| (17) WRIGHT L. LASSITER III<br>-----<br>TRUSTEE                          | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 1,555  | 0   | 0   |
| (18) BRUCE LAWRENCE<br>-----<br>TRUSTEE                                  | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 3,792  | 0   | 0   |
| (19) DAVID R. MOLMEN<br>-----<br>TRUSTEE                                 | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 3,851  | 0   | 0   |
| (20) RANDALL D. OOSTRA<br>-----<br>TRUSTEE                               | 1.0<br>-----<br>1.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 2,312  | 0   | 0   |
| (21) JUDY F. RICH<br>-----<br>TRUSTEE                                    | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 900  | 0   | 0   |
| (22) CANDICE L. SAUNDERS<br>-----<br>TRUSTEE                             | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 1,905  | 0   | 0   |
| (23) JASON A. SPRING<br>-----<br>TRUSTEE                                 | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 2,898  | 0   | 0   |
| (24) MARY BETH WALSH<br>-----<br>TRUSTEE                                 | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 2,040  | 0   | 0   |
| (25) (SEE STATEMENT)   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |  |                       |         |              |                              |        | 2,365,752  | 0   | 495,281   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |  |                       |         |              |                              |        | 8,887,500  | 0   | 1,429,746   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |  |                       |         |              |                              |        | 11,253,252   | 0   | 1,925,027   |

**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 **▶** 238

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>4</b> 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> . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> 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> . . . . .                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| ZUCKERMAN SPAEDER LLP, 1800 M STREET NW, WASHINGTON, DC 20036           | LEGAL AND CONSULTING           | 1,193,449           |
| AVALON CONSULTING LLC, 6841 VA PKWY, SUITE 103 #425, MCKINNEY, TX 75071 | CONSULTING                     | 984,627             |
| HOGAN LOVELLS US LLP, 555 THIRTEENTH STREET NW, WASHINGTON, DC 20004    | LEGAL AND CONSULTING           | 978,345             |
| PIXEL, 915 TWIN ELMS COURT, NASHVILLE, TN 37210                         | CONSULTING                     | 821,253             |
| KPMG LLP, PO BOX 120970, DALLAS, TX 75312                               | CONSULTING                     | 383,933             |

**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 **▶** 35

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |           |
|---|---|--|----------------------|--|---|--|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |           |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |  |   |  |           |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |  |   |  |           |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |  |   |  |           |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  |                      |  |   |  |           |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 398,508              |  |   |  |           |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  |                      |  |   |  |           |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 398,508              |  |   |  |           |
| <b>Program Service Revenue</b>                                    |   |  | <b>Business Code</b> |  |   |  |           |
|   | <b>2a</b> MEMBER DUES   |  | 900099               | 82,549,187   | 82,549,187                              |  |           |
|   | <b>b</b> EDUCATION PROGRAMS   |  | 611600               | 24,066,054   | 24,066,054                              |  |           |
|   | <b>c</b> PUBLICATIONS   |  | 511120               | 2,709,332  | 2,709,332                               |  |           |
|   | <b>d</b> LICENSING  |  | 900099               | 18,016,838   | 18,016,838                              |  |           |
|   | <b>e</b> WIRELESS TELEMETRY   |  | 900099               | 472,425  | 472,425                                 |  |           |
|   | <b>f</b> All other program service revenue .  |  |                      | 346,818  | 346,818                                 | 0  |           |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |  |                      | 128,160,654  |   |  |           |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |  |                      | 841,223  |   | 841,223  |           |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |           |
|   | <b>5</b> Royalties . . . . .  |  |                      | 1,196,907  |   | 1,196,907  |           |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | (ii) Personal        |  |   |  |           |
|   |   | <b>b</b> Less: rental expenses                                     |                      |  |   |  |           |
|   |   | <b>c</b> Rental income or (loss)                                   | 0                    | 0  |   |  |           |
|   |   | <b>d</b> Net rental income or (loss) . . . . .                     |                      |  |   |  |           |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |  |           |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |  |           |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  | 2,857,043            | 0  |   |  |           |
|   |   | <b>d</b> Net gain or (loss) . . . . .                              |                      |  | 2,857,043                               |  | 2,857,043 |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |           |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |           |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      |  |   |  |           |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |  |           |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |           |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .     |                      |  |   |  |           |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>a</b>   |                      |  |   |  |           |
|   |   | <b>b</b> Less: cost of goods sold . . . . .                        | <b>b</b>             |  |   |  |           |
|   |   | <b>c</b> Net income or (loss) from sales of inventory . . . . .    |                      |  |   |  |           |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                      |  |   |  |           |
| <b>11a</b> ADVERTISING  |   | 541800   | 614,280              |  | 614,280                                 |  |           |
| <b>b</b> MAILING LABEL REVENUE                                    |   | 900004   | 22,219               | 22,219   |   |  |           |
| <b>c</b> ALL OTHER REVENUE  |   | 900099   | 214,760              | 214,760  |   |  |           |
| <b>d</b> All other revenue . . . . .                              |   |  | 0                    | 0  | 0                                       | 0  |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |   |  | 851,259              |  |   |  |           |
| <b>12 Total revenue.</b> See instructions . . . . .               |   |  | 134,305,594          | 128,397,633  | 614,280                                 | 4,895,173  |           |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   | 4,915,510             |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 262,850               |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 9,782,811             |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 40,783,408            |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 10,697,721            |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  | 8,439,687             |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   | 4,265,030             |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 2,655,826             |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 112,063               |                                 |  |                             |
| <b>d</b> Lobbying . . . . .   | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 1,168,589             |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 13,460,307            |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   | 1,039,164             |                                 |  |                             |
| <b>13</b> Office expenses . . . . .   | 6,519,740             |                                 |  |                             |
| <b>14</b> Information technology . . . . .  | 3,306,232             |                                 |  |                             |
| <b>15</b> Royalties . . . . .   | 301,980               |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 9,874,777             |                                 |  |                             |
| <b>17</b> Travel . . . . .  | 5,785,609             |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 11,779,485            |                                 |  |                             |
| <b>20</b> Interest . . . . .  | (5,645)               |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 3,046,613             |                                 |  |                             |
| <b>23</b> Insurance . . . . .   | 287,471               |                                 |  |                             |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> STATE AND METRO ASSOCIATIONS   | 1,230,222             |                                 |  |                             |
| <b>b</b> COMMISSIONS  | 1,163,758             |                                 |  |                             |
| <b>c</b> FEDERAL AND STATE TAXES  | 155,500               |                                 |  |                             |
| <b>d</b> EDUCATION & TRAINING   | 569,558               |                                 |  |                             |
| <b>e</b> All other expenses   | (902,496)             |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 140,695,770           |                                 |  |                             |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 750                   | <b>1</b>    | 0                     |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 24,120,600            | <b>2</b>    | 19,883,362            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                       | <b>3</b>    |                       |
|   | <b>4</b> Accounts receivable, net . . . . .  | 8,091,509             | <b>4</b>    | 5,501,387             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                     | <b>5</b>    | 0                     |
|   | <b>6</b> 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 . . . . . |                       | <b>6</b>    | 0                     |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                       | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                       | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 3,782,949             | <b>9</b>    | 2,497,553             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 48,177,503 |             |                       |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 32,553,668 | 17,576,373  | <b>10c</b> 15,623,835 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 142,669,362           | <b>11</b>   | 118,573,343           |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 72,920,842            | <b>12</b>   | 73,754,195            |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                     | <b>13</b>   | 0                     |
|   | <b>14</b> Intangible assets . . . . .  |                       | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 39,551,419            | <b>15</b>   | 49,694,367            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 308,713,804  | <b>16</b>             | 285,528,042 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 18,078,133            | <b>17</b>   | 19,878,293            |
|   | <b>18</b> Grants payable . . . . .   |                       | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue . . . . .   | 24,843,036            | <b>19</b>   | 24,011,087            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                       | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                       | <b>21</b>   |                       |
|   | <b>22</b> 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 . . . . .   |                       | <b>22</b>   | 0                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                       | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                       | <b>24</b>   |                       |
|   | <b>25</b> 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  | 47,226,580            | <b>25</b>   | 38,176,956            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 90,147,749            | <b>26</b>   | 82,066,336            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                       |             |                       |
|   | <b>27</b> Unrestricted net assets . . . . .  | 217,105,040           | <b>27</b>   | 202,147,426           |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 1,425,393             | <b>28</b>   | 1,314,280             |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 35,622                | <b>29</b>   | 0                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                       |             |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                       | <b>30</b>   |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                       | <b>31</b>   |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                       | <b>32</b>   |                       |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 218,566,055           | <b>33</b>   | 203,461,706           |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 308,713,804  | <b>34</b>             | 285,528,042 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 134,305,594 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 140,695,770 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (6,390,176) |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 218,566,055 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | (8,714,173) |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 203,461,706 |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

