See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
OHIO HOSPITAL ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
155 East Broad Street

City or town, state or country, and ZIP + 4
Columbus, OH 432153640

D Employer identification number
31-4270340

E Telephone number
(614) 221-7614

G Gross receipts $ 13,402,820

F Name and address of principal officer
MICHAEL ABRAMS
155 E Broad Street Suite 301
Columbus, OH 432153640

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [ ] 501(c)(3) [x] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW OHANET ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1935

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OHIO HOSPITAL ASSOCIATION (OHA) IS A MEMBERSHIP DRIVEN ORGANIZATION THAT PROVIDES PROACTIVE LEADERSHIP TO CREATE AN ENVIRONMENT IN WHICH OHIO HOSPITALS ARE SUCCESSFUL IN SERVING THEIR COMMUNITIES

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

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	72
	6 Total number of volunteers (estimate if necessary)	**6**	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	527,121
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	-60,565

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	11,713,569	10,637,638
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	324,514	465,901
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,287	5,431
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,111,370	11,108,970
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,000	92,003
	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)	6,036,801	6,255,531
	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)	3,900,749	5,284,906
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,977,550	11,632,440
	19 Revenue less expenses Subtract line 18 from line 12	2,133,820	-523,470

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	42,143,906	41,672,746
	21 Total liabilities (Part X, line 26)	10,173,591	11,233,813
	22 Net assets or fund balances Subtract line 21 from line 20	31,970,315	30,438,933

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

****** | 2012-10-25
Signature of officer | Date

MICHAEL ABRAMS CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Rachel Spurlock | Date | Check if self-employed [ ] | Preparer's taxpayer identification number (see instructions) P00520729

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP
10 West Broad Street
Suite 1700
Columbus, OH 432153713

EIN ▶

Phone no ▶ (614) 469-0001

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

OHIO HOSPITAL ASSOCIATION (OHA) IS A MEMBERSHIP DRIVEN ORGANIZATION THAT PROVIDES PROACTIVE LEADERSHIP TO CREATE AN ENVIRONMENT IN WHICH OHIO HOSPITALS ARE SUCCESSFUL IN SERVING THEIR COMMUNITIES

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 and section 4947(a)(1) trusts 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 $)

OHA WORKED THROUGHOUT 2011 TO REPRESENT OHIO'S 167 HOSPITALS AND 16 HEALTH SYSTEMS WITH A TRUSTED STATEWIDE VOICE DATA IS GATHERED AND DISSEMINATED BY OHA TO MULTIPLE AUDIENCES, STATE POLICYMAKERS AND LEGISLATORS AS WELL AS THE NEWS MEDIA AND HOSPITAL EXECUTIVES OHA CREATES A BETTER UNDERSTANDING AND APPRECIATION AMONG OHIOANS FOR THE 350,000 PEOPLE WORKING IN OHIO HOSPITALS, THE 34 MILLION OUTPATIENT VISITS AND 1 5 MILLION ADMISSIONS THEY HANDLE ANNUALLY AND HOSPITALS' $73 BILLION IMPACT ON OHIO'S ECONOMY AS A UNIFIED PUBLIC VOICE AND ADVOCATE FOR HOSPITALS, OHA FREES MEMBER HOSPITALS TO FOCUS ON WHAT THEY DO BEST TAKING CARE OF PATIENTS AND PROMOTING GOOD HEALTH IN THEIR COMMUNITIES THIS NON-PROFIT TRADE ASSOCIATION WORKS ON BEHALF OF MEMBER HOSPITALS THROUGH LEADERSHIP IN THE DEVELOPMENT OF PUBLIC POLICY, IN THE REPRESENTATION AND ADVOCACY OF HOSPITAL INTERESTS, AND IN THE PROVISION OF SERVICES THAT ASSIST HOSPITALS IN MEETING HEALTH CARE NEEDS AND IMPROVING THE HEALTH STATUS OF THEIR COMMUNITIES, WHICH IN TURN IMPROVES THE HEALTH CARE INDUSTRY AS A WHOLE

(CONTINUED ON SCHEDULE O)

4b (Code) (Expenses $ including grants of $) (Revenue $)

OHA HELPS MEMBER HOSPITALS EACH YEAR BY TELLING COMPELLING STORIES ABOUT THE MANY WAYS THEY BENEFIT THEIR COMMUNITIES BEYOND THE SERVICES FOR WHICH THEY ARE PAID THE INFORMATION COLLECTED, ANALYZED AND SHARED BROADLY BY OHA IN THE 2011 STATEWIDE HOSPITAL COMMUNITY BENEFIT REPORT SHOWED OHIO HOSPITALS PROVIDED $4 BILLION WORTH OF SERVICES FOR WHICH THEY WERE NOT PAID, INCLUDING MILLIONS OF DOLLARS FOR MEDICAL EDUCATION AND RESEARCH, PREVENTIVE SERVICES AND HEALTH SCREENINGS, CHARITY CARE AND MEDICAID SHORTFALLS

