

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
ALABAMA HOSPITAL ASSOCIATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
MONTGOMERY, AL 36117

D Employer identification number
63-0338569

E Telephone number
(334) 272-8781

F Name and address of principal officer:
DONALD E WILLIAMSON
500 NORTHEAST BOULEVARD
MONTGOMERY, AL 36117

G Gross receipts \$ 8,693,800

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ALAHA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1921 **M** State of legal domicile: AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION PROMOTES HOSPITALS AS THE INTEGRATORS OF HEALTH CARE IN THE COMMUNITY AND THROUGH ADVOCACY, REPRESENTATION, EDUCATION AND SERVICE, TO ASSIST ITS MEMBERS IN EFFECTIVELY SERVING THE HEALTH CARE NEEDS OF ALABAMA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	250
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,255
b Net unrelated business taxable income from Form 990-T, line 34	7b	5,863

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,394,695	3,503,675
9 Program service revenue (Part VIII, line 2g)	1,022,808	920,425
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,390	121,478
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,660,893	4,545,578
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	585,591	680,874
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	754,229	746,328
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)	2,853,442	2,652,822
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,193,262	4,080,024
19 Revenue less expenses. Subtract line 18 from line 12	467,631	465,554

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,571,306	8,712,998
21 Total liabilities (Part X, line 26)	1,563,525	1,497,961
22 Net assets or fund balances. Subtract line 21 from line 20	7,007,781	7,215,037

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 2020-03-13

DONALD E WILLIAMSON PRESIDENT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-03-13 Check if self-employed PTIN P00989558

Firm's name ▶ WARREN AVERETT LLC Firm's EIN ▶ 45-4084437

Firm's address ▶ 2500 ACTON ROAD BIRMINGHAM, AL 35243 Phone no. (205) 979-4100

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

THE ORGANIZATION PROMOTES HOSPITALS AS THE INTEGRATORS OF HEALTH CARE IN THE COMMUNITY AND THROUGH ADVOCACY, REPRESENTATION, EDUCATION AND SERVICE, TO ASSIST ITS MEMBERS IN EFFECTIVELY SERVING THE HEALTH CARE NEEDS OF ALABAMA.

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 \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance and reporting questions).

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

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, and joint ventures).

Section C. Disclosure

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 17-20 (disclosure of states, public inspection, governing documents, and books/records).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) G OWEN BAILEY CHAIRMAN	4.00	X					0	0	0	
(2) WILL FERNIANY IMMEDIATE PAST CHAIRMAN	4.00	X					0	0	0	
(3) LUKE STANDEFFER CHAIRMAN - ELECT	4.00	X					0	0	0	
(4) SUZANNE WOODS SECRETARY/TREASURER	4.00	X					0	0	0	
(5) JASON ALEXANDER TRUSTEE	4.00	X					0	0	0	
(6) TOM SHUFFLEBARGER TRUSTEE	4.00	X					0	0	0	
(7) KEITH PARROTT TRUSTEE	4.00	X					0	0	0	
(8) PETER SELMAN TRUSTEE	4.00	X					0	0	0	
(9) NAT RICHARDSON TRUSTEE	4.00	X					0	0	0	
(10) JOE WEAVER TRUSTEE	4.00	X					0	0	0	
(11) JANA WYATT TRUSTEE	4.00	X					0	0	0	
(12) CHRIS GRIFFIN TRUSTEE	4.00	X					0	0	0	
(13) DONALD JONES TRUSTEE	4.00	X					0	0	0	
(14) CHRISTINE STEWART MEMBER AT LARGE	4.00	X					0	0	0	
(15) JEFF BRANNON MEMBER AT LARGE	4.00	X					0	0	0	
(16) JOSEPH MARCHANT MEMBER AT LARGE	4.00	X					0	0	0	
(17) COREY EWING MEMBER AT LARGE	4.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE STOUGH MEMBER AT LARGE	4.00	X						0	0	0
(19) ROSEMARY BLACKMON CHIEF OPERATING OFFICER	40.00			X				0	216,969	24,300
(20) DANNE HOWARD EXECUTIVE VICE PRESIDENT CPO	40.00			X				0	219,848	24,600
(21) DONALD E WILLIAMSON PRESIDENT	40.00			X				0	616,117	68,571
(22) TIMOTHY THOMPSON CONTROLLER	40.00					X		0	119,464	17,762
(23) JANE KNIGHT VP OF MEMBER RELATIONS	40.00					X	117,153	0		17,254
(24) WESLEY ASHMORE VICE PRESIDENT OF FINANCE	40.00					X	0	111,894		16,839
1b Sub-Total							117,153		1,284,292	169,326
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							117,153		1,284,292	169,326

