

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990**A** For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization**AMERICA'S ESSENTIAL HOSPITALS**

Doing Business As

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

1301 PENNSYLVANIA AVENUE, N.W.

Room/suite

950

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

WASHINGTON, DC 20004**F** Name and address of principal officer: **BRUCE SIEGEL**
SAME AS C ABOVE**D** Employer identification number**52-1236600****E** Telephone number**202-585-0100****G** Gross receipts \$**9,729,014.****H(a)** Is this a group returnfor 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.ESSENTIALHOSPITALS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1980****M** State of legal domicile: **DC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	89	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	89	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	65	
	6	Total number of volunteers (estimate if necessary)	18	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	401,465.	454,495.
	9	Program service revenue (Part VIII, line 2g)	7,200,123.	7,615,018.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,071.	237,093.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,700.	5,402.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,713,359.	8,312,008.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	779,050.	804,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,958,900.	3,390,166.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,718,221.	2,827,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,456,171.	7,021,668.
	19	Revenue less expenses. Subtract line 18 from line 12	1,257,188.	1,290,340.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,076,235.
21		Total liabilities (Part X, line 26)	3,802,186.	4,703,464.
22		Net assets or fund balances. Subtract line 21 from line 20	5,274,049.	6,759,353.

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			
	BRUCE SIEGEL, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
AMERICA'S ESSENTIAL HOSPITALS CHAMPIONS EXCELLENCE IN HEALTH CARE FOR ALL, REGARDLESS OF SOCIAL OR ECONOMIC CIRCUMSTANCE, AND ADVANCES THE WORK OF HOSPITALS AND HEALTH SYSTEMS COMMITTED TO ENSURING ACCESS TO CARE AND OPTIMAL HEALTH FOR AMERICA'S MOST VULNERABLE PEOPLE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
ADVOCACY:

AS THE LEADING NATIONAL ORGANIZATION REPRESENTING ESSENTIAL HOSPITALS--THOSE WITH A SAFETY NET ROLE IN THEIR COMMUNITIES--AMERICA'S ESSENTIAL HOSPITALS REPRESENTS OUR MEMBERS' PERSPECTIVE BEFORE CONGRESS AND THE ADMINISTRATION ON ALL LEGISLATION AND REGULATIONS PIVOTAL TO ESSENTIAL HOSPITALS' FISCAL VIABILITY AND SUSTAINABILITY. MAJOR ACCOMPLISHMENTS IN 2013 INCLUDED STOPPING SCHEDULED CUTS TO A CRITICAL SAFETY NET FUNDING SOURCE (MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS); PROTECTING HEALTH CARE COVERAGE FOR 30 MILLION AMERICANS WHO WILL BE ELIGIBLE FOR COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA); FIGHTING LEGISLATIVE PROPOSALS TO CUT MEDICARE HOSPITAL OUTPATIENT DEPARTMENT PAYMENTS--A CUT THAT WOULD


4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
POLICY:

AS PART OF AMERICA'S ESSENTIAL HOSPITALS' ONGOING EFFORTS TO MINIMIZE FUTURE CUTS TO KEY ESSENTIAL HOSPITAL FUNDING SOURCES, THE ORGANIZATION ADVANCED ITS POLICY RECOMMENDATIONS ON HOW THE CENTERS FOR MEDICARE & MEDICAID SERVICES SHOULD IMPLEMENT DSH REDUCTIONS IN A WAY THAT ENSURES THE REMAINING FUNDS ARE TARGETED TO HOSPITALS THAT TRULY SERVE A DISPROPORTIONATE NUMBER OF MEDICAID, LOW-INCOME, AND UNINSURED INDIVIDUALS. IN ADDITION, THE ASSOCIATION ADVOCATED ON BEHALF OF ITS MEMBERS ON CHANGES TO THE MEDICARE DSH PROGRAM, MEDICAID PATIENTS' COST-SHARING RESPONSIBILITIES, HOSPITAL CONDITIONS OF PARTICIPATION, MEDICARE PAYMENT TO HOSPITALS FOR INPATIENT AND OUTPATIENT SERVICES, THE ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM, AND THE FEDERALLY

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
COMMUNICATION:

DURING 2013, AMERICA'S ESSENTIAL HOSPITALS CONDUCTED AN EXTENSIVE CAMPAIGN TO REBRAND THE ASSOCIATION AND COMMUNICATE THE NEW BRAND TO MEMBERS AND OTHER AUDIENCES. DURING THE FIRST TWO QUARTERS OF THE YEAR, THE ASSOCIATION DEVELOPED A NEW NAME AND ASSOCIATED BRANDING, INCLUDING A NEW LOGO AND VISUAL IDENTITY; TEASED THE BRAND LAUNCH WITH A MEMBER PHOTO CONTEST AND RELATED MARKETING; AND UNVEILED THE BRAND WITH A SERIES OF VIDEOS, PRESENTATIONS, AND COLLATERAL AT ITS JUNE ANNUAL CONFERENCE. ADDITIONAL BRAND AWARENESS WORK INCLUDED A CAPITOL HILL DISPLAY OF PHOTO CONTEST ENTRIES, AN ADVERTISING CAMPAIGN, AND A CONGRESSIONAL RECEPTION WITH THE NEW BRAND THEME.