**Part VII**

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

| (A) Name and Title  | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |                                     |                                     |                                     |                                     | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
|   |  | Individual trustee or director         | Institutional trustee | Officer                             | Key employee                        | Highest compensated employee        | Former                              |   |  |  |
| (25) ALLEN S. WEISS<br>-----<br>TRUSTEE   | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                                     |                                     | 2,166   | 0  | 0  |
| (26) PETER J. WRIGHT<br>-----<br>TRUSTEE  | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                                     |                                     | 196   | 0  | 0  |
| (27) CLAIRE M. ZANGERLE<br>-----<br>TRUSTEE   | 1.0<br>-----<br>0.0  | <input checked="" type="checkbox"/>    |                       |                                     |                                     |                                     |                                     | 196   | 0  | 0  |
| (28) MARYJANE WURTH<br>-----<br>EVP COO, PRES HF                                      | 40.0<br>-----<br>0.0   |  |                       | <input checked="" type="checkbox"/> |                                     |                                     |                                     | 1,069,902   | 0  | 228,185  |
| (29) GAIL M. LOVINGER<br>-----<br>SVP SECRETARY                                       | 40.0<br>-----<br>0.0   |  |                       | <input checked="" type="checkbox"/> |                                     |                                     |                                     | 327,845   | 0  | 90,309   |
| (30) CHRISTINA Y. FISHER<br>-----<br>SVP/CFO  | 40.0<br>-----<br>2.0   |  |                       | <input checked="" type="checkbox"/> |                                     |                                     |                                     | 509,228   | 0  | 106,047  |
| (31) THOMAS P. NICKELS<br>-----<br>EVP FED RELATIONS                                  | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 1,239,603   | 0  | 242,988  |
| (32) MELINDA R. HATTON<br>-----<br>SVP & GENERAL COUNSEL                              | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 848,842   | 0  | 145,685  |
| (33) SUSAN GERGELY<br>-----<br>AONE CEO (THRU JUNE 2018); AHA<br>SVP CHIEF HR OFFICER | 20.0<br>-----<br>21.0  |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 408,474   | 0  | 70,089   |
| (34) LISA M. ALLEN<br>-----<br>SVP CHIEF HR OFFICER (THRU JAN<br>2018)                | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 113,021   | 0  | 0  |
| (35) ROBERT I. SARKIS<br>-----<br>VP CHIEF INFORMATION OFFICER                        | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 347,638   | 0  | 42,600   |
| (36) DOUGLAS C. SHAW<br>-----<br>SVP FIELD ENGAGEMENT                                 | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 436,157   | 0  | 93,847   |
| (37) DALE L. WOODIN<br>-----<br>VP PMGS   | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 289,233   | 0  | 43,836   |
| (38) EILEEN O'KEEFE<br>-----<br>ACTING SR EXEC MEMB<br>RELATIONS (THRU AUG 2018)      | 40.0<br>-----<br>0.0   |  |                       |                                     | <input checked="" type="checkbox"/> |                                     |                                     | 349,773   | 0  | 29,483   |
| (39) ASHLEY THOMPSON<br>-----<br>SVP PUBLIC POLICY                                    | 40.0<br>-----<br>0.0   |  |                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     | 510,151   | 0  | 136,414  |
| (40) ALICIA N. MITCHELL<br>-----<br>SVP COMMUNICATIONS                                | 40.0<br>-----<br>0.0   |  |                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     | 510,730   | 0  | 98,505   |
| (41) SUSAN M. SOLOMON<br>-----<br>GROUP VP DEP GEN COUNSEL                            | 40.0<br>-----<br>0.0   |  |                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     | 391,297   | 0  | 50,491   |
| (42) GLORIA J. KUPFERMAN<br>-----<br>CHIEF DATA STRATEGY OFFIC                        | 40.0<br>-----<br>0.0   |  |                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     | 371,165   | 0  | 20,154   |
| (43) HENRIETTA S. FIELEK<br>-----<br>VP POLITICAL OUTREACH                            | 40.0<br>-----<br>0.0   |  |                       |                                     |                                     | <input checked="" type="checkbox"/> |                                     | 327,907   | 0  | 20,094   |
| (44) JOHN R. COMBES<br>-----<br>FORMER SVP AHA & COO CHG                              | 0.0<br>-----<br>0.0  |  |                       |                                     |                                     |                                     | <input checked="" type="checkbox"/> | 357,169   | 0  | 8,315  |

| (A) Name and Title                            | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(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 |  |   |  |
| (45) JACK A. MACKAY<br>-----<br>FORMER VP/CIO | 0.0<br>-----<br>0.0  |  |                       |         |              |                              | 126,752  | 0   | 0  |
| (46) R. JOHN EVANS<br>-----<br>FORMER SVP/CFO | 0.0<br>-----<br>0.0  |  |                       |         |              |                              | 350,055  | 0   | 2,704  |

