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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning** 10/01/09 , **and ending** 09/30/10

B Check if applicable
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
Employers Health Coalition of Ohio Incorporated

Number and street (or P O box, if mail is not delivered to street address) 4143 Fulton Dr NW

Room/suite

City or town, state or country, and ZIP + 4 Canton OH 44718

D **Employer identification number** 34-1403820

E Telephone number 330-305-6565

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method [ ] Cash [X] Accrual Other (specify) ▶

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 475,393

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	183,575
	2	Program service revenue including government fees and contracts		2	167,371
	3	Membership dues and assessments		3	
	4	Investment income		4	63,659
	5a	Gross amount from sale of assets other than inventory	5a 60,788		
	b	Less. cost or other basis and sales expenses	5b 71,850		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	See Stmt 1	5c	-11,062
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			See Stmt 2
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less. direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less· cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	403,543
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	155,895
	13	Professional fees and other payments to independent contractors		13	13,216
	14	Occupancy, rent, utilities, and maintenance		14	2,896
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Statement 3)		16	272,548
	17	**Total expenses.** Add lines 10 through 16 ▶		17	444,555
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-41,012
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,210,079
	20	Other changes in net assets or fund balances (attach explanation)	See Statement 4	20	50,343
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	1,219,410

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	994,481	22	1,181,580
23	Land and buildings		23	
24	Other assets (describe ▶ See Statement 5)	221,402	24	47,917
25	**Total assets**	1,215,883	25	1,229,497
26	**Total liabilities** (describe ▶ See Statement 6)	5,804	26	10,087
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	1,210,079	27	1,219,410

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

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 See Statement 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 353,009

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 353,009

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Christopher Goff 4143 Fulton Dr NW	Canton OH 44718	CEO 2.00	263,960	34,289	0
Ken Braun 2633 Eighth St NE	Canton OH 44704	At Large Director	0	0	0
Peggy Breetz 76 S Main St	Akron OH 44308	Director	0	0	0
Patrick Herron 428 West Liberty St	Wooster OH 44691	At Large Director	0	0	0
Jon Marie Hautz 4 Tesseneer Dr	Highland Heights KY 41076	Director	0	0	0
Mark McCleod 146 South High St Ste 120	Akron OH 44308	Director	0	0	0
Chris McSwain 2000 N M-63, MD 8523	Benton Harbor MI 49022	Director	0	0	0
Larry Morgan 2100 38th Street NW	Canton OH 44709	Chairman	0	0	0
Craig Osterhues 1 Neumann Way, MD C14	Cincinnati OH 45241	Director	0	0	0
John Popa 202 Harger St	Dover OH 44622	Vice Chairman	0	0	0
Debbie Rankine 1835 Dueber Ave SW BIC-17	Canton OH 44706	Secretary	0	0	0
Charlotte Sideri 175 Ghent Rd	Fairlawn OH 44333	Director	0	0	0
Mark Spears 611 Erie St S	Massillon OH 44648	Director	0	0	0
Greg Troy 1500 DeKoven Ave	Racine WI 53403	Director	0	0	0
Mark Trushel 4754 E High St	Mantua OH 44255	Treasurer	0	0	0
George Whalen 624 Boulevard St	Dover OH 44622	At Large Director	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a 0	37b		X
b	Did the organization file **Form 1120-POL** for this year?			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ **OH**			
42a	The organization's books are in care of ▶ **Employers Health** Telephone no ▶ **330-305-6565**			
	Located at ▶ **4143 Fulton Drive NW Canton, OH** ZIP + 4 ▶ **44718**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Christopher Goff — Signature of officer — Date 2-11-11

▶ Christopher Goff — Type or print name and title — CEO & Gen Counsel

Paid Preparer's Use Only

Preparer's signature ▶		Date 2/10/11	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00047579
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	REINHARD, KOPKO, KELLER & MCDONNELL, INC 4598 DRESSLER ROAD NW CANTON, OH 44718-2546		EIN ▶ 34-1724787 Phone no ▶ 330-493-9200	

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Employers Health Coalition of Ohio Incorporated	34-1403820