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

4e Total program service expenses 

Part IV Checklist of Required Schedules

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

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	N/A	
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? If "Yes," complete Schedule L, Part I	N/A	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	39	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	65	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2013)

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	89			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		89		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: **RHONDA GOLD - 202-585-0109**
1301 PENNSYLVANIA AVENUE, N.W., NO. 950, WASHINGTON, DC 20004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN AVILES MEMBER	1.00	X						0.	0.	0.
(2) DOUG BAGLEY MEMBER (THROUGH 11/13)	1.00	X						0.	0.	0.
(3) BETSEY BAYLESS MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(4) BRYAN BECKER MEMBER	1.00	X						0.	0.	0.
(5) JOHN BENZ MEMBER	1.00	X						0.	0.	0.
(6) JOHN BLUFORD MEMBER	1.00	X						0.	0.	0.
(7) AKRAM BOUTROS MEMBER	1.00	X						0.	0.	0.
(8) JASON BOYD MEMBER	1.00	X						0.	0.	0.
(9) BRIAN BRANNMAN MEMBER	1.00	X						0.	0.	0.
(10) LARAY BROWN MEMBER	1.00	X						0.	0.	0.
(11) HERBERT BUCHANAN MEMBER	1.00	X						0.	0.	0.
(12) JAMES BURKHART MEMBER	1.00	X						0.	0.	0.
(13) KIRK CALHOUN MEMBER	1.00	X						0.	0.	0.
(14) DAVID CALLENDER MEMBER	1.00	X						0.	0.	0.
(15) REGINALD COOPWOOD MEMBER	1.00	X						0.	0.	0.
(16) DAVID CULBERSON MEMBER	1.00	X						0.	0.	0.
(17) SUSAN CURRIN MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNDA CURTIS MEMBER	1.00	X						0.	0.	0.
(19) ERIC DICKSON MEMBER	1.00	X						0.	0.	0.
(20) ROBERT EARLEY MEMBER	1.00	X						0.	0.	0.
(21) SUSAN EHRLICH MEMBER	1.00	X						0.	0.	0.
(22) DAVID ENTWISTLE MEMBER	1.00	X						0.	0.	0.
(23) JEFF FEASEL MEMBER	1.00	X						0.	0.	0.
(24) DAVID FEINBERG MEMBER	1.00	X						0.	0.	0.
(25) BARRY FREEDMAN MEMBER	1.00	X						0.	0.	0.
(26) STEVEN GABBE MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,066,788.	0.	371,895.
d Total (add lines 1b and 1c)								2,066,788.	0.	371,895.