4c (Code) (Expenses $ including grants of $) (Revenue $)

ALTHOUGH OFFICIALLY INCORPORATED IN 1935, OHA HAS BEEN THE SINGLE STATEWIDE ENTITY REPRESENTING HOSPITALS IN OHIO SINCE 1915, SERVING A UNIQUE ROLE AS A TRUSTED FORUM IN WHICH HOSPITALS CAN COME TOGETHER FOR INCREASED UNDERSTANDING AND RESOLUTION OF ISSUES OF CONCERN THROUGHOUT THE STATE ISSUES TACKLED BY THE ASSOCIATION IN 2011 INCLUDED COLLABORATIVE EFFORTS TO IMPROVE QUALITY AND PATIENT SAFETY, INITIATIVES TO HELP HOSPITALS REDUCE THEIR WASTE STREAM FOR A CLEANER, HEALTHIER ENVIRONMENT, AND EFFORTS TO PRESERVE THE FINANCIAL STABILITY OF HOSPITALS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	16		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Erin Reimer
155 E BROAD STREET Suite 301
COLUMBUS, OH 432153640
(614) 221-7614

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JAMES CASTLE PRESIDENT/CEO	40 00	X		X				600,198	0	67,876
(2) JAMES PANCOAST SECRETARY/TREASURER	2 00	X		X				0	0	0
(3) BRYAN HEHEMANN SOUTHWEST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
(4) CLAUS VON ZYCHLIN TRUSTEE-AT-LARGE	2 00	X						0	0	0
(5) CYNTHIA MOORE-HARDY TRUSTEE-AT-LARGE	2 00	X						0	0	0
(6) DALE THORNTON NORTHWEST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
(7) DAVID KINSAUL TRUSTEE-AT-LARGE	2 00	X						0	0	0
(8) FRED DEGRANDIS CHAIR-ELECT	2 00	X						0	0	0
(9) JAMES MAY TRUSTEE-AT-LARGE	2 00	X						0	0	0
(10) JAMES SUDIMACK TRUSTEE-AT-LARGE	2 00	X						0	0	0
(11) MEL FAHS TRUSTEE-AT-LARGE	2 00	X						0	0	0
(12) MICHAEL LOUGE CENTRAL DISTRICT REPRESENTATIVE	2 00	X						0	0	0
(13) MICHAEL SZUBSKI NORTHEAST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
(14) MINA UBBING CHAIR	2 00	X						0	0	0
(15) OLAS A HUBBS III TRUSTEE-AT-LARGE	2 00	X						0	0	0
(16) PATRICK MARTIN TRUSTEE-AT-LARGE	2 00	X						0	0	0
(17) PHILLIP L ENNEN TRUSTEE-AT-LARGE	2 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 (describe hours for related organizations in Schedule O)	(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) ROBERT MONTAGNESE TRUSTEE-AT-LARGE	2 00	X						0	0	0
(19) STANLEY KORDUCKI IMMEDIATE PAST CHAIR	2 00	X						0	0	0
(20) SUSAN R CROUSHORE TRUSTEE-AT-LARGE	2 00	X						0	0	0
(21) THOMAS WHELAN TRUSTEE-AT-LARGE	2 00	X						0	0	0
(22) MARY GALLAGHER SENIOR VP/CHIEF OF STAFF	40 00			X				213,496	1,125	58,155
(23) RALPH R FRALEY SENIOR VICE PRESIDENT	40 00				X			248,918	0	47,675
(24) AMY ANDRES VICE PRESIDENT, DATA SERVICES	40 00					X		162,184	0	21,009
(25) BRIDGET GARGAN VICE PRESIDENT STATE POLICY	40 00					X		203,366	0	40,662
(26) DANIEL PAOLETTI VICE PRESIDENT, DATA SERVICES	40 00					X		181,142	0	39,296
(27) DAVID ENGLER PHD VICE PRESIDENT QUALITY INSTITUTE	2 00					X		1,956	193,588	40,134
(28) MARY YOST VICE PRESIDENT PUBLIC AFFAIRS	38 00					X		174,915	3,085	55,852
(29) JOHN CALLENDER FORMER SENIOR VP/CFO	0 00						X	346,295	0	4,372