**Schedule of Contributors**

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

|  |   |
|--|---|
| Name of the organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( **6** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | -----<br>-----<br>-----           | \$ ----- 25,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | \$ ----- 20,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | -----<br>-----<br>-----           | \$ ----- 17,080            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | -----<br>-----<br>-----           | \$ ----- 11,501            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | -----<br>-----<br>-----           | \$ ----- 10,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | -----<br>-----<br>-----           | \$ ----- 10,862            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | -----<br>-----<br>-----           | \$ ----- 40,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | -----<br>-----<br>-----           | \$ ----- 12,192            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | -----<br>-----<br>-----           | \$ ----- 7,782             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | -----<br>-----<br>-----           | \$ ----- 5,835             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 13         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$ -----  | -----                |

|  |   |
|--|---|
| Name of organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on 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," on 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," on 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 organization<br><b>AMERICAN HOSPITAL ASSOCIATION INC</b> | Employer identification number<br><b>36-0726140</b> |
|--|---|

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ 0
- 3 Volunteer hours for political campaign activities (see instructions) . . . . . 0

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

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

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

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

| (a) Name            | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---------------------|-------------|---------|---|--|
| (1) (SEE STATEMENT) |             |         |   |  |
| (2)                 |             |         |   |  |
| (3)                 |             |         |   |  |
| (4)                 |             |         |   |  |
| (5)                 |             |         |   |  |
| (6)                 |             |         |   |  |

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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? . . . . . |   | <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b> |   |          |          |          |           |
|---|---|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                 | (a) 2015  | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b>   | Lobbying nontaxable amount                              |          |          |          |           |
| <b>b</b>  | Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |           |
| <b>c</b>  | Total lobbying expenditures                             |          |          |          |           |
| <b>d</b>  | Grassroots nontaxable amount                            |          |          |          |           |
| <b>e</b>  | Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |           |
| <b>f</b>  | 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

**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."**

|   |           |            |
|---|-----------|------------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  | 82,549,187 |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |            |
| <b>a</b> Current year   | <b>2a</b> | 19,948,904 |
| <b>b</b> Carryover from last year   | <b>2b</b> | 2,560,613  |
| <b>c</b> Total  | <b>2c</b> | 22,509,517 |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  | 18,763,430 |
| <b>4</b> 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? | <b>4</b>  | 3,746,087  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  | 0          |

**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.

SEE NEXT PAGE

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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 - Identifier                                      | Explanation   |
|--|---|
| SCHEDULE C, PART I-A, LINE 1 - DESCRIPTION OF POLITICAL ACTIVITIES | AHA RECEIVED CONTRIBUTIONS FROM AHA EMPLOYEES IN SUPPORT OF AHAPAC. THE FUNDS FROM AHA EMPLOYEES WERE RECEIVED AND DIRECTLY DELIVERED TO AHAPAC, A RELATED TAX-EXEMPT SECTION 527 POLITICAL ORGANIZATION. |

**Part-C**

Line 5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. (continued)

| (a)<br>Name | (b)<br>Address  | (c)<br>EIN | (d)<br>Amount paid from filing organization's funds. If none, enter -0-. | (e)<br>Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|-------------|---|------------|--|---|
| AHAPAC      | 800 TENTH STREET, N.W.,<br>TWO CITYCENTER, STE 400<br>WASHINGTON, DC 20001-4956 | 36-2996517 | 0  | 51,068  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held amounts at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

**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" on 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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 on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> 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 on 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
- (ii)** related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

**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" on 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 16,973,901                      | 7,785,749                    | 9,188,152      |
| <b>d</b> Equipment   |                                      | 1,873,614                       | 1,228,436                    | 645,178        |
| <b>e</b> Other   |                                      | 29,329,988                      | 23,539,483                   | 5,790,505      |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 15,623,835     |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests   | 21,527,969     | END OF YEAR MARKET VALUE                                     |
| (3) Other HEDGE FUNDS   | 38,269,158     | END OF YEAR MARKET VALUE                                     |
| (A) INFLATION HEDGE BONDS   | 17,399,364     | END OF YEAR MARKET VALUE                                     |
| (B) INVESTMENT IN SUBSIDIARIES  | (3,442,296)    | END OF YEAR MARKET VALUE                                     |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 73,754,195     |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) INTERCOMPANY RECEIVABLE   | 46,940,607     |
| (2) DEFERRED COMPENSATION ASSETS  | 1,506,364      |
| (3) COLLATERAL VALUE LIFE INSURANCE   | 1,247,396      |
| (4) ANNUITIES   | 0              |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 49,694,367     |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) LEASE PAYABLE/DEF. LEASE ALLOWANCE                                      | 14,106,247     |
| (3) INVESTMENT PAYABLE  | 19,870,947     |
| (4) ACCRUED RETIREMENT EXPENSES   | 4,199,762      |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 38,176,956     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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 - Identifier   | Explanation  |
|---|--|
| <p>SCHEDULE D, PART X,<br/>LINE 2 - FIN 48 (ASC 740)<br/>FOOTNOTE</p> | <p>THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE.</p> <p>THE ASSOCIATION FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES SECTION OF THE INCOME TAXES TOPIC OF THE ASC, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.</p> <p>THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED AND RECORDED AS LIABILITIES FOR THE REPORTING PERIODS PRESENTED HEREIN.</p> <p>THE ASSOCIATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION, THE STATE OF ILLINOIS, AND OTHER JURISDICTIONS AS REQUIRED. THE AHAPAC FILES A FORM 1120-POL. THE ASSOCIATION'S FORM 990 INCLUDES HF LLC AS A DISREGARDED ENTITY.</p> |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN HOSPITAL ASSOCIATION INC