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 **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EYMAN ASSOCIATES, 810 FIRST STREET NE #201, WASHINGTON, DC 20002	LEGAL SERVICES	400,000.
WESTIN DIPLOMAT RESORT & SPA 3555 SOUTH OCEAN DRIVE, HOLLYWOOD, FL 33019	CONFERENCE FACILITY	212,035.
HOLLAND & KNIGHT LLP 201 FRANKLIN STREET, TAMPA, FL 33602	LEGAL SERVICES	139,592.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MELANY GAVULIC MEMBER	1.00	X						0.	0.	0.
(28) CHRISTINA GHALY MEMBER	1.00	X						0.	0.	0.
(29) ARTHUR GIANELLI MEMBER	1.00	X						0.	0.	0.
(30) TIMOTHY GOLDFARB MEMBER	1.00	X						0.	0.	0.
(31) ROBERT GONZALEZ MEMBER	1.00	X						0.	0.	0.
(32) ARTHUR GONZALEZ MEMBER	1.00	X						0.	0.	0.
(33) JAMES GONZALEZ MEMBER	1.00	X						0.	0.	0.
(34) JAMAL HAKIM MEMBER	1.00	X						0.	0.	0.
(35) STAN HAMMACK MEMBER	1.00	X						0.	0.	0.
(36) LISA HARRIS MEMBER	1.00	X						0.	0.	0.
(37) JOHN HAUPERT MEMBER	1.00	X						0.	0.	0.
(38) PAUL HENSLER MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(39) GEORGE HERNANDEZ MEMBER	1.00	X						0.	0.	0.
(40) EDWARD HILLS MEMBER (THROUGH 05/13)	1.00	X						0.	0.	0.
(41) RONALD HYTOFF MEMBER (THROUGH 02/13)	1.00	X						0.	0.	0.
(42) MICHAEL ISRAEL MEMBER	1.00	X						0.	0.	0.
(43) WALTER JACKSON MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(44) CAROLINE JACOBS MEMBER	1.00	X						0.	0.	0.
(45) LOWELL JOHNSON MEMBER	1.00	X						0.	0.	0.
(46) DAVID JONES MEMBER (THROUGH 03/13)	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) LARRY KAISER MEMBER	1.00	X						0.	0.	0.
(48) MICHAEL KARPF MEMBER	1.00	X						0.	0.	0.
(49) MARK LARET MEMBER	1.00	X						0.	0.	0.
(50) WRIGHT LASSITER MEMBER	1.00	X						0.	0.	0.
(51) LORA LEFEBVRE MEMBER	1.00	X						0.	0.	0.
(52) JODY LOMELO MEMBER	1.00	X						0.	0.	0.
(53) DAVID LOPEZ MEMBER	1.00	X						0.	0.	0.
(54) GARY MARCHAND MEMBER	1.00	X						0.	0.	0.
(55) BRUCE MCCLYMONDS MEMBER	1.00	X						0.	0.	0.
(56) STEPHEN MCKERNAN MEMBER	1.00	X						0.	0.	0.
(57) CARLOS MIGOYA MEMBER	1.00	X						0.	0.	0.
(58) FRANK NASK MEMBER	1.00	X						0.	0.	0.
(59) JIM NATHAN MEMBER	1.00	X						0.	0.	0.
(60) BILL NEFF MEMBER	1.00	X						0.	0.	0.
(61) MARK NEWTON MEMBER	1.00	X						0.	0.	0.
(62) JOHN NILON MEMBER	1.00	X						0.	0.	0.
(63) JOHN O'BRIEN MEMBER (THROUGH 02/13)	1.00	X						0.	0.	0.
(64) FRANK OPELKA MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(65) JOSEPH ORLANDO MEMBER	1.00	X						0.	0.	0.
(66) JORGE OROZCO MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) BOB PAGE MEMBER	1.00	X						0.	0.	0.
(68) REUVEN PASTERNAK MEMBER	1.00 1.00	X						0.	0.	0.
(69) DAVID PATE MEMBER	1.00	X						0.	0.	0.
(70) ANTHONY PATTERSON MEMBER	1.00	X						0.	0.	0.
(71) RICHARD PITTS MEMBER	1.00	X						0.	0.	0.
(72) JON PRYOR MEMBER	1.00	X						0.	0.	0.
(73) STEVE PURVES MEMBER	1.00	X						0.	0.	0.
(74) DIANE RAFFERTY MEMBER	1.00	X						0.	0.	0.
(75) RAMANATHAN RAJU MEMBER	1.00	X						0.	0.	0.
(76) SHELDON RETCHIN MEMBER	1.00	X						0.	0.	0.
(77) CAROLYN RHEE MEMBER	1.00	X						0.	0.	0.
(78) ANN RICE MEMBER	1.00	X						0.	0.	0.
(79) JAMES ROSS MEMBER	1.00	X						0.	0.	0.
(80) SAMUEL ROSS MEMBER	1.00	X						0.	0.	0.
(81) JOSE SANCHEZ MEMBER	1.00	X						0.	0.	0.
(82) RENE SANTIAGO MEMBER	1.00	X						0.	0.	0.
(83) NANCY SCHLICHTING MEMBER	1.00	X						0.	0.	0.
(84) BRUCE SCHROFFEL MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(85) SHERRIE SITARIK MEMBER (THROUGH 09/13)	1.00	X						0.	0.	0.
(86) ROBERT SMITH MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) JOHNESE SPISSO MEMBER	1.00 1.00	X						0.	0.	0.
(88) MIKKI STIER MEMBER	1.00	X						0.	0.	0.
(89) JOHN STOBO MEMBER	1.00	X						0.	0.	0.
(90) IRENE THOMPSON EX-OFFICIO	1.00	X						0.	0.	0.
(91) ROXANE TOWNSEND MEMBER	1.00	X						0.	0.	0.
(92) THOMAS TRAYLOR MEMBER	3.00	X						0.	0.	0.
(93) JAMES VALENTI MEMBER	1.00	X						0.	0.	0.
(94) MICHAEL WALDRUM MEMBER	1.00	X						0.	0.	0.
(95) WILLIAM WALKER MEMBER	1.00	X						0.	0.	0.
(96) PATRICK WARDELL MEMBER	1.00	X						0.	0.	0.
(97) MITCH WASDEN MEMBER	1.00	X						0.	0.	0.
(98) HARRY WEIS MEMBER	1.00	X						0.	0.	0.
(99) EILEEN WHALEN MEMBER	1.00	X						0.	0.	0.
(100) RONALD WIEWORA MEMBER	1.00	X						0.	0.	0.
(101) BRUCE SIEGEL PRESIDENT & CEO	28.00 12.00			X				634,742.	0.	103,704.
(102) RHONDA GOLD CFO	20.00 20.00			X				270,924.	0.	65,133.
(103) BETH FELDPUSH SENIOR VP FOR ADV., POLICY & COMM.	40.00				X			290,621.	0.	60,804.
(104) KRISTINE METTER VP MEMBER SERVICES	40.00				X			188,603.	0.	34,205.
(105) ALAN BURK DIRECTOR OF HR	20.00 20.00					X		113,309.	0.	13,569.
(106) SHAWN GREMMINGER (SEE SCHED. O) DIRECTOR OF LEGISLATIVE AFFAIRS	40.00					X		153,458.	0.	31,227.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) XIAOYI HUANG DIRECTOR OF POLICY	39.00 1.00					X		147,924.	0.	20,315.
(108) MARK CAMPBELL DIRECTOR OF IT	20.00 20.00					X		118,263.	0.	18,530.
(109) CARL GRAZIANO DIRECTOR OF COMMUNICATION	31.50 9.50					X		148,944.	0.	24,408.
Total to Part VII, Section A, line 1c								2,066,788.		371,895.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	454,495.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		454,495.			
Program Service Revenue	Business Code					
	2 a MEMBERSHIP DUES	900099	7,458,783.	7,458,783.		
	b CONFERENCES & TUITION	900099	112,235.	112,235.		
	c GOVERNMENT RELATION ACADEMY	900099	44,000.	44,000.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		7,615,018.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
			183,668.			183,668.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		5,402.			5,402.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		53,425.			53,425.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		8,312,008.	7,615,018.	0.	242,495.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	804,500.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,259,174.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,509,485.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	201,377.			
9 Other employee benefits	262,602.			
10 Payroll taxes	157,528.			
11 Fees for services (non-employees):				
a Management				
b Legal	442,898.			
c Accounting	25,363.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,595.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	564,789.			
12 Advertising and promotion	108,568.			
13 Office expenses	339,713.			
14 Information technology	65,460.			
15 Royalties				
16 Occupancy	333,816.			
17 Travel	208,250.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	387,423.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,254.			
23 Insurance	28,885.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARIA	48,650.			
b DUES/FEES/AND SUBS.	35,562.			
c FACILITIES MANAGEMENT	15,049.			
d TEMPORARY HELP	6,083.			
e All other expenses	32,644.			
25 Total functional expenses. Add lines 1 through 24e	7,021,668.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,078,675.	1	4,852,739.
	2 Savings and temporary cash investments	1,013,235.	2	1,097,969.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	893,625.	4	64,982.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,719.	9	107,953.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,332,911.		
	b Less: accumulated depreciation	10b 1,041,510.		
		138,643.	10c	291,401.
	11 Investments - publicly traded securities	3,795,287.	11	4,106,015.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,065,051.	15	941,758.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,076,235.	16	11,462,817.	
Liabilities	17 Accounts payable and accrued expenses	927,434.	17	1,074,928.
	18 Grants payable		18	
	19 Deferred revenue	1,989,002.	19	2,571,130.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	885,750.	25	1,057,406.
	26 Total liabilities. Add lines 17 through 25	3,802,186.	26	4,703,464.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		5,274,049.	27	6,759,353.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		5,274,049.	33	6,759,353.
34 Total liabilities and net assets/fund balances	9,076,235.	34	11,462,817.	