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,132,470	197,798	375,031

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 ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRICKER & ECKLER 100 S 3RD STREET COLUMBUS, OH 43215	LEGAL	288,071
KORN FERRY INTERNATIONAL 3050 IDS CENTER 80 SOUTH 8TH ST MINNEAPOLIS, MN 55402	CEO SEARCH	250,610
HEALTH MANAGEMENT ASSOCIATES 120 N WASHINGTON SQUARE SUITE 705 LANSING, MI 48933	CONSULTING	160,544
ASSOCIATED SYSTEMS PROFESSIONALS 2345 CHESTERFIELD AVENUE SUITE 400 CHARLESTON, WV 25304	DATA PROCESSING	112,201
CROWE HORWATH LLP 10 WEST BROAD ST STE 1700 COLUMBUS, OH 43215	ACCOUNTING	104,470

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 ▶ 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	MEMBERSHIP DUES	900099	6,933,957	6,933,957		
	b	DATA SERVICES	518210	2,069,061	2,069,061		
	c	CORPORATE PARTNER PROGRAM	541900	370,850	370,850		
	d	UNEMPLOYMENT COMPENSATION	561000	527,121		527,121	
	e	EDUCATIONAL SERVICES	611710	421,704	421,704		
	f	All other program service revenue		314,945	314,945	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		10,637,638			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		309,785			309,785
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal					
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss) 0 / 0					
	d	Net rental income or (loss) . . . . . ▶		0			
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory 2,449,966					
	b	Less cost or other basis and sales expenses 2,293,850					
	c	Gain or (loss) 156,116 / 0					
	d	Net gain or (loss) . . . . . ▶		156,116			156,116
Other Revenue	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 . . ▶		0			
	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 . . ▶		0			
	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	5,431	5,431		
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,431			
	12	**Total revenue.** See Instructions . . . ▶		11,108,970	10,115,948	527,121	465,901

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	91,503			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	500			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,236,318			
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	3,550,571			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	379,667			
9	Other employee benefits	776,686			
10	Payroll taxes	312,289			
11	Fees for services (non-employees)				
a	Management				
b	Legal	302,696			
c	Accounting	168,364			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	106,593			
g	Other	454,068			
12	Advertising and promotion				
13	Office expenses	435,310			
14	Information technology	105,225			
15	Royalties . .				
16	Occupancy	565,443			
17	Travel	541,521			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	243,744			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	335,388			
23	Insurance	53,075			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM AND SERVICES EXPENSE	251,644			
b	DATA PROGRAM	358,322			
c	STRATEGIC ISSUES	930,449			
d	MISCELLANEOUS	78,869			
e					
f	All other expenses	354,195			
25	**Total functional expenses.** Add lines 1 through 24f	11,632,440	0	0	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		4,125,907	2	4,959,537
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,100,040	4	9,408,255
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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		61,853	9	34,959
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,110,994			
	b	Less accumulated depreciation	10b 3,064,811	980,754	10c	1,046,183
	11	Investments—publicly traded securities		16,216,234	11	14,183,700
	12	Investments—other securities See Part IV, line 11		11,659,118	12	12,040,112
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		42,143,906	16	41,672,746
Liabilities	17	Accounts payable and accrued expenses		2,306,537	17	2,826,834
	18	Grants payable			18	
	19	Deferred revenue		7,867,054	19	8,406,979
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		10,173,591	26	11,233,813
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,970,315	27	30,438,933
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,970,315	33	30,438,933
	34	Total liabilities and net assets/fund balances		42,143,906	34	41,672,746

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	11,108,970
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,632,440
3	Revenue less expenses Subtract line 2 from line 1	3	-523,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	31,970,315
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,007,912
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30,438,933

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
OHIO HOSPITAL ASSOCIATION	31-4270340

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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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-

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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) 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? If "Yes," describe in Part IV			
j	Total 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	Yes	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO HOSPITAL ASSOCIATION

Employer identification number
31-4270340

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

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

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

3 Using the organization's 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 XIV

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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				0
b Buildings				0
c Leasehold improvements		138,028	135,727	2,301
d Equipment		3,972,966	2,929,084	1,043,882
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,046,183

Part VII Investments—Other Securities. 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	0	
(2) Closely-held equity interests	12,040,112	F
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	12,040,112	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,108,970
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,632,440
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-523,470
4	Net unrealized gains (losses) on investments	4	-1,388,906
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	380,994
9	Total adjustments (net) Add lines 4 - 8	9	-1,007,912
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,531,382

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

1	Total revenue, gains, and other support per audited financial statements			1	9,994,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,388,906		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	380,994		
e	Add lines **2a** through **2d**			2e	-1,007,912
3	Subtract line **2e** from line **1**			3	11,002,377
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	106,593		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	106,593
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	11,108,970