Employer identification number

36-0726140

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) SOUTH ASIA  | 0                                   | 0  | PROGRAM SERVICES   | SALES OF BOOKS AND DATA.   | 455  |
| (2) CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | PROGRAM SERVICES, CONFERENCE TRAVEL  | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.  | 2,578  |
| (3) EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | PROGRAM SERVICES, CONFERENCE TRAVEL  | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.  | 109,025  |
| (4) EUROPE (INCLUDING ICELAND AND GREENLAND)                | 0                                   | 0  | PROGRAM SERVICES, CONFERENCE TRAVEL  | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.  | 8,415  |
| (5) MIDDLE EAST AND NORTH AFRICA                            | 0                                   | 0  | PROGRAM SERVICES   | SALES OF BOOKS AND DATA.   | 3,516  |
| (6) NORTH AMERICA (CANADA & MEXICO ONLY)                    | 0                                   | 0  | PROGRAM SERVICES, CONFERENCE TRAVEL  | SALES OF BOOKS AND DATA. ATTEND MEETINGS AND CONFERENCES.  | 21,369   |
| (7) SOUTH AMERICA   | 0                                   | 0  | PROGRAM SERVICES   | SALES OF BOOKS AND DATA.   | 222  |
| (8) CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | INVESTMENTS  | N/A  | 37,070,795   |
| (9) SUB-SAHARAN AFRICA                                      | 0                                   | 0  | PROGRAM SERVICES   | SALES OF BOOKS AND DATA.   | 10   |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | 0                                   | 0  |  |  | 37,216,385   |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 37,216,385   |





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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

Part V

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier   | Explanation   |
|---|---|
| SCHEDULE F, PART I, LINE 3 - INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES              | <p>THE ORGANIZATION'S FOREIGN ACTIVITIES CONSIST MAINLY OF SALES OF BOOKS AND DATA PRODUCTS IN FOREIGN COUNTRIES WHICH GENERATE REVENUE. THE ORGANIZATION DOES NOT SEPARATELY TRACK EXPENDITURES RELATED TO THE SALE OF BOOKS AND DATA TO FOREIGN COUNTRIES.</p> <p>ADDITIONALLY, THE ORGANIZATION HAS A LIMITED AMOUNT EXPENSES RELATED TO FOREIGN TRAVEL FOR ATTENDING CONFERENCES AND MEETINGS WITH OTHER ORGANIZATIONS.</p> |
| SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | <p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL<br/>           EAST ASIA AND THE PACIFIC: ACCRUAL<br/>           EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL<br/>           MIDDLE EAST AND NORTH AFRICA: ACCRUAL<br/>           NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL<br/>           SOUTH AMERICA: ACCRUAL<br/>           SOUTH ASIA: ACCRUAL<br/>           SUB-SAHARAN AFRICA: ACCRUAL</p>                  |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

AMERICAN HOSPITAL ASSOCIATION INC

Employer identification number

36-0726140

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HEALTH RESEARCH & EDUCATIONAL TRUST<br>155 N WACKER DRIVE, CHICAGO, IL 60606          | 36-2203931 | 501(C)(3)                       | 986,580                  |                                   |   |                                       | SUPPORT PAYMENT                    |
| (2) (SEE STATEMENT)   | 58-2094118 | 501(C)(3)                       | 1,159,000                |                                   |   |                                       | SUPPORT PAYMENT                    |
| (3) (SEE STATEMENT)   | 45-2604332 | 501(C)(3)                       | 100,000                  |                                   |   |                                       | SUPPORT PAYMENT                    |
| (4) (SEE STATEMENT)   | 53-0196932 | 501(C)(3)                       | 25,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (5) US CHAMBER OF COMMERCE<br>1615 H STREET NW, WASHINGTON, DC 20062                      | 53-0045720 | 501(C)(6)                       | 25,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (6) NATIONAL HOSPICE FOUNDATION INC<br>1731 KING STREET, ALEXANDRIA, VA 22314             | 54-1586967 | 501(C)(3)                       | 10,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (7) BLUFORD HEALTHCARE LEADERSHIP INSTUTE<br>7900 LEES SUMMIT ROAD, KANSAS CITY, MO 64139 | 46-3328194 | 501(C)(3)                       | 10,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (8) (SEE STATEMENT)   | 36-2658309 | 501(C)(3)                       | 25,250                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (9) CENTER FOR HEALTH DESIGN INC<br>1850 GATEWAY BOULEVARD, CONCORD, NH 94520             | 68-0298038 | 501(C)(3)                       | 25,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (10) (SEE STATEMENT)  | 62-1312239 | 501(C)(3)                       | 20,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (11) (SEE STATEMENT)  | 04-3546835 | 501(C)(3)                       | 20,000                   |                                   |   |                                       | SUPPORT PAYMENT                    |
| (12) (SEE STATEMENT)  |            |                                 |                          |                                   |   |                                       |                                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3

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

Cat. No. 50055P

Schedule I (Form 990) (2018)