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,312,008.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,021,668.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,290,340.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,274,049.
5	Net unrealized gains (losses) on investments	5	194,964.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,759,353.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2013)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

AMERICA'S ESSENTIAL HOSPITALS

52-1236600

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UHC 155 NORTH WACKER DRIVE #4000 CHICAGO, IL 60606	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESCAN DATA SYSTEMS INC. 1216 E. 6TH ST. AUSTIN, TX 78702	\$ 16,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ACCRETIVE HEALTH 401 NORTH MICHIGAN AVE #2700 CHICAGO, IL 60611	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ENVISION PHARMACEUTICAL SERVICES 2952 EAGLE WAY BOULDER, CO 80301	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SIEMENS 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOVE FUNDING 1250 CONNECTICUT AVE. NW SUITE 310 WASHINGTON, DC 20036	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE JOINT COMMISSION ONE RENAISSANCE BLVD VILLA PARK, IL 60181	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DENTONS US LLP 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	B. E. SMITH 8801 RENNER AVE. LENEXA, KS 66219	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SUPPLEMENTAL HEALTH CARE 6600 PEACHTREE DUNWOODY ROAD, BUILDING 400, SUITE 125 ATLANTA, GA 30328	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BREAKAWAY POLICY STRATEGIES 1341 G STREET NW, SUITE 1100 WASHINGTON, DC 20005	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DELOITTE CONSULTING 555 MISSION STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DNV HEALTHCARE INC. 1400 RAVELLO DR. KATY, TX 77449	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HOLLAND & KNIGHT LLP 800 17TH ST., SUITE 1100 WASHINGTON, DC 20006	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PRECISION PRACTICE MANAGEMENT 689 CRAIG ROAD CREVE COEUR, MO 63141	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ _____

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of organization AMERICA'S ESSENTIAL HOSPITALS	Employer identification number 52-1236600
--------------------------------------------------------------	-----------------------------------------------------

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

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

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		324,089.	276,783.	47,306.
d Equipment		1,008,822.	764,727.	244,095.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				291,401.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	20,503.
(2) DUE FROM EHI	55,007.
(3) DEFERRED COMPENSATION PLAN ASSETS	866,248.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	941,758.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) DEFERRED COMPENSATION PLAN PAYABLE	866,248.	
(3) DEFERRED RENT	94,821.	
(4) POST-RETIREMENT MEDICAL PLAN		
(5) ANNUITY	96,337.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,057,406.	

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 ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	8,799,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	194,964.
b	Donated services and use of facilities	2b	329,273.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	524,237.
3	Subtract line 2e from line 1	3	8,275,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,595.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,595.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,312,008.

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

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

1	Total expenses and losses per audited financial statements	1	7,314,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	329,273.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	329,273.
3	Subtract line 2e from line 1	3	6,985,073.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,595.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,595.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,021,668.

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.