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,525,847
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 XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	11,525,847
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	106,593		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	106,593
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,632,440

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT OHA, THE PROGRAM AND OHC ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED UNDER SECTIONS 501(C)(6) AND 501(C)(4), RESPECTIVELY, OF THE INTERNAL REVENUE CODE OHA AND THE PROGRAM ARE NOT SUBJECT TO FEDERAL INCOME TAXES, EXCEPT FOR INCOME FROM UNRELATED BUSINESS ACTIVITIES, IF ANY MANAGEMENT DOES NOT BELIEVE THERE IS ANY SIGNIFICANT TAX LIABILITIES RELATED TO OHIO HEALTHCARE PURCHASING, INC ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN TAX BENEFITS WILL BE RECOGNIZED ONLY IF THE TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT DECEMBER 31, 2011 THE ASSOCIATION WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE ASSOCIATION HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF DECEMBER 31, 2011 AND 2010 THE ASSOCIATION HAS A TAX RECEIVABLE OF APPROXIMATELY $31,000 AND $14,000 AS OF DECEMBER 31, 2011 AND 2010, RESPECTIVELY, RELATED TO THE UNEMPLOYMENT COMPENSATION AND OHIO SOLUTIONS THE ASSOCIATION IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEAR BEFORE 2008 THE ASSOCIATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO HOSPITAL ASSOCIATION

Employer identification number
31-4270340

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION155 EAST BROAD STREET 15TH FLOOR COLUMBUS,OH 43215	31-6060347	501(C)(3)	80,003	0	N/A	N/A	GENERAL SUPPORT
(2) OHIO STATE BAR FOUNDATION1700 LAKE SHORE DRIVE COLUMBUS,OH 432166562	31-6054093	501(C)(3)	10,500				SUPPORT PROMOTE PUBLIC UNDERSTANDING OF LAW

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	OHIO HOSPITAL ASSOCIATION (OHA) AND THE RESEARCH AND EDUCATIONAL FOUNDATION OF OHIO HOSPITAL ASSOCIATION (REF) MANAGEMENT WORK CLOSELY TOGETHER TO MONITOR THE EDUCATIONAL ACTIVITIES OF THE REF THE EDUCATION SUBSIDY IS ESPECIALLY IMPORTANT AFTER THE ECONOMIC DOWNTURN AS THE EDUCATIONAL ACTIVITIES ARE AN IMPORTANT BENEFIT FOR OHA'S MEMBERS OHA MANAGEMENT RECEIVES MONTHLY UPDATES ON THE EDUCATION ACTIVITIES, FINANCIALS AND USE OF THE FUNDS DECISIONS ARE MADE IN THE BEST INTEREST OF THE EDUCATION DEPARTMENT'S SUSTAINABILITY WHILE TAKING INTO CONSIDERATION THE NEEDS OF OHA'S MEMBERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO HOSPITAL ASSOCIATION

Employer identification number
31-4270340

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY YOST	(i)	135,555	20,735	18,625	34,843	21,009	230,767	0
	(ii)	3,085	0	0	0	0	3,085	0
(2) AMY ANDRES	(i)	134,794	27,000	390	0	21,009	183,193	0
	(ii)	0	0	0	0	0	0	0
(3) BRIDGET GARGAN	(i)	157,380	33,800	12,186	31,326	9,336	244,028	0
	(ii)	0	0	0	0	0	0	0
(4) DANIEL PAOLETTI	(i)	151,373	28,704	1,065	18,287	21,009	220,438	0
	(ii)	0	0	0	0	0	0	0
(5) DAVID ENGLER PHD	(i)	1,956	0	0	0	0	1,956	0
	(ii)	159,990	30,101	3,497	19,125	21,009	233,722	0
(6) RALPH R FRALEY	(i)	242,060	0	6,858	44,675	3,000	296,593	0
	(ii)	0	0	0	0	0	0	0
(7) MARY GALLAGHER	(i)	176,756	36,020	720	37,212	20,943	271,651	0
	(ii)	1,125	0	0	0	0	1,125	0
(8) JAMES CASTLE	(i)	472,500	119,340	8,358	47,925	19,951	668,074	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN CALLENDER	(i)	0	49,882	296,413	0	4,372	350,667	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	JOHN CALLENDER, A FORMER SENIOR VP/CFO LEFT THE ORGANIZATION IN SEPTEMBER 2010 HE RECEIVED A PAYMENT OF $296,413 AS PER HIS RETIREMENT AGREEMENT
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	KEY EMPLOYEES HOLD CLUB MEMBERSHIPS FOR BUSINESS USE THE EMPLOYEES PROVIDE MONTHLY STATEMENTS TO THE ORGANIZATION LISTING OUT ANY PERSONAL USE THE EMPLOYEES THEN REIMBURSE THE ORGANIZATION FOR ANY PERSONAL USE THE CLUB MEMBERSHIPS WERE NOT TREATED AS TAXABLE COMPENSATION IN 2011, AS THE MEMBERSHIPS WERE FOR BUSINESS PURPOSES
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	SEE NARRATIVE FOR SCHEDULE J, PART I, LINE 1A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO HOSPITAL ASSOCIATION