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) FIRE PROTECTION RESEARCH FOUNDATION<br>1 BATTERYMARCH PARK, QUINCY, MA 02169              | 52-1256543 | 501(C)(3)                        | 207,500                     |                                      |  |   | SUPPORT PAYMENT                       |
| (13) CALIFORNIA HEALTH FOUNDATION & TRUST<br>1215 K ST STE 800, SACRAMENTO, CA 95814           | 94-1498697 | 501(C)(3)                        | 50,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (14) ASAE<br>1575 I STREET NW SUITE 1100, WASHINGTON, DC 20005                                 | 52-1300485 | 501(C)(3)                        | 6,000                       |                                      |  |   | SUPPORT PAYMENT                       |
| (15) CONGRESSIONAL BLACK CAUCUS FDN INC<br>1720 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 20036 | 52-1160561 | 501(C)(3)                        | 15,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (16) FLORIDA HOSPITAL ASSOCIATION<br>306 E COLLEGE AVE, TALLAHASSEE, FL 32301                  | 59-0690327 | 501(C)(6)                        | 50,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (17) DAVID A WINSTON BALL<br>1341 G STREET NW, WASHINGTON, DC 20005                            | 52-1492039 | 501(C)(3)                        | 12,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (18) HOPE FOR THE DAY<br>3179 N CLARK STREET, CHICAGO, IL 60657                                | 45-2477331 | 501(C)(3)                        | 7,500                       |                                      |  |   | SUPPORT PAYMENT                       |
| (19) NATIONAL QUALITY FORUM<br>1030 15TH STREET NW SUITE 800, WASHINGTON, DC 20005             | 52-2175544 | 501(C)(3)                        | 22,500                      |                                      |  |   | SUPPORT PAYMENT                       |
| (20) EHEALTH INITIATIVE AND FOUNDATION<br>1 THOMAS CIRCLE NW, WASHINGTON, DC 20005             | 52-2303820 | 501(C)(6)                        | 6,000                       |                                      |  |   | SUPPORT PAYMENT                       |
| (21) AIM HEALTH INSTITUTE<br>908 NEW HAMPSHIRE AVE NW, WASHINGTON, DC 20037                    | 46-5542911 | 501(C)(3)                        | 7,500                       |                                      |  |   | SUPPORT PAYMENT                       |
| (22) PARTNERS IN CARE FOUNDATION INC<br>732 MOTT STREET, SAN FERNANDO, CA 91340                | 95-3954057 | 501(C)(3)                        | 10,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (23) B'NAI B'RITH INTERNATIONAL<br>1120 20TH ST NW, WASHINGTON, DC 20036                       | 53-0179971 | 501(C)(3)                        | 10,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (24) ALLIANCE FOR HEALTH POLICY<br>1444 I STREET NW, WASHINGTON, DC 20005                      | 52-1746328 | 501(C)(3)                        | 10,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (25) NORTH CAROLINA HOSPITAL FOUNDATION<br>2400 WESTON PKWAY, CARY, NC 27513                   | 56-0773039 | 501(C)(3)                        | 50,000                      |                                      |  |   | SUPPORT PAYMENT                       |
| (26) ATLAS HEALTH FOUNDATION<br>1322 BANQUO COURT, MCLEAN, VA 22102                            | 27-0724835 | 501(C)(3)                        | 5,000                       |                                      |  |   | SUPPORT PAYMENT                       |
| (27) UNIDOSUS<br>1126 16TH STREET NW, WASHINGTON, DC 20036                                     | 86-0212873 | 501(C)(3)                        | 35,000                      |                                      |  |   | SUPPORT PAYMENT                       |

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (28) AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS<br>4400 COLLEGE BLVD, OVERLAND PARK, KS 66211 | 76-0646023 | 501(C)(3)                        | 9,000                       |                                      |  |   | SUPPORT PAYMENT                       |
| (29) COALITION TO PROTECT AMERICA'S HEALTHCARE<br>800 10TH ST. NW, WASHINGTON, DC 20001      | 52-2253225 | 501(C)(3)                        | 1,000,000                   |                                      |  |   | SUPPORT PAYMENT                       |



| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.     | TYPICALLY AHA MAKES GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS TO SUPPORT THEIR GENERAL OPERATIONS OR IN RESPONSE TO THEIR FUNDRAISING EFFORTS. IN THESE INSTANCES, AHA DOES NOT HAVE A FORMAL PROCESS FOR WHICH THEY MONITOR THE USE OF THE GRANT PAID.<br><br>IN OTHER CASES, THE AHA PROVIDES GRANTS OR CONTRIBUTIONS TO SUPPORT A SPECIFIC EFFORT OR PROJECT. IN SUCH CASES, AHA'S MANAGEMENT IS KEPT INFORMED AS TO THE USE OF THE FUNDS AND THE STATUS OR SATISFACTORY COMPLETION OF THE PROJECT. |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT<br>155 N WACKER DRIVE, CHICAGO, IL 60606  |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | COALITION TO TRANSFORM ADVANCED CARE<br>1299 PENNSYLVANIA AVE NW, WASHINGTON, DC 20004   |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | NATIONAL ACADEMY OF SCIENCES<br>2101 CONSTITUTION AVENUE NW, WASHINGTON, DC 20418  |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | COMMISSION ON ACCREDITATION OF HEALTHCARE MANAGEMENT EDUCATION<br>6110 EXECUTIVE BLVD, ROCKVILLE, MD 20852   |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES INC<br>1050 CONNECTICUT AVE, WASHINGTON, DC 20036   |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | PROJECT PERFECT WORLD FOUNDATION<br>290 E JOHN CARPENTER FREEWAY, IRVING, TX 75062   |
| SCHEDULE I, PART III - GRANTS TO INDIVIDUALS                                   | THE ILSE B. ALMANZA SCHOLARSHIP SUPPORTS EDUCATION AND TRAINING TO DEVELOP FUTURE LEADERS COMMITTED TO OPTIMIZING THE HEALTH CARE PHYSICAL ENVIRONMENT.  |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN HOSPITAL ASSOCIATION INC

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

36-0726140

**Part I Questions Regarding Compensation**

|  | Yes | No |
|--|-----|----|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel                      <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br/> <input checked="" type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input checked="" type="checkbox"/> Discretionary spending account                              <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p> |     |    |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>   | ✓   |    |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>   | ✓   |    |
| <p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>  |     |    |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>   |     |    |
| <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>  | ✓   |    |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>  | ✓   |    |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>  |     | ✓  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>   |     |    |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>   |     |    |
| <p><b>a</b> The organization? . . . . .</p>  |     |    |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>  |     |    |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>   |     |    |
| <p><b>a</b> The organization? . . . . .</p>  |     |    |
| <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>  |     |    |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>  |     |    |
| <p><b>8</b> Were any amounts reported on 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 . . . . .</p>  |     |    |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>   |     |    |