PART X, LINE 2:

EXPLANATION: FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, AMERICA'S ESSENTIAL HOSPITALS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number
52-1236600

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP - 1700 W. VAN BUREN STREET, #126B, - CHICAGO, IL 60612	36-4483505	501(C)(3)	12,500.	0.			PROGRAM ADVERTISING AND TABLE SPONSORSHIP
CALIFORNIA ASSOCIATION OF PUBLIC HOSPITALS - 70 WASHINGTON STREET, #215 - OAKLAND, CA 94607	94-2932254	501(C)(6)	50,000.	0.			CONFERENCE SPONSORSHIP
THE LAB SCHOOL OF WASHINGTON 4759 RESERVOIR ROAD, NW WASHINGTON, DC 20007	52-1261627	501(C)(3)	7,500.	0.			GALA SPONSORSHIP
DAVID A. WINSTON HEALTH POLICY FELLOWSHIP - 2000 14TH STREET, NORTH #780 - ARLINGTON, VA 22201	52-1492039	501(C)(3)	11,000.	0.			FELLOWSHIP
INSTITUTE FOR DIVERSITY & MANAGEMENT - 1 NORTH FRANKLIN STREET, 30TH FLOOR - CHICAGO, IL 60606	58-2094118	501(C)(3)	15,000.	0.			CORPORATE SPONSORSHIP
ESSENTIAL HOSPITALS INSTITUTE 1301 PENNSYLVANIA AVENUE, NW #950 WASHINGTON, DC 20004	52-1535611	501(C)(3)	700,000.	0.			SUPPORT RESEARCH AND PROGRAMMATIC WORK

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **5.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) (2013)

Part III

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

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

Part IV

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

PART I, LINE 2:

EXPLANATION: SPONSORSHIPS ARE MADE TO ORGANIZATIONS THAT SHARE AMERICA'S

ESSENTIAL HOSPITALS' GOALS AND PURPOSES. GRANTS TO RELATED PARTIES TO

SUPPORT RESEARCH AND PROGRAMMATIC WORK IS TRACKED BY THEIR ACCOUNTING

SYSTEM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

AMERICA 'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE SIEGEL PRESIDENT & CEO	(i)	531,500.	106,300.	<3,058.>	33,625.	70,079.	738,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RHONDA GOLD CFO	(i)	229,400.	45,880.	<4,356.>	34,187.	30,946.	336,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BETH FELDPUSH SENIOR VP FOR ADV., POLICY & COMM.	(i)	239,600.	59,920.	<8,899.>	34,721.	26,083.	351,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTINE METTER VP MEMBER SERVICES	(i)	156,200.	31,240.	1,163.	23,614.	10,591.	222,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAWN GREMMINGER (SEE SCHED. O) DIRECTOR OF LEGISLATIVE AFFAIRS	(i)	137,700.	20,655.	<4,897.>	17,419.	13,808.	184,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) XIAOYI HUANG DIRECTOR OF POLICY	(i)	135,400.	13,540.	<1,016.>	16,383.	3,932.	168,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARL GRAZIANO DIRECTOR OF COMMUNICATION	(i)	143,165.	11,500.	<5,721.>	10,596.	13,812.	173,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

EXPLANATION: BRUCE SIEGEL RECEIVED A 2013 457(F) CONTRIBUTION OF \$53,150.

PART I, LINE 7:

EXPLANATION: SCHEDULE J PART II(B)(III)

**** THE NEGATIVE COMPENSATION AMOUNTS ARE DUE TO EMPLOYEE ELECTIONS FOR**

CERTAIN PRE-TAX DEDUCTIONS. THESE AMOUNTS ARE NEEDED TO TIE BACK TO THE

W-2 BOX 5 AMOUNTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

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

HAVE DISPROPORTIONATELY AFFECTED ESSENTIAL HOSPITALS. THE ORGANIZATION
ALSO LED COALITION EFFORTS TO PROPOSE A NEW MEDICAID QUALITY REPORTING
STRUCTURE AND WORKED WITH OUR HOSPITALS TO SUPPORT THEIR EFFORTS TO
SECURE STATE LEGISLATURES' APPROVAL OF MEDICAID EXPANSION.

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

QUALIFIED HEALTH CENTER PAYMENT SYSTEM. AMERICA'S ESSENTIAL HOSPITALS
ALSO ADVANCED ESSENTIAL HOSPITALS' INTERESTS AS ESSENTIAL COMMUNITY
PROVIDERS IN HEALTH INSURANCE MARKETPLACES, AND AS GOVERNMENTAL
ENTITIES IN REGULATIONS ISSUED BY THE INTERNAL REVENUE SERVICE.

AMERICA'S ESSENTIAL HOSPITALS ALSO CONTINUED TO MITIGATE THE IMPACT ON
ESSENTIAL HOSPITALS OF FEDERAL PROGRAMS TO REDUCE READMISSIONS AND
HOSPITAL-ACQUIRED CONDITIONS, AND TO PROMOTE VALUE-BASED PURCHASING.

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

MEDIA RELATIONS CONTINUED AS A KEY ACTIVITY IN 2013, WITH EARNED MEDIA
IN NUMEROUS TRADE AND MAINSTREAM PUBLICATIONS; PLACEMENT OF
COMMENTARIES IN JOURNALS AND OTHER MEDIA; AND SUPPORT FOR MEMBERS'
MEDIA RELATIONS ACTIVITIES.

COMMUNICATIONS TO MEMBERS AND OTHER AUDIENCES INCLUDED REGULAR
ELECTRONIC NEWSLETTERS, BOTH OF GENERAL INTEREST AND TARGETED AT
SPECIFIC INTEREST GROUPS (GOVERNMENT AFFAIRS PROFESSIONALS, FOR
EXAMPLE); EVENT MARKETING, INCLUDING PRINT AND ELECTRONIC PROMOTION OF
IN-PERSON MEETINGS AND WEBINARS; AND PERIODIC ALERTS AND GOVERNANCE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

COMMUNICATIONS. AMERICA'S ESSENTIAL HOSPITALS' COMMUNICATIONS STAFF

ALSO CONTINUED WORK ON A REDEVELOPMENT OF THE ASSOCIATION'S WEBSITE AND RELATED MINI-SITES.