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 **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANATT PHELPS PHILLIPS LLP 11355 WEST OLYMPIC BOULEVARD LOS ANGELES, CA 90064	CONSULTING	274,464

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 **▶ 1**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	2,822,801		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	680,874		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		3,503,675		

Program Service Revenue			Business Code				
	2a ADPH GRANT & ADMIN FEES		900099	578,341	578,341		
b CONVENTION INCOME		900099	330,379	330,379			
c AHA GRANT		900099	11,030	11,030			
d MISCELLANEOUS		900099	675	675			
e _____							
f All other program service revenue.							
g Total. Add lines 2a-2f			920,425				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			101,538		7,255	94,283
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			4,168,162	235		
	c Gain or (loss)			4,147,987	-235		
	d Net gain or (loss)			20,175	-235	19,940	19,940
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions.			4,545,578	920,425	7,255	114,223	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	680,874			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,153			
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	427,806			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,739			
9 Other employee benefits	108,191			
10 Payroll taxes	42,439			
11 Fees for services (non-employees):				
a Management	1,299,400			
b Legal	62,504			
c Accounting				
d Lobbying	12,500			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,652			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	483,099			
12 Advertising and promotion				
13 Office expenses				
14 Information technology	14,532			
15 Royalties				
16 Occupancy	29,353			
17 Travel	133,352			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	407,893			
20 Interest	15			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,721			
23 Insurance	890			
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 DUES AND SUBSCRIPTIONS	40,646			
b ADMINISTRATIVE AND GENE	39,354			
c TAXES AND LICENSES	12,805			
d SUPPLIES	12,675			
e All other expenses	22,431			
25 Total functional expenses. Add lines 1 through 24e	4,080,024			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	535,936	1	222,312
	2 Savings and temporary cash investments	1,331,910	2	1,677,640
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	82,575	4	128,644
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	64,552	9	27,174
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,166,221		
	b Less: accumulated depreciation	1,787,073		
	11 Investments—publicly traded securities	3,694,340	11	3,623,048
	12 Investments—other securities. See Part IV, line 11	1,507,573	12	2,026,478
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	948,454	15	628,554
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,571,306	16	8,712,998	
Liabilities	17 Accounts payable and accrued expenses	575,185	17	557,983
	18 Grants payable		18	
	19 Deferred revenue	595,429	19	498,947
	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	392,911	25	441,031
	26 Total liabilities. Add lines 17 through 25	1,563,525	26	1,497,961
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	6,922,920	27	7,129,404
	28 Temporarily restricted net assets	84,861	28	85,633
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	7,007,781	33	7,215,037
	34 Total liabilities and net assets/fund balances	8,571,306	34	8,712,998

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,545,578
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,080,024
3	Revenue less expenses. Subtract line 2 from line 1	3	465,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,007,781
5	Net unrealized gains (losses) on investments	5	-27,203
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	-231,095
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,215,037