**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 on 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 aren't 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 on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 RICHARD J. POLLACK<br>PRESIDENT & CEO                                | (i)  | 1,549,292  | 374,875                             | 330,578                             | 445,915  | 49,366                  | 2,750,026                       | 232,428   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 R. JOHN EVANS<br>FORMER SVP/CFO                                      | (i)  | 0  | 0                                   | 350,055                             | 0  | 2,704                   | 352,759                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 MARYJANE WURTH<br>EVP COO, PRES HF                                   | (i)  | 809,318  | 200,264                             | 60,320                              | 198,593  | 29,592                  | 1,298,087                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 GAIL M. LOVINGER<br>SVP SECRETARY                                    | (i)  | 247,183  | 26,714                              | 53,948                              | 59,793   | 30,516                  | 418,154                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 CHRISTINA Y. FISHER<br>SVP/CFO                                       | (i)  | 422,210  | 36,798                              | 50,220                              | 87,685   | 18,362                  | 615,275                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 JACK A. MACKAY<br>FORMER VP/CIO                                      | (i)  | 0  | 0                                   | 126,752                             | 0  | 0                       | 126,752                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 THOMAS P. NICKELS<br>EVP FED RELATIONS                               | (i)  | 788,105  | 195,361                             | 256,137                             | 201,154  | 41,834                  | 1,482,591                       | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 MELINDA R. HATTON<br>SVP & GENERAL COUNSEL                           | (i)  | 635,031  | 63,509                              | 150,302                             | 116,682  | 29,003                  | 994,527                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 SUSAN GERGELY<br>AONE CEO (THRU JUNE 2018); AHA SVP CHIEF HR OFFICER | (i)  | 359,397  | 27,732                              | 21,345                              | 45,028   | 25,061                  | 478,563                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 ROBERT I. SARKIS<br>VP CHIEF INFORMATION OFFICER                    | (i)  | 328,968  | 16,750                              | 1,920                               | 11,381   | 31,219                  | 390,238                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 DOUGLAS C. SHAW<br>SVP FIELD ENGAGEMENT                             | (i)  | 364,799  | 32,708                              | 38,650                              | 56,148   | 37,699                  | 530,004                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 DALE L. WOODIN<br>VP PMGS   | (i)  | 258,405  | 26,110                              | 4,718                               | 16,500   | 27,336                  | 333,069                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 EILEEN O'KEEFE<br>ACTING SR EXEC MEMB RELATIONS (THRU AUG 2018)     | (i)  | 217,445  | 30,970                              | 101,358                             | 15,093   | 14,390                  | 379,256                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 JOHN R. COMBES<br>FORMER SVP AHA & COO CHG                          | (i)  | 0  | 0                                   | 357,169                             | 0  | 8,315                   | 365,484                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 ASHLEY THOMPSON<br>SVP PUBLIC POLICY                                | (i)  | 424,102  | 43,059                              | 42,990                              | 89,043   | 47,371                  | 646,565                         | 10,226  |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 16 (SEE STATEMENT)   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part II**

**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

| (a)<br>Name  |      | (b)<br>Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (c)<br>Retirement and other deferred compensation | (d)<br>Nontaxable benefits | (e)<br>Total of columns (b)(i)-(d) | (f)<br>Compensation reported in prior Form 990 or Form 990-EZ |
|--|------|---|-------------------------------------|-------------------------------------|---|----------------------------|------------------------------------|---|
|  |      | (i) Base Compensation                                 | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |   |                            |                                    |   |
| <sup>(16)</sup> ALICIA N. MITCHELL<br>SVP COMMUNICATIONS         | (i)  | 371,118   | 35,605                              | 104,007                             | 81,788  | 16,717                     | 609,235                            | 52,905  |
|  | (ii) | 0   | 0                                   | 0                                   | 0   | 0                          | 0                                  | 0   |
| <sup>(17)</sup> SUSAN M. SOLOMON<br>GROUP VP DEP GEN COUNSEL     | (i)  | 353,958   | 35,699                              | 1,640                               | 16,500  | 33,991                     | 441,788                            | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0   | 0                          | 0                                  | 0   |
| <sup>(18)</sup> GLORIA J. KUPFERMAN<br>CHIEF DATA STRATEGY OFFIC | (i)  | 309,358   | 30,255                              | 31,552                              | 16,500  | 3,654                      | 391,319                            | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0   | 0                          | 0                                  | 0   |
| <sup>(19)</sup> HENRIETTA S. FIELEK<br>VP POLITICAL OUTREACH     | (i)  | 296,784   | 29,053                              | 2,070                               | 16,500  | 3,594                      | 348,001                            | 0   |
|  | (ii) | 0   | 0                                   | 0                                   | 0   | 0                          | 0                                  | 0   |

## 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 - Identifier   | Explanation   |
|---|---|
| SCHEDULE J, PART I, LINE 1A - DISCRETIONARY SPENDING ACCOUNT                  | <p>IN CONNECTION WITH OFFICIAL DUTIES, STIPENDS WERE MADE AVAILABLE TO THE CHAIRMAN, IMMEDIATE PAST CHAIRMAN, AND CHAIRMAN ELECT OF THE BOARD.</p> <p>TAXABLE BENEFIT ALLOWANCES WERE MADE AVAILABLE TO SENIOR VICE PRESIDENT'S AND ABOVE.</p> <p>THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.</p>   |
| SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL                   | <p>BY POLICY, FIRST-CLASS TRAVEL WAS MADE AVAILABLE TO THREE BOARD MEMBERS, CEO AND TWO EXECUTIVE VICE PRESIDENTS IN 2018. IT WAS NOT TREATED AS TAXABLE COMPENSATION FOR ANY INTERESTED PERSON. THESE INDIVIDUALS ARE REQUIRED TO TRAVEL EXTENSIVELY ON ORGANIZATION BUSINESS, AND PROVIDING FOR FIRST-CLASS TRAVEL IS CONSIDERED A REASONABLE ACCOMMODATION.</p> <p>ADDITIONALLY, FIRST-CLASS TRAVEL MAY BE APPROVED IN CASES OF HARDSHIP OR EXTENUATING CIRCUMSTANCES ON A CASE-BY-CASE BASIS.</p>   |
| SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | <p>A HOUSING ALLOWANCE WAS PROVIDED TO ONE KEY EMPLOYEE IN 2018. THE RELATED BENEFIT WAS INCLUDED IN TAXABLE COMPENSATION.</p>  |
| SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS                           | <p>SPOUSAL TRAVEL WAS PROVIDED TO THREE OFFICERS, CEO AND TWO EXECUTIVE VICE PRESIDENTS IN 2018. THE RELATED BENEFIT WAS INCLUDED IN THE INTERESTED PERSONS' TAXABLE COMPENSATION.</p>  |
| SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT          | <p>THE FOLLOWING OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES RECEIVED SEVERANCE:</p> <ul style="list-style-type: none"> <li>-R. JOHN EVANS - \$350,055</li> <li>-JOHN R. COMBES - \$357,169</li> <li>-RYAN FRAZIER - \$339,464</li> <li>-JACK MACKAY - \$126,752</li> <li>-EILEEN O'KEEFE - \$100,633</li> </ul>  |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN       | <p>DURING THE 2018 CALENDAR YEAR, AMERICAN HOSPITAL ASSOCIATION (AHA) MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN:</p> <ul style="list-style-type: none"> <li>- RICHARD J. POLLACK</li> <li>- MARY JANE WURTH</li> <li>- CHRISTINA FISHER</li> <li>- DOUGLAS C. SHAW</li> <li>- THOMAS P. NICKELS</li> <li>- MELINDA R. HATTON</li> <li>- ALICIA N. MITCHELL</li> <li>- ASHLEY THOMPSON</li> <li>- GAIL M. LOVINGER</li> <li>- SUSAN GERGELY</li> <li>- LISA M. ALLEN</li> <li>- RYAN FRAZIER</li> </ul> <p>DURING 2018, THE FOLLOWING CONTRIBUTIONS WERE MADE BY AHA TO THE PLAN:</p> <ul style="list-style-type: none"> <li>- RICHARD J. POLLACK: \$429,415</li> <li>- MARYJANE WURTH: \$182,093</li> <li>- CHRISTINA FISHER: \$71,185</li> <li>- DOUGLAS C. SHAW: \$39,648</li> <li>- THOMAS P. NICKELS: \$184,654</li> <li>- MELINDA R. HATTON: \$100,182</li> <li>- ALICIA N. MITCHELL: \$65,288</li> <li>- ASHLEY THOMPSON: \$72,543</li> <li>- GAIL M. LOVINGER: \$43,293</li> <li>- SUSAN GERGELY: \$28,528</li> </ul> <p>DURING 2018, THE FOLLOWING DISTRIBUTIONS WERE MADE BY AHA FROM THE PLAN:</p> <ul style="list-style-type: none"> <li>- RICHARD J. POLLACK: \$232,428</li> <li>- LISA M. ALLEN: \$51,079</li> <li>- THOMAS P. NICKELS: \$184,654</li> <li>- MELINDA R. HATTON: \$100,182</li> <li>- ALICIA N. MITCHELL: \$52,905</li> <li>- ASHLEY THOMPSON: \$10,226</li> </ul> |