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

MEMBER SERVICES:

TO HELP MEMBER HOSPITALS AND HEALTH SYSTEMS CONTINUE THEIR SUCCESS IN SERVING THEIR COMMUNITIES, AMERICA'S ESSENTIAL HOSPITALS OFFERED A WIDE ARRAY OF EDUCATIONAL PROGRAMS AND MEMBER SERVICES WHICH INCLUDED WEBINARS, SPECIALTY MEETINGS, CONFERENCES, DISTANCE LEARNING EVENTS, PROFESSIONAL DEVELOPMENT PROGRAMS, TECHNICAL ASSISTANCE, AND SPECIAL REPORTS AND BRIEFS. THESE PROGRAMS PROVIDED FORUMS FOR MEMBERS TO LEARN AND EXCHANGE IDEAS ON HOW ESSENTIAL HOSPITALS AND HEALTH SYSTEMS CAN ADDRESS NEW ISSUES AND CHALLENGES, IN ADDITION TO PROVIDING IMPORTANT PROFESSIONAL CONNECTIONS AND LEADERSHIP EXPERTISE. AMERICA'S ESSENTIAL HOSPITALS EDUCATED MILLIONS OF AMERICANS ON THE ISSUES FACING OUR HEALTH SYSTEMS THROUGH NATIONWIDE PROACTIVE MEDIA AND SOCIAL MEDIA OUTREACH.

REBRANDING THE ORGANIZATION, STRATEGIC PLANNING AND MEMBERSHIP GROWTH WERE TOP PRIORITIES FOR 2013. THIS YEAR, 37 MEMBER AND PROSPECT SITE VISITS WERE CONDUCTED. ADDITIONALLY, WE CHANGED OUR CORPORATE NAME AND BRAND, ADOPTED A NEW FIVE YEAR STRATEGIC PLAN AND REVISED OUR BYLAWS. THIS HAS LED TO SIGNIFICANT MEMBERSHIP GROWTH, ENHANCED MEMBER ENGAGEMENT, AND STREAMLINED GOVERNANCE STRUCTURE THAT ALIGNS WITH DC LAW AS WELL AS ASSOCIATION BEST PRACTICES.

FORM 990, PART VI, SECTION A, LINE 4:

332212
09-04-13

Name of the organization	AMERICA'S ESSENTIAL HOSPITALS	Employer identification number	52-1236600
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EXPLANATION: AMERICA'S ESSENTIAL HOSPITALS REVISED ITS BYLAWS AND ARTICLES OF INCORPORATION IN 2013. A SUMMARY OF SIGNIFICANT CHANGES IS BELOW.

1. MEMBERS AND DUES:

THE NEW BYLAWS INCLUDE LANGUAGE THAT PROHIBITS FOR-PROFIT HOSPITALS FROM JOINING AS MEMBERS.

THE NEW BYLAWS ELIMINATES MULTI-PROVIDER LANGUAGE AND HEALTH SYSTEM DEFINITION.

THE NEW BYLAWS CLARIFIES MEMBERSHIP TERMINATION AND WITHDRAWAL PROCESSES.

2. COMPOSITION OF ASSOCIATION BOARD OF DIRECTORS UNDER THE NEW BYLAWS:

THE CURRENT EXECUTIVE COMMITTEE BECOMES THE BOARD OF DIRECTORS.

THE MEMBERS OF THE ASSOCIATION WOULD NOT AUTOMATICALLY BE ON THE BOARD OF DIRECTORS. THOSE MEMBERS ELIGIBLE FOR THE "VOTING CLASS" OF MEMBERSHIP WILL RETAIN VOTING RIGHTS ON ANNUAL ELECTIONS TO THE (NEW) BOARD OF DIRECTORS, BYLAWS AMENDMENTS, NAME CHANGE, MERGER, DISSOLUTION, AND OTHER SIMILAR MATTERS OF THE ASSOCIATION.

THE (NEW) BOARD OF DIRECTORS WILL APPROVE THE ANNUAL BUDGET, KEY POLICY POSITIONS, AND SIMILAR MATTERS OF THE ASSOCIATION.

THE EXECUTIVE COMMITTEE WILL COMPRISE THE OFFICERS OF THE (NEW) BOARD OF DIRECTORS: PAST CHAIR, CHAIR, CHAIR-ELECT, SECRETARY, AND TREASURER. THE EXECUTIVE COMMITTEE WILL MEET ONLY WHEN RAPID RESPONSE IS NEEDED TO APPROVE MATTERS OF POLICY POSITIONS, LITIGATION, OR SIMILAR ISSUES.

3. QUORUMS:

MEETING OF THE MEMBERS: ONE-THIRD

(NEW) BOARD OF DIRECTORS: ONE-HALF

Name of the organization	AMERICA'S ESSENTIAL HOSPITALS	Employer identification number	52-1236600
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4. BOARD OF DIRECTORS:

ADDED NEW LANGUAGE THAT SPECIFIES A RANGE OF 15-20 DIRECTORS ON THE BOARD.