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 63-0338569

Name: ALABAMA HOSPITAL ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SPONSORED MEETINGS: THE ALABAMA HOSPITAL ASSOCIATION CONDUCTS TWO MAJOR MEETINGS FOR ITS MEMBERSHIP EACH YEAR. BOTH OF THESE MEETINGS PROVIDED TIMELY EDUCATIONAL PROGRAMS QUALIFYING FOR CONTINUING EDUCATION CREDIT FROM EXECUTIVE, FINANCIAL AND CLINICAL LICENSING ENTITIES. THE LARGEST OF THESE MEETINGS IS A REQUIREMENT OF THE ORGANIZATION'S BYLAWS. AT THIS FOUR-DAY ANNUAL MEMBERSHIP MEETING, ORGANIZATIONAL BUSINESS IS CONDUCTED TO INCLUDE THE ELECTION OF OFFICERS, REVIEWING THE PAST YEAR'S ACTIVITIES AND VOTING ON ISSUES BROUGHT BEFORE THE GENERAL MEMBERSHIP. 71 HOSPITAL SENIOR STAFF MEMBERS ATTENDED THE JUNE 2019 MEETING. EDUCATIONAL TOPICS INCLUDED ENHANCING CAREGIVER RESILIENCY, HOW TO DELIVER ON THE PROMISE OF YOUR BRAND, LESS PAINFUL AND PROVEN STRATEGIES FOR CUTTING COSTS, HEALTH LAW-RECENT LEGAL AND POLICY DEVELOPMENTS, INFRASTRUCTURE PLANNING AND LONG-TERM COST, EMPLOYMENT LAW ISSUES IN HEALTHCARE AND 340B PROGRAM. THE ASSOCIATION RECOGNIZED \$186,642 IN SPONSORSHIP REVENUE AND \$19,890 IN REGISTRATION FEES FOR THIS MEETING. THE OTHER MAJOR EDUCATIONAL PROGRAM CONDUCTED DURING THE YEAR IS GEARED TOWARD SENIOR HOSPITAL MANAGEMENT AND TRUSTEE BOARD MEMBERS. THIS TWO-DAY MEETING HELD IN FEBRUARY 2019 WAS ATTENDED BY 113 HOSPITAL SENIOR STAFF AND TRUSTEES. EDUCATIONAL TOPICS INCLUDED THE TRUST FACTOR, MEDICAID EXPANSION, THE NURSING SHORTAGE, CYBER RISK AND INSURANCE, FACILITY CONTRACTING STRATEGY AND RURAL HEALTH CARE INITIATIVES, THE EVOLUTION OF SPECIALTY PHARMACY DRIVING FUTURE INNOVATIONS AND CARE AND CROSSING THE GENERATIONAL DIVIDE. THE ASSOCIATION RECOGNIZED \$93,267 IN SPONSORSHIP REVENUE AND \$30,130 IN REGISTRATION FEES FOR THIS MEETING.

Form 990, Part III, Line 4b:

GRANTS & ADMINISTRATIVE FEES: THE ALABAMA HOSPITAL ASSOCIATION CONTRACTS WITH THE STATE OF ALABAMA DEPARTMENT OF PUBLIC HEALTH FOR THE ADMINISTRATION OF A HOSPITAL PREPAREDNESS GRANT. THIS GRANT PROVIDES REDUNDANT TELECOMMUNICATIONS VIA CELLULAR SERVICE TO PREPARE HOSPITALS FOR NATURAL AND MAN-MADE DISASTERS. DURING THE YEAR, 108 HOSPITALS PARTICIPATED IN THE GRANT RECEIVING A TOTAL OF \$58,460 IN FUNDING. THE ASSOCIATION ALSO ADMINISTERED A GRANT TARGETING RURAL HOSPITALS TO INCLUDE THOSE DESIGNATED AS MEDICARE CRITICAL ACCESS HOSPITALS. THE GRANT FUNDED THE FOLLOWING PROJECTS/INITIATIVES: RURAL QUALITY NETWORK COVERING QUALITY INITIATIVES AND TRANSITION OF CARE, FINANCIAL IMPROVEMENT AND STABILIZATION OF THE CRITICAL ACCESS HOSPITALS BY CONDUCTING EDUCATIONAL SESSIONS ON MEDICARE COST REPORTS AND RURAL HEALTH CLINIC COST REPORTS. A TOTAL OF \$615,473 WAS EXPENDED IN SUPPORT OF THESE EFFORTS BENEFITING 31 HOSPITALS. THE ASSOCIATION ALSO WORKED WITH THE AMERICAN HOSPITAL ASSOCIATION HEALTH RESEARCH AND EDUCATION TRUST (AHARET) IN CONJUNCTION WITH THE HIIN (HOSPITAL IMPROVEMENT INNOVATION GRANT) BEGAN SEPTEMBER 28, 2016 WITH 43 HOSPITALS NOW PARTICIPATING. THE GOAL OF THE GRANT IS TO REDUCE HARMS BY 20% AND READMISSIONS BY 12%. THIS PROJECT WAS DESIGNED TO BUILD ON THE PROGRESS THAT THE HEN 2.0 PROJECT MADE IN 2015-2017 BY CONTINUING TO FOCUS ON REDUCTION IN HARMS/READMISSIONS BY FURTHER SPREADING LESSONS LEARNED AND SHARING BEST PRACTICES. DURING THE YEAR, \$343,168 WAS EXPENDED ON THIS GRANT. THE ASSOCIATION RECEIVED \$578,341 IN ADMINISTRATIVE FEES FROM THE ABOVE REFERENCED GRANTS AND OR CONTRACTS.