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of 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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the Organization  
**AMERICAN HOSPITAL ASSOCIATION INC**Employer Identification Number  
**36-0726140**

| Return Reference - Identifier  | Explanation  |
|--|--|
| FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE                       | THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES COMPOSED OF THE CHAIR OF THE BOARD OF TRUSTEES, THE CHAIR-ELECT OF THE BOARD OF TRUSTEES, THE IMMEDIATE PAST CHAIR OF THE BOARD OF TRUSTEES, THE PRESIDENT, AND THE CHAIR OF THE OPERATIONS COMMITTEE, ALL OF WHOM SHALL BE EX OFFICIO MEMBERS WITH THE POWER TO VOTE, AND SUCH ADDITIONAL MEMBERS OF THE BOARD OF TRUSTEES AS RECOMMENDED BY THE EXECUTIVE COMMITTEE AND APPOINTED BY THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO ACT ON BEHALF OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES WHEN, IN THE JUDGMENT OF THE COMMITTEE, IT IS NECESSARY.   |
| FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS                             | <p>AHA IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH MEMBERS. THESE MEMBERS MAY PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE. SPECIFICALLY, MEMBERS MAY PARTICIPATE IN THE ELECTION OF MEMBERS OF THE GOVERNING BODY.</p> <p>THE MEMBERSHIP OF AHA IS MADE UP OF:</p> <ol style="list-style-type: none"> <li>1. HOSPITALS, HEALTH CARE SYSTEMS, AND HEALTH SERVICE ORGANIZATIONS WHICH PROVIDE A CONTINUUM OF INTEGRATED COMMUNITY HEALTH RESOURCES AND WHICH INCLUDE AT LEAST ONE LICENSED HOSPITAL THAT IS OWNED, LEASED, MANAGED OR RELIGIOUSLY SPONSORED.</li> <li>2. HEALTH PROVIDER ORGANIZATIONS, OTHER THAN REGISTERED HOSPITALS, WHICH PROVIDE PATIENT CARE SERVICES, AS WELL AS PHYSICIAN GROUPS, HEALTH INSURANCE SERVICES, AND STAFF AND GROUP MODEL HEALTH MAINTENANCE ORGANIZATIONS WITHOUT A HOSPITAL COMPONENT.</li> <li>3. OTHER ORGANIZATIONS INTERESTED IN THE OBJECTIVES OF THE ASSOCIATION.</li> <li>4. PERSONAL MEMBERS.</li> </ol> <p>MEMBERS OF THE BOARD OF TRUSTEES ARE SELECTED BY A COMMITTEE ON NOMINATIONS. MEMBERS WHO SEEK TO BE ON THE BOARD ARE PUT THROUGH A VETTING PROCESS, AND A SLATE OF CANDIDATES IS PRESENTED TO THE BOARD FOR APPROVAL.</p> |
| FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY    | PLEASE SEE THE NARRATIVE FOR PART VI, SECTION A, LINE 6.   |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY                         | THE FULL FORM 990 IS REVIEWED BY MANAGEMENT AND BY LEGAL COUNSEL. IT IS THEN REVIEWED BY THE BOARD OF TRUSTEES OPERATIONS COMMITTEE, THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE, AND FINALLY THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.   |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY                                  | <p>ON AN ANNUAL BASIS, THE ASSOCIATION'S TRUSTEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE TO THE ASSOCIATION SECRETARY. THE ASSOCIATION'S OFFICERS, KEY EMPLOYEES AND ALL OTHER EMPLOYEES ARE REQUIRED TO READ, COMPLETE AND RETURN A CONFLICT OF INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS.</p> <p>THE RETURNED QUESTIONNAIRES ARE HANDLED JOINTLY BY THE SECRETARY, LEGAL, COMPLIANCE, AND HUMAN RESOURCES. ANY QUESTIONNAIRE THAT RAISES A POTENTIAL ISSUE IS REVIEWED AND REFERRED TO THE ASSOCIATION'S PRESIDENT FOR DETERMINATION REGARDING A CONFLICT AND ANY ACTION TO BE CONSIDERED OR UNDERTAKEN.</p> <p>ANY POTENTIAL CONFLICT OF INTEREST THAT ARISES AFTER THE QUESTIONNAIRE IS COMPLETED MUST BE PROMPTLY REPORTED. ANY RESTRICTIONS IMPOSED, BASED ON INFORMATION DISCLOSED IN A CONFLICT OF INTEREST QUESTIONNAIRE OR OTHERWISE, WOULD BE COMMENSURATE WITH THE TYPE OF CONFLICT IDENTIFIED AND WOULD BE DISCLOSED TO THE BOARD OF TRUSTEES.</p>  |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | <p>THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DOES NOT INCLUDE ANY INDIVIDUAL WHOSE COMPENSATION IT REVIEWS. THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTANT TO PRODUCE COMPARABLE SALARY DATA FOR THE CEO, AND OFFICERS AND KEY EMPLOYEES AS APPROPRIATE, AND MAKES RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS, CONSISTENT WITH EXISTING COMPENSATION AGREEMENTS, POLICIES AND PROCEDURES.</p> <p>THE COMMITTEE CONSIDERS THE RECOMMENDATIONS FROM THE COMPENSATION CONSULTANT, EVALUATES THE CEO'S PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS, AND DETERMINES WHETHER ANY ADJUSTMENT OR PERFORMANCE-BASED REWARD SHOULD BE MADE.</p> <p>THE PROCESS FOR DETERMINING, REVIEWING AND APPROVING COMPENSATION AND ADJUSTMENTS TO COMPENSATION IS UNDERTAKEN ON AN ANNUAL BASIS. CONTEMPORANEOUS MINUTES OF THE COMMITTEE'S DELIBERATIONS AND DECISIONS ARE PREPARED AND REVIEWED BY THE COMMITTEE IN A TIMELY MANNER.</p>  |