ADDED ABILITY TO EXTEND A DIRECTOR'S TERM BY 1 YEAR (TO KEEP BALANCE IN TERM ROTATIONS).

ADDED NEW LANGUAGE ON REMOVAL OF DIRECTORS AND OFFICERS AND HOW TO FILL A VACANCY, SHOULD ONE ARISE.

5. COMMITTEE STRUCTURE:

UNDER THE NEW BYLAWS, COMMITTEES CONSISTING SOLELY OF MEMBERS OF THE BOARD MAY BE CREATED WITH MEMBERS OF THE COMMITTEE APPOINTED BY THE BOARD CHAIR AND APPROVED BY THE BOARD. ONLY THESE COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD. OTHER COMMITTEES THAT INCLUDE NON-BOARD MEMBERS MAY ALSO BE CREATED WITH MEMBERS APPOINTED BY THE BOARD CHAIR. THESE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

COMMITTEES OF THE BOARD ARE EXECUTIVE, NOMINATING, FINANCE, AND COMPENSATION. THE EXECUTIVE AND COMPENSATION COMMITTEES ARE COMPOSED OF THE CHAIR, PAST-CHAIR, CHAIR-ELECT, SECRETARY, AND TREASURER. THE NOMINATING COMMITTEE IS COMPOSED OF THE CHAIR, PAST-CHAIR, AND CHAIR-ELECT. THE FINANCE COMMITTEE IS COMPOSED OF A SUBSET OF INDIVIDUALS FROM THE BOARD OF DIRECTORS.

NON-BOARD COMMITTEES CURRENTLY ARE: POLICY ADVISORY, AWARDS, EDUCATION, MEMBERSHIP, INVESTMENT, AUDIT & COMPLIANCE, AND STRATEGIC PLANNING.

REVISIONS TO THE ASSOCIATION'S PURPOSES UNDER THE ARTICLES OF INCORPORATION:

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

THE ASSOCIATION'S ARTICLES OF INCORPORATION WERE CHANGED TO REFLECT THE REALITY THAT THE ASSOCIATION'S MEMBERSHIP NOW INCLUDES BOTH PUBLIC AND NONPROFIT HOSPITALS AND HEALTH SYSTEMS. LANGUAGE WAS ADDED AS FOLLOWS:

(1) TO PROVIDE A FRAMEWORK THROUGH WHICH PUBLIC AND NONPROFIT HOSPITALS AND HEALTH SYSTEMS THAT SHARE A COMMON MISSION CAN COOPERATE WITH EACH OTHER ON A NATIONAL SCALE;

(2) TO PROMOTE ANALYSIS AND RESEARCH CONCERNING MATTERS THAT UNIQUELY AFFECT SUCH HOSPITALS AND HEALTH SYSTEMS, AND TO PROVIDE INFORMATION AND ASSISTANCE TO ITS MEMBERS WITH RESPECT TO SUCH MATTERS;

(3) TO TAKE APPROPRIATE ACTION ON ADMINISTRATIVE, REGULATORY, FINANCIAL, LEGISLATIVE, AND JUDICIAL MATTERS UNIQUELY AFFECTING SUCH HOSPITALS AND HEALTH SYSTEMS; AND

(4) TO MAINTAIN AND ENHANCE THE ORGANIZATIONAL AND FINANCIAL STRENGTH OF SUCH HOSPITALS AND HEALTH SYSTEMS SO THAT THEY MAY BETTER SERVE, REPRESENT, AND PUBLICLY STATE THE NEEDS AND DESIRES OF THEIR PATIENTS, EMPLOYEES, ASSOCIATED PROFESSIONALS AND THEIR COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: AMERICA'S ESSENTIAL HOSPITALS REPRESENTS MORE THAN 200 HOSPITALS AND HEALTH SYSTEMS AND IS THE STRATEGIC LINK BETWEEN MEMBER HOSPITALS AND POLICYMAKERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: FULL MEMBERS ARE PUBLIC AND NON-PROFIT ACUTE CARE HOSPITALS

Name of the organization	Employer identification number
AMERICA'S ESSENTIAL HOSPITALS	52-1236600

AND MULTI-HOSPITAL SYSTEMS WITH COMMON MISSIONS AND PURPOSES, INCLUDING PATIENT POPULATIONS OR OTHER SIGNIFICANT CHARACTERISTICS AND INTERESTS CONSISTENT WITH THE PURPOSES OF THE ASSOCIATION, AND ARE ELIGIBLE TO APPLY FOR MEMBERSHIP IN THE ASSOCIATION, SUBJECT TO THE BOARD OF DIRECTOR APPROVAL. EACH FULL MEMBER HAS AT LEAST ONE VOTE ON EACH MATTER BROUGHT BEFORE THE MEMBERSHIP, WITH THE SPECIFIC NUMBER OF VOTES PROVIDED TO EACH FULL MEMBER TO BE DETERMINED BY THE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS MAY APPROVE NONVOTING ASSOCIATE MEMBERS FROM AMONG HEALTH SYSTEMS NOT CONSIDERED FOR FULL MEMBERSHIP, WHICH SHARE COMMON CHARACTERISTICS WITH THE ASSOCIATION'S FULL MEMBERS. IT MAY ALSO APPROVE NONVOTING AFFILIATE MEMBERS FROM AMONG INDIVIDUALS OR ORGANIZATIONS OTHER THAN HEALTH SYSTEMS WISHING TO SUPPORT AND PARTICIPATE IN ASSOCIATION ACTIVITIES. NONVOTING MEMBERS DO NOT HAVE THE RIGHT TO VOTE ON ANY MATTER.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: AMERICA'S ESSENTIAL HOSPITAL'S FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY ITS SENIOR MANAGEMENT AND AUDIT & COMPLIANCE COMMITTEE. IT WAS THEN SENT TO THE FULL BOARD PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: AMERICA'S ESSENTIAL HOSPITALS HAS A CONFLICT OF INTEREST POLICY, THE PURPOSE OF WHICH IS TO PROTECT THE ASSOCIATION'S INTERESTS WHEN ITS SENIOR STAFF (DEFINED AS CEO AND PRESIDENT, CFO, VICE PRESIDENTS AND DIRECTORS), OR BOARD CONSIDERS A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A MEMBER OF THE BOARD OR A SENIOR EXECUTIVE OF AMERICA'S ESSENTIAL HOSPITALS. IT APPLIES TO MATTERS BROUGHT FOR

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

APPROVAL BY THE BOARD, OR ANY OF THEIR COMMITTEES, REGARDING WHICH A BOARD MEMBER OR A SENIOR EXECUTIVE HAS A FINANCIAL INTEREST.

AT THE TIME AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES OR THE INTERESTED PERSON BECOMES AWARE OF IT, THE BOARD MEMBER MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST TO THE CHAIR, CHIEF FINANCIAL OFFICER (CFO), OR THE BOARD. THE BOARD DETERMINES WHETHER THE OPPORTUNITY FOR BENEFIT IS MATERIAL UNDER THE CIRCUMSTANCES AND, THUS, WHETHER A CONFLICT OF INTEREST EXISTS WITH RESPECT TO THE TRANSACTION IN QUESTION. THE BOARD MAY VOID ANY SUCH CONTRACT OR TRANSACTION THAT IT DETERMINES IS A CONFLICT OF INTEREST.

ANNUALLY, EACH SENIOR STAFF MEMBER MUST COMPLETE A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY NEW RELATIONSHIPS, CIRCUMSTANCES OR TRANSACTIONS THAT MIGHT CREATE A POTENTIAL CONFLICT OF INTEREST. THE QUESTIONNAIRES ARE REVIEWED BY THE CFO TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS THAT SHOULD BE REVIEWED BY THE PRESIDENT AND CEO. ANY CONFLICTS OF INTEREST ARE RESOLVED AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: AMERICA'S ESSENTIAL HOSPITALS' PRESIDENT AND CEO'S COMPENSATION IS REVIEWED ANNUALLY AND WAS RECENTLY CONDUCTED IN 2013 BY AN OUTSIDE CONSULTANT WITH EXPERTISE IN THE NON-PROFIT AND HEALTH FIELDS. THE CONSULTANT REVIEWED THE COMPENSATION OF OTHER COMPARABLE POSITIONS IN PEER ORGANIZATIONS INCLUDING OTHER NATIONAL AND STATE ASSOCIATIONS. THE STUDY WAS REVIEWED IN DETAIL BY THE COMPENSATION COMMITTEE. FOR OTHER KEY EMPLOYEES, THE ASSOCIATION PERIODICALLY ENGAGES AN OUTSIDE CONSULTANT TO CONDUCT COMPENSATION STUDIES IN THE PEER MARKET. THE LAST COMPENSATION

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number

52-1236600

REVIEW TOOK PLACE IN DECEMBER 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: AMERICA'S ESSENTIAL HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

AMERICA'S ESSENTIAL HOSPITALS

Employer identification number
52-1236600

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ESSENTIAL HOSPITALS INSTITUTE - 52-1535611 1301 PENNSYLVANIA AVENUE, NW SUITE 950 WASHINGTON, DC 20004	CONDUCT EDUCATIONAL & OTHER RESEARCH ON ISSUES OF IMPORTANCE TO AEH	DISTRICT OF COLUMBIA	501(C)(3)	509(A)(3)	AEH	X	

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ESSENTIAL HOSPITALS INSTITUTE	N	551,510.	ALLOCATION FROM GENERAL LEDGER
(2) ESSENTIAL HOSPITALS INSTITUTE	O	6,680,937.	ALLOCATION FROM GENERAL LEDGER
(3) ESSENTIAL HOSPITALS INSTITUTE	Q	6,477,440.	AMOUNTS PAID FROM CHECK REGISTER
(4) ESSENTIAL HOSPITALS INSTITUTE	B	700,000.	AMOUNTS PAID FROM CHECK REGISTER
(5)			
(6)			

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

[illegible]

Part VII Supplemental Information

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

[illegible]

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions		
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	AMERICA'S ESSENTIAL HOSPITALS	52-1236600
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1301 PENNSYLVANIA AVENUE, N.W., NO. 950	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20004	

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-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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RHONDA GOLD - 1301 PENNSYLVANIA AVENUE, N.W., NO. 950 -

• The books are in the care of ☒ **WASHINGTON, DC 20004**

Telephone No. ☒ **202-585-0109**

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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	0.
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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒ **CPA**

Date

Form **8868** (Rev. 1-2014)