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	109,906	232,106	195,490	185,111	183,575	906,188
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	109,906	232,106	195,490	185,111	183,575	906,188
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						256,928
6 **Public support.** Subtract line 5 from line 4						649,260

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	109,906	232,106	195,490	185,111	183,575	906,188
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,937	25,987	21,720	12,217	63,659	141,520
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	75					75
11 **Total support.** Add lines 7 through 10						1,047,783
12 Gross receipts from related activities, etc (see instructions)					12	886,436

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	61.97 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	63.42 %

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Miscellaneous	**$ 75**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: **Employers Health Coalition of Ohio Incorporated**

Identifying number: **34-1403820**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	789

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	997
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,786
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

Federal Statements

Form 990-EZ General Footnote

Description

Line 1a additional information:
Contributions include amounts paid by members as membership dues which are paid to support the organization's exempt purposes by providing part of the funding for community health awareness programs and educational seminars. The members receive no tangible benefits in exchange for their membership dues. Members may participate in benefit plans operated by a for-profit subsidiary of the organization, but are required to pay additional fees to the for-profit subsidiary and receive no discounted benefits.

Part IV Officers, directors and key employees additional information:
Total wages of $263,960 for the 2009 calendar year were paid as follows:
- The non-profit Coalition paid $10,198 in base salary and $3,000 in bonus wages
- The for-profit wholly owned subsidiary, Employers Health Purchasing Corporation of Ohio, paid $193,762 in base salary and $57,000 in bonus wages

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
American Growth Fd Amer Inc							
Purchase		4/23/08	7/14/10	$ 2,366	$ 2,805	$	$ -439
American Growth Fd Amer Inc							
Purchase		4/23/08	8/13/10	2,130	2,564		-434
Invesco Diversified Dividend							
Purchase		8/12/10	8/13/10	2,857	2,867		-10
Columbia Acorn Fund-Z							
Purchase		6/14/06	1/13/10	270	299		-29
Columbia Acorn Fund-Z							
Purchase		6/14/06	8/13/10	2,301	2,586		-285
GabelliSmall Cap Growth I							
Purchase		9/29/09	8/12/10	22	20		2
GabelliSmall Cap Growth I							
Purchase		1/13/10	8/12/10	194	191		3
GabelliSmall Cap Growth I							
Purchase		5/22/09	8/12/10	1,626	1,312		314
GabelliSmall Cap Growth I							
Purchase		5/22/09	8/13/10	1,515	1,180		335
Homestead Value Fund							
Purchase		9/08/06	2/12/10	928	1,223		-295
Homestead Value Fund							
Purchase		9/08/06	2/12/10	1,685	2,225		-540
T Rowe Price New Amer Gr Fd							
Purchase		3/31/10	8/13/10	725	800		-75
Columbia Marsico 21st Cent-Z							
Purchase		9/28/07	2/12/10	5,877	8,576		-2,699
Columbia Marsico 21st Cent-Z							
Purchase		9/28/07	3/24/10	19,517	26,044		-6,527
Columbia Marsico 21st Cent-Z							
Purchase		7/14/08	3/24/10	2,355	2,506		-151
Columbia Marsico 21st Cent-Z							
Purchase		1/14/09	3/24/10	2,193	1,532		661
Columbia Marsico 21st Cent-Z							
Purchase		4/20/09	3/24/10	1,949	1,316		633

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities (continued)

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Federated Short Term Inc Fund #65							
Purchase		7/14/10	8/13/10	$ 624	$ 620	$	$ 4
Goldman Sachs Govt Income							
Purchase		12/16/09	8/13/10	125	121		4
Goldman Sachs Govt Income							
Purchase		10/24/06	8/13/10	1,430	1,378		52
Loomis Sayles Bond Fd							
Purchase		10/24/06	8/13/10	743	757		-14
Dodge & Cox Intl							
Purchase		6/14/06	2/12/10	1,684	2,012		-328
Dodge & Cox Intl							
Purchase		6/14/06	7/14/10	2,162	2,527		-365
Dodge & Cox Intl							
Purchase		6/14/06	8/13/10	1,018	1,184		-166
Vanguard Intm Term Inv G-Inv							
Purchase		3/20/08	8/13/10	1,649	1,585		64
Federated Intercontinental Fd							
Purchase		7/14/08	7/14/10	1,704	2,329		-625
Federated Intercontinental Fd							
Purchase		7/14/08	8/13/10	952	1,291		-339
Total				$ 60,601	$ 71,850	$ 0	$ -11,249