| Return Reference - Identifier   | Explanation   |
|---|---|
| <p>FORM 990, PART VI, LINE 15B -<br/>COMPENSATION OF OTHER<br/>OFFICERS AND KEY<br/>EMPLOYEES</p> | <p>WHERE APPROPRIATE, THE COMMITTEE HAS AUTHORIZED THE CEO TO APPLY THE SAME PROCEDURES AS DESCRIBED IN THE NARRATIVE FOR PART VI, SECTION B, LINE 15A TO THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES.</p> <p>FOR ALL OTHER OFFICERS AND KEY EMPLOYEES, COMPENSATION IS EVALUATED BY THE ORGANIZATION'S MANAGEMENT ON AN ANNUAL BASIS USING PERFORMANCE AGAINST ANNUAL PERFORMANCE GOALS.</p> <p>PLEASE SEE THE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.</p> |
| <p>FORM 990, PART VI, LINE 19 -<br/>REQUIRED DOCUMENTS<br/>AVAILABLE TO THE PUBLIC</p>            | <p>THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST TO MEMBERS; A SUMMARY OF THE FINANCIAL RESULTS ARE PRINTED EACH YEAR AS PART OF THE ANNUAL REPORT TO MEMBERSHIP.</p> <p>FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.</p>                                   |

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

AMERICAN HOSPITAL ASSOCIATION INC

Employer identification number

36-0726140

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) HEALTH FORUM, LLC (36-0726140)<br>155 NORTH WACKER DRIVE, SUITE 400, CHICAGO, IL 60606-1725         | EDUCATION               | IL   | 12,461,243          | 72,799,883                | N/A                              |
| (2) AHA INNOVATION DEVELOPMENT FUND, LLC (83-1364401)<br>155 NORTH WACKER DRIVE, 400, CHICAGO, IL 60606 | DORMANT                 | IL   | 0                   | 0                         | N/A                              |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) AMERICAN ORGANIZATION FOR NURSING LEADERSHIP (36-3591337)<br>155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725              | NURSE LEADERSHIP        | IL   | 501(C)(6)                  |   | N/A                              | ✓  |    |
| (2) HEALTH RESEARCH AND EDUCATIONAL TRUST (36-2203931)<br>155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725                     | RESEARCH/EDUCATION      | IL   | 501(C)(3)                  | 12 TYPE I   | N/A                              | ✓  |    |
| (3) INSTITUTE FOR DIVERSITY IN HEALTHCARE (58-2094118)<br>155 NORTH WACKER, STE 400, CHICAGO, IL 60606-1725                     | DIVERSITY               | IL   | 501(C)(3)                  | 10  | N/A                              | ✓  |    |
| (4) AHAPAC (36-2996517)<br>800 10TH STREET NW, WASHINGTON, DC 20001-4956  | POLITICAL CAMPAIGNING   | IL   | 527 POL. ORG.              |   | N/A                              | ✓  |    |
| (5) AONE FOUNDATION FOR NURSING LEADERSHIP RESEARCH AND EDUCATION (27-2399044)<br>800 10TH STREET NW, WASHINGTON, DC 20001-4956 | NURSE EDUCATION SUPPORT | DC   | 501(C)(3)                  | 12 TYPE I   | AONE                             | ✓  |    |
| (6)   |                         |  |                            |   |                                  |  |    |
| (7)   |                         |  |                            |   |                                  |  |    |



**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) <a href="#">(SEE STATEMENT)</a>                   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity                         |     | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | ✓   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | ✓  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | ✓  |
| <b>f</b> Dividends from related organization(s)  |     | ✓  |
| <b>g</b> Sale of assets to related organization(s)   |     | ✓  |
| <b>h</b> Purchase of assets from related organization(s)   | ✓   |    |
| <b>i</b> Exchange of assets with related organization(s)   |     | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  | ✓   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  | ✓   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   | ✓   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | ✓   |    |
| <b>o</b> Sharing of paid employees with related organization(s)  | ✓   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | ✓  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  | ✓   |    |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | ✓  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | ✓  |

**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)<br>Name of related organization              | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| HEALTH RESEARCH & EDUCATIONAL TRUST              | B                             | 986,580                | COST   |
| (1) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT | B                             | 1,159,000              | COST   |
| (2) HEALTH FORUM, INC.                           | H                             | 2,302                  | COST   |
| (3) AMERICAN ORGANIZATION FOR NURSING LEADERSHIP | J                             | 287,294                | COST   |
| (4) HEALTH RESEARCH & EDUCATIONAL TRUST          | J                             | 515,911                | COST   |
| (5) (SEE STATEMENT)                              |                               |                        |  |
| (6)  |                               |                        |  |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization  | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |    |
|--|----------------------|---|-------------------------------|--|---------------------------|---------------------------------|--------------------------|---|----|
|  |                      |   |                               |  |                           |                                 |                          | Yes                                       | No |
| (1) HEALTH FORUM, INC. (36-4143432)<br>155 NORTH WACKER DRIVE, STE 400, CHICAGO, IL 60606-1725 | PUBLICATIONS         | IL  | N/A                           | C CORPORATION                                |                           |                                 | 100.00                   | ✓   |    |

**Part V****Transactions with Related Organizations** (continued)

| (a) Name of other organization                    | (b) Transaction type (a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|----------------------------|---------------------|---|
| (6) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT  | J                          | 70,162              | COST                                      |
| (7) HEALTH FORUM, INC.                            | Q                          | 636,230             | COST                                      |
| (8) AMERICAN ORGANIZATION FOR NURSING LEADERSHIP  | Q                          | 269,401             | COST                                      |
| (9) HEALTH RESEARCH & EDUCATIONAL TRUST           | Q                          | 78,583              | COST                                      |
| (10) INSTITUTE FOR DIVERSITY IN HEALTH MANAGEMENT | Q                          | 99,531              | COST                                      |