Form 990, Part III, Line 4c:

SUPPORT OF MEDICAID MANAGED CARE: THE ASSOCIATION CONTINUED WORKING CLOSELY WITH THE STATE OF ALABAMA MEDICAID AGENCY, THE LEGISLATIVE AND EXECUTIVE BRANCHES OF STATE GOVERNMENT AS WELL AS ITS MEMBERS TO PLAN FOR AN OCTOBER 1, 2019 TRANSITION TO ALABAMA COORDINATED HEALTH NETWORKS (ACHN). ADDITIONALLY, MEDICAID EXPANSION WAS A KEY FOCUS WITH SIGNIFICANT EFFORTS PUT TOWARD ADVOCACY AND EDUCATION. \$291,841 WAS EXPENDED IN SUPPORT OF THESE IMPORTANT INITIATIVES.

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization ALABAMA HOSPITAL ASSOCIATION	Employer identification number 63-0338569
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

1 Dues, assessments and similar amounts from members	1	2,822,801
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	459,572
b Carryover from last year	2b	
c Total	2c	459,572
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	459,572
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ALABAMA HOSPITAL ASSOCIATION

Employer identification number
63-0338569

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		52,557		52,557
b Buildings		1,369,865	1,128,986	240,879
c Leasehold improvements				
d Equipment		743,799	658,087	85,712
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				379,148

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

(a) Description of security or category (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) INVESTMENT IN SUB (AHM, INC.)	2,026,478	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,026,478	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESTRICTED CASH- CURRENT PORTION	91,316
(2) ASSETS HELD FOR OTHERS	101,372
(3) INTERCOMPANY RECEIVABLE	435,866
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	628,554

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PAYABLE	441,031
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	441,031

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 63-0338569

Name: ALABAMA HOSPITAL ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ASSOCIATION FOLLOWS THE GUIDANCE ISSUED BY THE ACCOUNTING STANDARDS CODIFICATION (ASC) RELATING TO UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE REQUIRES ENTITIES TO ASSESS THEIR TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED UPON INTERNAL REVENUE SERVICE (IRS) EXAMINATION OR UPON EXAMINATION BY STATE TAXING AUTHORITIES. IN ACCORDANCE WITH THIS GUIDANCE, THE ASSOCIATION HAS ASSESSED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS AT JUNE 30, 2019 AND 2018, THAT IT WOULD BE UNABLE TO SUBSTANTIATE. UNDER STATUTE, THE ASSOCIATION IS SUBJECT TO IRS AND STATE TAXING AUTHORITY REVIEW FOR TAX YEARS 2016 THROUGH 2018. THE ASSOCIATION HAS FILED TAX RETURNS THROUGH 2018.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ALABAMA HOSPITAL ASSOCIATION

Employer identification number

63-0338569

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 31

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE REVIEWED BEFORE DISBURSEMENTS ARE MADE TO ENSURE RECIPIENTS QUALIFY.