Employer identification number
31-4270340

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	OHA HELPS MEMBER HOSPITALS EACH YEAR BY TELLING COMPELLING STORIES ABOUT THE MANY WAYS THEY BENEFIT THEIR COMMUNITIES BEYOND THE SERVICES FOR WHICH THEY ARE PAID THE INFORMATION COLLECTED, ANALYZED AND SHARED BROADLY BY OHA IN THE 2011 STATEWIDE HOSPITAL COMMUNITY BENEFIT REPORT SHOWED OHIO HOSPITALS PROVIDED $4 BILLION WORTH OF SERVICES FOR WHICH THEY WERE NOT PAID, INCLUDING MILLIONS OF DOLLARS FOR MEDICAL EDUCATION AND RESEARCH, PREVENTIVE SERVICES AND HEALTH SCREENINGS, CHARITY CARE AND MEDICAID SHORTFALLS ALTHOUGH OFFICIALLY INCORPORATED IN 1935, OHA HAS BEEN THE SINGLE STATEWIDE ENTITY REPRESENTING HOSPITALS IN OHIO SINCE 1915, SERVING A UNIQUE ROLE AS A TRUSTED FORUM IN WHICH HOSPITALS CAN COME TOGETHER FOR INCREASED UNDERSTANDING AND RESOLUTION OF ISSUES OF CONCERN THROUGHOUT THE STATE ISSUES TACKLED BY THE ASSOCIATION IN 2011 INCLUDED COLLABORATIVE EFFORTS TO IMPROVE QUALITY AND PATIENT SAFETY, INITIATIVES TO HELP HOSPITALS REDUCE THEIR WASTE STREAM FOR A CLEANER, HEALTHIER ENVIRONMENT, AND EFFORTS TO PRESERVE THE FINANCIAL STABILITY OF HOSPITALS

Identifier	Return Reference	Explanation
COMMON PAY AGENT	FORM 990, PART V, LINE 2A	OHIO HOSPITAL ASSOCIATION (OHA) EIN 31-4270340 IS THE COMMON PAYING AGENT FOR THE FOLLOWING RELATED ORGANIZATIONS THEREFORE, ALL APPLICABLE IRS TAX FILINGS ARE REPORTED BY OHA OHIO HOSPITAL CAPITAL, INC EIN 31-1193166 OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC EIN 31-1314404 FOUNDATION FOR HEALTHY COMMUNITIES EIN 31-1368843 THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION EIN 31-6060347 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, OHA, FOR THE YEAR ENDED DECEMBER 31, 2011 WAS 72 FOR PURPOSES OF REPORTING THE NUMBER OF EMPLOYEES ON THE FORM 990, PART V, LINE 2A, THERE WERE THE FOLLOWING FOR EACH RESPECTIVE ORGANIZATION OHIO HOSPITAL ASSOCIATION - 72 EMPLOYEES OHIO HOSPITAL CAPITAL, INC - 0 EMPLOYEES OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC - 0 EMPLOYEES FOUNDATION FOR HEALTHY COMMUNITIES - 1 EMPLOYEE THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION - 15 EMPLOYEES THE TOTAL NUMBER OF 1099S FILED BY THE COMMON PAYING AGENT, OHA, FOR THE YEAR ENDED DECEMBER 31, 2011 WAS 41 OHA HAS APPROXIMATELY 3 INDEPENDENT CONTRACTORS EXCEEDING $100,000 FOR THE YEAR ENDED DECEMBER 31, 2011 FOR PURPOSES OF PART V, LINE 1A, THE NUMBER OF 1099'S REPORTED AND FILED WERE THE FOLLOWING FOR EACH RESPECTIVE ORGANIZATION OHIO HOSPITAL ASSOCIATION - 16 FORM 1099 OHIO HOSPITAL CAPITAL, INC - 0 FORM 1099 OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC - 0 FORM 1099 FOUNDATION FOR HEALTHY COMMUNITIES - 0 FORM 1099 THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION - 25 FORM 1099

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION IS ORGANIZED AS AN ASSOCIATION WITH MEMBERS ORGANIZATIONAL MEMBERSHIPS CONSIST OF THE FOLLOWING TYPE I HOSPITALS THAT ARE GENERAL OR SPECIAL THAT PROVIDE INPATIENT CARE FOR THOSE REQUIRING A SHORT TERM STAY, TYPE II ALL OTHER HOSPITALS THAT PROVIDE INPATIENT CARE, TYPE III HEALTH CARE SYSTEMS, TYPE IV OTHER HEALTHCARE ORGANIZATIONS THAT ARE OWNED OR CONTROLLED BY A HOSPITAL (I E HOME CARE, HOSPICES), TYPE V SAME AS IV, EXCEPT THEY ARE NOT CONTROLLED BY HOSPITAL, AND TYPE VI HOSPITAL AUXILIARIES AND OTHER SERVICE GROUPS ALL OF THE ABOVE HAVE VOTING PRIVILEGES PERSONAL MEMBERSHIPS PERSONS ASSOCIATED WITH ORGANIZATIONAL MEMBERS

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	AT A DESIGNATED MEETING OF THE MEMBERS OF THE ASSOCIATION, THERE SHALL BE ELECTED A A CHAIR-ELECT AND A SECRETARY/TREASURER TO SERVE FOR ONE YEAR, B DISTRICT REPRESENTATIVES TO SERVE FOR THREE YEARS, AND C TRUSTEES-AT-LARGE TO SERVE FOR THREE YEARS, EXCEPT THE FIRST ELECTION AFTER THE APPROVAL OF THIS DOCUMENT, AT WHICH TIME THE TRUSTEES-AT-LARGE SHALL BE ELECTED IN A MANNER SUCH THAT APPROXIMATELY ONE-THIRD OF THE TRUSTEES-AT-LARGE SHALL HAVE THREE-YEAR TERMS, APPROXIMATELY ONE-THIRD OF THE TRUSTEES-AT-LARGE HAVE TWO-YEAR TERMS, AND APPROXIMATELY ONE-THIRD OF THE TRUSTEES-AT-LARGE SHALL HAVE ONE-YEAR TERMS

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 WAS REVIEWED BY MANAGEMENT WITH THE PAID TAX PREPARER A COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING REQUIRED SCHEDULES), AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, OFFICERS, AND MANAGEMENT ON PRIOR TO ITS FILING WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH TRUSTEE, DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DESIGNATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE DUALITY OF INTEREST AND CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE ORGANIZATION IS TAX-EXEMPT AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES AFTER A DISCLOSURE, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, THE INTERESTED PERSON MAY BE ASKED BY THE CHAIRPERSON TO LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE AND MAY BE ASKED TO LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE ARRANGEMENT THAT RESULTS IN THE CONFLICT AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE COMPANY CAN OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF THAT IS NOT REASONABLY ATTAINABLE, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE ARRANGEMENT IS IN THE COMPANY'S BEST INTEREST

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	AN INDEPENDENT COMPENSATION COMMITTEE DELEGATED BY THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE YEARLY COMPENSATION REVIEW OF THE CHIEF EXECUTIVE OFFICER (CEO) OUTSIDE CONSULTANTS, SALARY SURVEYS, AND DATA FROM COMPARABLE ORGANIZATIONS ARE USED IN THE PROCESS OF DETERMINING THE CEO'S COMPENSATION THIS PROCESS WAS LAST PERFORMED IN 2011 AND IS DOCUMENTED WITHIN THE COMPENSATION COMMITTEE MINUTES

Identifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, LINE 15B	THE ORGANIZATION CURRENTLY USES AN OUTSIDE CONSULTANT TO PERIODICALLY PROVIDE A BENCHMARK OF COMPARABLE SALARY RANGES FOR ALL OFFICERS AND KEY EMPLOYEES THIS PROCESS WAS LAST PERFORMED IN 2009 OHIO HOSPITAL ASSOCIATION'S COMPENSATION IS BASED ON THE USE OF THIS DATA FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR SIZED ASSOCIATIONS

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION

Identifier	Return Reference	Explanation
Average hours worked per week for related organization	Form 990, Part VII, Section A, Column B	DAVID ENGLER, PHD - 38 HOURS PER WEEK TO THE RESEARCH AND EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION, A RELATED TAX-EXEMPT ORGANIZATION OLAS A HUBBS III - 1 HOUR PER WEEK TO THE FOUNDATION FOR HEALTHY COMMUNITIES, A RELATED TAX-EXEMPT ORGANIZATION MEL FAHS - 1 HOUR PER WEEK TO THE FOUNDATION FOR HEALTHY COMMUNITIES, A RELATED TAX-EXEMPT ORGANIZATION MARY GALLAGHER - 1 HOUR PER WEEK TO THE THE RESEARCH AND EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION , OHIO HOSPITAL CAPITAL, INC , OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC , AND FOUNDATION FOR HEALTHY COMMUNITIES, ALL OF WHICH ARE A RELATED TAX-EXEMPT ORGANIZATION JAMES CASTLE - 1 HOUR PER WEEK TO THE THE RESEARCH AND EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION , OHIO HOSPITAL CAPITAL, INC , OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC , AND FOUNDATION FOR HEALTHY COMMUNITIES, ALL OF WHICH ARE A RELATED TAX-EXEMPT ORGANIZATION STANLEY KORDUCKI - 1 HOUR PER WEEK TO THE RESEARCH AND EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION, A RELATED TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -1388906, GAIN ON EQUITY INVESTMENT IN OHA HOLDINGS, INC - 380994,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493303009052

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OHIO HOSPITAL ASSOCIATION

Employer identification number
31-4270340

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) OHIO HOSPITAL CAPITAL INC 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-1193166	SEE PART VII	OH	501(C)(4)	N/A	NA	Yes	
(2) OHIO HOSPITALS GROUP RATED WORKERS COMP 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-1314404	SEE PART VII	OH	501(C)(6)	N/A	NA	Yes	
(3) THE RESEARCH AND EDUCATIONAL FOUNDATION 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-6060347	SEE PART VII	OH	501(C)(3)	11 - Type I	NA	Yes	
(4) FOUNDATION FOR HEALTHY COMMUNITIES 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-1368843	SEE PART VII	OH	501(C)(3)	11 - Type I	NA	Yes	
(5) OHIO HEALTH COUNCIL 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-1708195	SEE PART VII	OH	501(C)(3)	11 - Type I	NA	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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) OHIO HEALTHCARE PURCHASING INC 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 20-0414070	PURCHASING CO	OH	NA	C CORPORATION	525,279	239,177	1 00 %
(2) OHA HOLDINGS INC 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 04-3776029	HOLDING COMPANY	OH	NA	C CORPORATION	6,580,654	69,881,432	1 00 %
(3) MEMBER PRODUCTS INC 155 E BROAD ST 15TH FLOOR COLUMBUS, OH 43215 31-1177929	GROUP PURCHASING COMPANY	OH	NA	C CORPORATION	0	0	1 00 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) RESEARCH & EDUCATIONAL FOUNDATION OF OHA	P	533,054	FMV
(2) FOUNDATION FOR HEALTHY COMMUNITIES	P	66,865	FMV
(3) OHIO HEALTHCARE PURCHASING INC	P	156,792	FMV
(4) THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION	B	80,003	FMV
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
PRIMARY ACTIVITY	PART II, COLUMN (B)	1 OHIO HOSPITAL CAPITAL, INC PRIMARY ACTIVITY IT WAS ORIGINALLY ORGANIZED FOR THE PURPOSE OF ASSISTING TAX-EXEMPT HOSPITALS IN ATTAINING AND ADMINISTERING HOSPITAL TAX-EXEMPT FINANCING PROGRAMS FOR CAPITAL EXPANSION 2 OHIO HOSPITALS GROUP RATED WORKERS COMP PRIMARY ACTIVITY THE PRIMARY PURPOSE OF THE OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC IS TO DEVELOP AND IMPLEMENT PROGRAMS THAT WILL PROMOTE A SAFE WORKING ENVIRONMENT AND REDUCE HEALTH CARE COSTS 3 THE RESEARCH AND EDUCATIONAL FOUNDATION PRIMARY ACTIVITY TO CONDUCT, FUND AND DISSEMINATE RESEARCH THAT IMPROVES THE QUALITY OF CARE IN HOSPITALS AND HEALTH SYSTEMS IN THE STATE OF OHIO THE FOUNDATION ALSO PROMOTES COMMUNITY HEALTH THROUGH GRANTS AND EDUCATION 4 FOUNDATION FOR HEALTHY COMMUNITIES PRIMARY ACTIVITY THE FOUNDATION IS A CHARITABLE ARM OF THE THE OHIO HOSPITAL ASSOCIATION, IT SUPPORTS CONTINUING EFFORTS BY OHIO HOSPITALS TO PROMOTE HEALTHY LIFESTYLES AND SERVE AS ROLE MODELS AND LEADERS IN CREATING PROPEROUS AND HEALTHY COMMUNITIES 5 OHIO HEALTH COUNCIL PRIMARY ACTIVITY PROMOTION OF HEALTH BY COORDINATING THE EFFORTS OF ITS MEMBERS AND OTHER ORGANIZATIONS INTERESTED IN THE HEALTH OF COMMUNITIES THIS PURPOSE INCLUDES FUNDING PROJECTS THAT CONDUCT HEALTH EDUCATION AND HEALTH PROMOTION PROGRAMS REGARDING THE ADVANTAGES TO THE HEALTH OF COMMUNITIES TO BE GAINED THROUGH THE PRACTICE OF MEDICINE AND OTHER HEALTH PROFESSIONS AND THE OPERATION OF HOSPITALS THE ORGANIZATION ARRANGES FOR THE AVAILABILITY OF MEDICAL, HOSPITAL AND RELATED SERVICES, INCLUDING THROUGH PUBLICIZING COMMUNITY NEED FOR HEALTH CARE SERVICES AND MAINTAINING LISTINGS OF OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS TO MEET SUCH COMMUNITY NEEDS AND FACILITATING THE PLACEMENT OF HEALTH CARE PROFESSIONALS IN COMMUNITIES WITH SUCH NEEDS IT STRENGTHENS AND PROMOTES POLICIES AND PRINCIPLES TO IMPROVE PATIENT SAFETY, IDENTIFIES STATEGIES TO ENHANCE PATIENT SAFETY IN OHIO HEALTH CARE ORGANIZATIONS, IDENTIFIES BARRIERS TO IMPLEMENTATION OF STRATEGIES FOR IMPROVING PATIENT SAFETY AND DEVELOPING STRATEGIES THAT OVERCOME THESE BARRIERS, AND PROMOTES IDENTIFYING AND DISSEMINATING RELIABLE PATIENT SAFETY INFORMATION TO THE PUBLIC AND PROVIDER COMMUNITIES

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 31-4270340
Name: OHIO HOSPITAL ASSOCIATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES CASTLE PRESIDENT/CEO	40 00	X		X				600,198	0	67,876
JAMES PANCOAST SECRETARY/TREASURER	2 00	X		X				0	0	0
BRYAN HEHEMANN SOUTHWEST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
CLAUS VON ZYCHLIN TRUSTEE-AT-LARGE	2 00	X						0	0	0
CYNTHIA MOORE-HARDY TRUSTEE-AT-LARGE	2 00	X						0	0	0
DALE THORNTON NORTHWEST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
DAVID KINSAUL TRUSTEE-AT-LARGE	2 00	X						0	0	0
FRED DEGRANDIS CHAIR-ELECT	2 00	X						0	0	0
JAMES MAY TRUSTEE-AT-LARGE	2 00	X						0	0	0
JAMES SUDIMACK TRUSTEE-AT-LARGE	2 00	X						0	0	0
MEL FAHS TRUSTEE-AT-LARGE	2 00	X						0	0	0
MICHAEL LOUGE CENTRAL DISTRICT REPRESENTATIVE	2 00	X						0	0	0
MICHAEL SZUBSKI NORTHEAST DISTRICT REPRESENTATIVE	2 00	X						0	0	0
MINA UBBING CHAIR	2 00	X						0	0	0
OLAS A HUBBS III TRUSTEE-AT-LARGE	2 00	X						0	0	0
PATRICK MARTIN TRUSTEE-AT-LARGE	2 00	X						0	0	0
PHILLIP L ENNEN TRUSTEE-AT-LARGE	2 00	X						0	0	0
ROBERT MONTAGNESE TRUSTEE-AT-LARGE	2 00	X						0	0	0
STANLEY KORDUCKI IMMEDIATE PAST CHAIR	2 00	X						0	0	0
SUSAN R CROUSHORE TRUSTEE-AT-LARGE	2 00	X						0	0	0
THOMAS WHELAN TRUSTEE-AT-LARGE	2 00	X						0	0	0
MARY GALLAGHER SENIOR VP/CHIEF OF STAFF	40 00			X				213,496	1,125	58,155
RALPH R FRALEY SENIOR VICE PRESIDENT	40 00				X			248,918	0	47,675
AMY ANDRES VICE PRESIDENT, DATA SERVICES	40 00					X		162,184	0	21,009
BRIDGET GARGAN VICE PRESIDENT STATE POLICY	40 00					X		203,366	0	40,662

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL PAOLETTI VICE PRESIDENT, DATA SERVICES	40 00					X		181,142	0	39,296
DAVID ENGLER PHD VICE PRESIDENT QUALITY INSTITUTE	2 00					X		1,956	193,588	40,134
MARY YOST VICE PRESIDENT PUBLIC AFFAIRS	38 00					X		174,915	3,085	55,852
JOHN CALLENDER FORMER SENIOR VP/CFO	0 00						X	346,295	0	4,372