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Short Term Cap Gain Inc - Coa							
				$ 722	$	$	$ 722
Long Term Cap Gain Inc - Coal							
				-535			-535
Total				$ 187	$ 0	$ 0	$ 187

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Travel - Coalition	5,220
Meeting Expenses - Coalit	80,519
Non-budget meeting expens	7,077
Hospital Quality	24,669
Telephone - Coalition	4,253
Office Supplies - Coaliti	1,574
Postage & Delivery - Coal	14,867
Insurance-D&O - Coalition	4,101
Dues/Subscriptions/Public	1,062
Education/Conference - Co	6,483
Miscellaneous - Coalition	3,132
Meals & Entertainment - C	98
Printing - Coalition	34,553
Research Acct Fees - Coal	3,364
Other Community Programmi	72,811
Non-Budget Newsletter Exp	8,765
Total	$ 272,548

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
unrealized gain on investments	$ 29,747
Equity from merger	20,596
Total	$ 50,343

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	$	$ 18,894
Prepaid Expenses and Deferred Charges	1,942	3,138
Furniture & fixtures	63,462	63,462
Less Accumulated Depreciation	60,345	62,129
Building improvements	86	86
Less Accumulated Depreciation	86	86
rounding	2	
Due from EHPCO	216,341	24,552
	221,402	47,917

Federal Statements

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 5,554	$ 3,338
Deferred Revenue	250	
Accrued Wages-Coalition		3,306
Accrued 401(k) Coalition		513
Payroll liabilities - Coalition		2,930
	5,804	10,087

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
Employers Health Coalition of Ohio Inc.'s mission is to create an environment for long-term continuous improvement in the cost-effective delivery of high quality healthcare services for the community.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
The organization's focus is to improve the community healthcare access and quality while containing costs in a preventive manner. The organization provided over 20,000 educational kits to healthcare consumers related to blood pressure, cholesterol and blood sugar levels; published a consumer guide on diabetes care; and provided 35 educational seminars for employers and other community stakeholders on salient healthcare issues, such as flu pandemic preparedness, patient-centered medical home, medical tourism and healthcare reform.

Doc ID --> 200602302116

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/24/2006	200602302116	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50 00	100 00	00	00	00

Receipt

This is not a bill Please do not remit payment

THE COMMUNITY HEALTHCARE COALITION INC.
6199 FRANK AVE NW
STE A
N CANTON, OH 44720

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

617256

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EMPLOYERS HEALTH COALITION OF OHIO, INCORPORATED

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC/AMENDMENT TO ARTICLES	**200602302116**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of January, A D 2006

J. Kenneth Blackwell

Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
◉ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 1028 Columbus, OH 43216

Certificate of Amendment by Shareholders or Members

(Domestic)

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit	PLEASE READ INSTRUCTIONS	(2) Domestic Non-Profit	
☐ Amended (122-AMAP)	☐ Amendment (125-AMDS)	☐ Amended (126-AMAN)	☑ Amendment (128-AMDS)

Complete the general information in this section for the box checked above.

Name of Corporation: The Community Healthcare Coalition, Inc

Charter Number: 617256

Name of Officer: Chnstopher V Goff, Esq

Title: President & CEO

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that

☐ A meeting of the ☐ shareholders ☑ directors ***(non-profit amended articles only)***

☐ members was duly called and held on January 17, 2006 (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 100 % as the voting power of the corporation

☐ In a writing signed by all of the ☐ shareholders ☐ directors ***(non-profit amended articles only)***
☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply

FIRST: The name of the corporation is. Employers Health Coalition of Ohio, Incorporated

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows.

FOURTH: The number of shares which the corporation is authorized to have outstanding is
(Does not apply to box (2))

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

Christopher V. Goff — Authorized Representative — January 20, 2006 — Date

Christopher V. Goff, Esq
(Print Name)
President & Chief Executive Officer

6199 Frank Ave , NW, N. Canton, OH 44720

Authorized Representative — Date

(Print Name)