Additional Data

Software ID:
Software Version:
EIN: 63-0338569
Name: ALABAMA HOSPITAL ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ALABAMA HOSPITAL ASSOCIATION 500 NORTHEAST BOULEVARD MONTGOMERY, AL 36117	63-0338569	501(C)(6)	109,543		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
ATMORE COMMUNITY HOSPITAL 401 MEDICAL PARK DRIVE ATMORE, AL 36502	63-1143638		17,152		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIBB MEDICAL CENTER 208 PIERSON AVENUE CENTREVILLE, AL 35042	63-6005283		16,736		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
CHOCTAW GENERAL HOSPITAL 401 VANITY FAIR LANE BUTLER, AL 36904	64-0655993		45,601		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CLAY COUNTY HOSPITAL 83825 HIGHWAY 9 ASLAND, AL 36251	63-6002184		17,063		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
COMMUNITY HOSPITAL INC 805 FRIENDSHIP ROAD TALLASSEE, AL 36078	63-0047680		17,013		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CRENSHAW COMMUNITY HOSPITAL 101 BAPTIST LANE LIVERNE, AL 36049	02-0606516		16,778		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
DW MCMILLAN MEMORIAL HOSPITAL 1301 BELLEVILLE AVENUE BREWTON, AL 36426	63-6000288		12,333		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EVERGREEN MEDICAL CENTER 101 CRESTVIEW AVENUE EVERGREEN, AL 36401	20-8057151		11,233		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
FAYETTE MEDICAL CENTER 1653 TEMPLE AVENUE NORTH FAYETTE, AL 35555	63-6004942		16,751		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GEORGIANA HOSPITAL 200 MIRANDA STREET GOERGIANA, AL 36033	31-1524243		6,951		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
GREENE COUNTY HOSPITAL 509 WILSON AVENUE EUTAW, AL 35462	63-6005451		16,771		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GROVE HILL MEMORIAL HOSPITAL 295 SOUTH JACKSON STREET GROVE HILL, AL 36451	63-0436871		11,194		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
HALE COUNTY HOSPITAL 508 FIRST GREENE STREETS GREENSBORO, AL 36744	63-0859464		16,800		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JACKSON MEDICAL CENTER 220 HOSPITAL DRIVE JACKSON, AL 36545	20-8057478		12,496		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
JOHN PAUL JONES HOSPITAL 317 MCWILLIAMS AVENUE CAMDEN, AL 36726	63-6004960		20,277		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LAKE MARTIN COMMUNITY HOSPITAL 201 MARIARDEN ROAD DADEVILLE, AL 36853	63-1282722		12,650		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
LAWRENCE MEDICAL CENTER 202 HOSPITAL STREET MOULTON, AL 35650	72-1589022		12,618		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MEDICAL CENTER BARBOUR 820 WEST WASHINGTON STREET EUFAULA, AL 36027	68-0640677		12,553		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
MIZELL MEMORIAL HOSPITAL 702 MAIN STREET OPP, AL 36467	63-0307951		17,108		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MONROE COUNTY HOSPITAL 2016 SOUTH ALABAMA AVENUE MONROEVILLE, AL 36460	63-0438739		12,663		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
NORTH MISSISSIPPI MEDICAL CENTER - HAMILTON 1315 MILITARY STREET SOUTH HAMILTON, AL 35570	64-0926753		16,666		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PICKENS COUNTY MEDICAL CENTER 241 ROBERT K WILSON DRIVE CARROLLTON, AL 35447	63-0920915		12,628		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
RED BAY HOSPITAL 211 HOSPITAL ROAD RED BAY, AL 35582	63-0288825		46,113		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST VINCENT'S BLOUNT 150 GILBREATH DRIVE ONEONTA, AL 35121	63-0909073		26,654		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
TROY REGIONAL MEDICAL CENTER 1330 HIGHWAY 231 SOUTH TROY, AL 36081	20-2460145		17,055		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WASHINGTON COUNTY HOSPITAL ST STEVENS AVENUE CHATOM, AL 36518	63-6003514		25,871		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
RUSSELLVILLE HOSPITAL 15155 HIGHWAY 43 RUSSELLVILLE, AL 35653	03-0464224		15,011		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FLOYD CHEROKEE MEDICAL CENTER 400 NORTHWOOD DRIVE CENTRE, AL 35960	20-4370931		16,918		N/A	N/A	HOSPITAL PREPAREDNESS GRANT
ST VINCENT'S ST CLAIR 2805 DR JOHN HAYNES DRIVE PELL CITY, AL 35125	63-1146531		9,289		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TANNER MEDICAL CENTER- EAST ALABAMA 209 NORTH MAIN STREET WEDOWEE, AL 36278	63-6004185		15,417		N/A	N/A	HOSPITAL PREPAREDNESS GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALABAMA HOSPITAL ASSOCIATION

Employer identification number
63-0338569

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input checked="" 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)		
<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 idemnification and gross-up payments	<input checked="" 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)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b Yes								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

ALABAMA HOSPITAL ASSOCIATION

Employer identification number

63-0338569

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THE BOARD MEMBERS ARE APPOINTED BY A NOMINATING COMMITTEE (CONSISTING OF PAST BOARD CHAIRMEN) THEN APPROVED BY THE GENERAL MEMBERSHIP AT THE ANNUAL MEETING. TO BE ELIGIBLE TO SERVE, THE NOMINEE MUST BE AN EMPLOYEE WHO IS ALSO A SENIOR MANAGER OF A HOSPITAL OR CORPORATE OFFICE OF A MULTI-INSTITUTIONAL SYSTEM. ANY BOARD MEMBER WHO CEASES TO BE EMPLOYED BY THE PREVIOUSLY NOTED QUALIFYING ENTITIES SHALL BE DEEMED TO HAVE AUTOMATICALLY RESIGNED FROM OFFICE UPON CESSATION OF EMPLOYMENT. THE ONLY EXCEPTION IS THAT THE NOMINATING COMMITTEE MAY NOMINATE A PERSON NOT EMPLOYED BY THE PREVIOUSLY NOTED QUALIFYING ENTITIES TO FILL ONE OF THE AT-LARGE BOARD SLOTS. THE CHAIRMAN, VICE CHAIRMAN/CHAIRMAN ELECT, SECRETARY TREASURER AND IMMEDIATE PAST CHAIRMAN AUTOMATICALLY ASSUME BOARD MEMBERSHIP UPON ELECTION OF THEIR RESPECTIVE POSITIONS. ANY MEMBER SERVING TWO FULL THREE-YEAR TERMS SHALL NOT BE ELIGIBLE FOR RE-ELECTION UNTIL ONE YEAR AFTER THE DATE OF LAST SERVICE. SERVICE AS AN ELECTED OFFICER SHALL BE IN ADDITION TO THE TWO FULL THREE-YEAR TERM LIMITATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF ALABAMA HOSPITAL ASSOCIATION MAY ELECT UP TO 19 BOARD MEMBERS PER YEAR 18 OF WHICH ARE VOTING MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ELECTION OF ALL OFFICERS AND BOARD MEMBERS AS WELL AS ANY CHANGES TO BYLAWS ARE SUBJECT TO APPROVAL BY MEMBERS OF ALABAMA HOSPITAL ASSOCIATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND IS AN AGENDA ITEM AT A REGULARLY SCHEDULED BOARD MEETING OPEN FOR ANY DISCUSSION BEFORE THE RETURN IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO FILE ANNUAL CONFLICT OF INTEREST FORMS. THE FORMS ARE REVIEWED BY THE PRESIDENT AND GENERAL COUNSEL. BOARD MEMBERS DEEMED TO HAVE A CONFLICT OF INTEREST WILL BE RECUSED FROM VOTING ON MATTERS RELATED TO THE CONFLICT. EMPLOYEE CONFLICTS OF INTEREST ARE EITHER CORRECTED OR DUTIES THAT GAVE RISE TO THE CONFLICT ARE REASSIGNED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ASSOCIATION PARTICIPATES IN A NATIONAL COMPENSATION SURVEY OF STATE HOSPITAL ASSOCIATIONS CONDUCTED BY INTEGRATED HEALTHCARE STRATEGIES. THIS INFORMATION IS PROVIDED TO THE EXECUTIVE COMMITTEE EACH YEAR AS PART OF A FORMAL PERFORMANCE REVIEW PROCESS. THE CEO EVALUATES OTHER OFFICERS AND KEY EMPLOYEES USING THE SAME SURVEY INSTRUMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AS A GENERAL RULE, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. ANY WRITTEN REQUEST BY THE PUBLIC WOULD BE REVIEWED AND ACTED UPON BY THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	ADMINISTRATION CONSULTANTS 60,404. TOM COKER & ASSOCIATES 37,500. MEDICAID CONSULTANTS 290,910. PUBLIC AWARENESS 8. WOUND AND INFECTION CLASSES 94,277.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY IN AHM, INC. -231,095.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C:	THE ORGANIZATION MADE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALABAMA HOSPITAL ASSOCIATION

Employer identification number

63-0338569

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALABAMA DIVERSIFIED HEALTH SERVICES LLC 500 NORTH EAST BOULEVARD MONTGOMERY, AL 36117 63-0738346	MANAGEMENT OF MEDICAID ASSESSMENT PLAN AND REAL ESTATE	AL	1,125,169	3,362,838	ALABAMA HEALTH MANAGEMENT INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALABAMA HEALTH RESEARCH & EDUCATION FOUNDATION 500 NORTHEAST BLVD MONTGOMERY, AL 36117 63-6049673	HEALTH AND RESEARCH EDUCATION	AL	501(C)(3)	509(A)(2)	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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
(1) ALABAMA HEALTH MANAGEMENT INC 500 NORTHEAST BLVD MONTGOMERY, AL 36117 63-0873538	MANAGEMENT SERVICES	AL	ALABAMA HOSPITAL ASSOCIATION	C	3,264,258	9,639,701	100.000 %		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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALABAMA DIVERSIFIED HEALTH SERVICES LLC	A	7,255	FMV
(2) AHM INC	M	1,299,400	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation