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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

155 East Broad Street

Room/suite

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

Columbus, OH 432153640

F Name and address of principal officer

Michael Abrams

155 East Broad Street

Columbus, OH 432153640

D Employer identification number

31-4270340

E Telephone number

(614) 221-7614

G Gross receipts \$ 18,541,713

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3)☒ 501(c) ( 6 )☐ (insert no )☐ 4947(a)(1) or ☐ 527

J Website:

www.ohiohospitals.org

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1915

M State of legal domicile

OH

| Part I                      |                                                                                                                                                                                                             | Summary                                                                                  |             |              |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------|--------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities<br>The Ohio Hospital Association (OHA) exists to collaborate with member hospitals and health systems to ensure a healthy Ohio |                                                                                          |             |              |
|                             |                                                                                                                                                                                                             |                                                                                          |             |              |
|                             |                                                                                                                                                                                                             |                                                                                          |             |              |
|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                    |                                                                                          |             |              |
|                             | 3                                                                                                                                                                                                           | Number of voting members of the governing body (Part VI, line 1a)                        | 3           | 19           |
|                             | 4                                                                                                                                                                                                           | Number of independent voting members of the governing body (Part VI, line 1b)            | 4           | 18           |
|                             | 5                                                                                                                                                                                                           | Total number of individuals employed in calendar year 2014 (Part V, line 2a)             | 5           | 80           |
| 6                           | Total number of volunteers (estimate if necessary)                                                                                                                                                          | 6                                                                                        | 75          |              |
| 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                        | 7a                                                                                       | 631,464     |              |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                              | 7b                                                                                       | 162,564     |              |
| Revenue                     | 8                                                                                                                                                                                                           | Contributions and grants (Part VIII, line 1h)                                            | Prior Year  | Current Year |
|                             | 9                                                                                                                                                                                                           | Program service revenue (Part VIII, line 2g)                                             | 0           | 0            |
|                             | 10                                                                                                                                                                                                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                            | 11,550,799  | 11,943,333   |
|                             | 11                                                                                                                                                                                                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                 | 2,000,531   | 1,192,421    |
|                             | 12                                                                                                                                                                                                          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)         | 1,726,247   | 0            |
|                             |                                                                                                                                                                                                             |                                                                                          | 15,277,577  | 13,135,754   |
| Expenses                    | 13                                                                                                                                                                                                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                         | 0           | 0            |
|                             | 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)        | 5,758,505   | 6,647,751    |
|                             | 16a                                                                                                                                                                                                         | Professional fundraising fees (Part IX, column (A), line 11e)                            | 0           | 0            |
|                             | b                                                                                                                                                                                                           | Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/> |             |              |
|                             | 17                                                                                                                                                                                                          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                             | 4,733,601   | 3,626,747    |
|                             | 18                                                                                                                                                                                                          | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                 | 10,492,106  | 10,274,498   |
|                             | 19                                                                                                                                                                                                          | Revenue less expenses Subtract line 18 from line 12                                      | 4,785,471   | 2,861,256    |
| Net Assets or Fund Balances |                                                                                                                                                                                                             | Beginning of Current Year                                                                | End of Year |              |
|                             | 20                                                                                                                                                                                                          | Total assets (Part X, line 16)                                                           | 49,748,213  | 52,490,924   |
|                             | 21                                                                                                                                                                                                          | Total liabilities (Part X, line 26)                                                      | 13,122,347  | 13,227,360   |
|                             | 22                                                                                                                                                                                                          | Net assets or fund balances Subtract line 21 from line 20                                | 36,625,866  | 39,263,564   |

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

2015-11-05

Date

Mary Gallagher Executive VP/Chief of Staff

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Rachel Spurlock

Preparer's signature

Rachel Spurlock

Date

Check ☐ if self-employed

PTIN

P00520729

Firm's name

CROWE HORWATH LLP

Firm's EIN

35-0921680

Phone no

(614) 469-0001

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                       |                                       |               |  |
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| The Ohio Hospital Association (OHA) exists to collaborate with member hospitals and health systems to ensure a healthy Ohio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                       |                                       |               |  |
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| If "Yes," describe these new services on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                       |                                       |               |  |
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| If "Yes," describe these changes on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       |                                       |               |  |
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| 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Code )                                                                                                                                                                                                                                                                                                                               | (Expenses \$ including grants of \$ ) | (Revenue \$ ) |  |
| AS THE UNITED VOICE FOR OHIO'S 219 HOSPITALS AND 13 HEALTH SYSTEMS, THE OHIO HOSPITAL ASSOCIATION LIVES ITS MISSION TO COLLABORATE WITH MEMBER HOSPITALS AND HEALTH SYSTEMS TO ENSURE A HEALTHY OHIO. THE ASSOCIATION CONTINUES TO IMPLEMENT ITS THREE-YEAR STRATEGIC PLAN WITH INITIATIVES OF ADVOCACY, PATIENT SAFETY AND HEALTH CARE QUALITY, AND ECONOMIC SUSTAINABILITY. OHA CREATES A BETTER UNDERSTANDING AND APPRECIATION FOR THE 282,000 HEALTH CARE WORKERS WORKING IN OHIO HOSPITALS, THE 1.1 MILLION INPATIENT AND OUTPATIENT SURGERIES AND 1.4 MILLION ADMISSIONS THEY CARE FOR ANNUALLY AND THEIR \$81 BILLION IMPACT ON OHIO'S ECONOMY. AS A UNIFIED VOICE AND ADVOCATE FOR HOSPITALS, OHA ASSISTS MEMBERS WITH THEIR EFFORTS TO PROVIDE HEALTHCARE TO PATIENTS AND PROGRAMMING IN THEIR COMMUNITIES. ADDITIONALLY, OHA WORKS ON BEHALF OF MEMBERS THROUGH LEADERSHIP IN THE DEVELOPMENT OF PUBLIC POLICY, IN THE REPRESENTATION AND ADVOCACY OF HOSPITAL AND HEALTHCARE INTERESTS, AND IN THE PROVISION OF SERVICES THAT ASSIST HOSPITALS IN MEETING HEALTHCARE NEEDS AND IMPROVING THE HEALTH STATUS OF THEIR COMMUNITIES, WHICH IN TURN IMPROVES OHIO'S HEALTH CARE SYSTEM. OHA SUPPORTS MEMBERS 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 2014 STATEWIDE HOSPITAL COMMUNITY BENEFIT REPORT SHOWED OHIO HOSPITALS PROVIDED \$5.4 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 ABSORBING MEDICAID SHORTFALLS. ISSUES ADDRESSED BY THE ASSOCIATION IN 2014 INCLUDED COLLABORATIVE EFFORTS TO IMPROVE QUALITY AND PATIENT SAFETY THROUGH THE HOSPITAL ENGAGEMENT NETWORK, PARTNERSHIP FOR PATIENTS AND THE OHIO PUBLIC SAFETY INSTITUTE, THE LAUNCH OF A STATEWIDE HOSPITAL PROGRAM TO REDUCE INFANT MORTALITY THROUGH SAFE SLEEP, ELIMINATING EARLY ELECTIVE DELIVERIES AND BREASTFEEDING, A CAMPAIGN TO EXTEND HEALTH CARE COVERAGE TO ELIGIBLE UNINSURED OHIOANS THROUGH THE AFFORDABLE CARE ACT, ENVIRONMENTAL/ENERGY INITIATIVES WITH HOSPITALS TO ENSURE A CLEANER AND HEALTHIER ENVIRONMENT, AND WORK TO PRESERVE THE FINANCIAL STABILITY OF HOSPITALS. OHA HAS BEEN THE SINGLE STATEWIDE ENTITY REPRESENTING HOSPITALS IN OHIO SINCE 1915, SERVING A UNIQUE ROLE AS A TRUSTED FORUM IN WHICH HOSPITALS COME TOGETHER FOR INCREASED UNDERSTANDING AND RESOLUTION OF ISSUES OF CONCERN THROUGHOUT THE STATE. |                                                                                                                                                                                                                                                                                                                                       |                                       |               |  |
| 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Code )                                                                                                                                                                                                                                                                                                                               | (Expenses \$ including grants of \$ ) | (Revenue \$ ) |  |
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| 4d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other program services (Describe in Schedule O )                                                                                                                                                                                                                                                                                      |                                       |               |  |
| (Expenses \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       | including grants of \$                | (Revenue \$ ) |  |
| 4e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total program service expenses                                                                                                                                                                                                                                                                                                        |                                       | 0             |  |

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                        |     |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>                                                                                             | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>                                                      | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>                            | 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>                                                                                         | 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? <i>If "Yes," complete Schedule L, Part I . . .</i>                                       | 25b |     |    |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i> | 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? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                                                                                                                | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>                                                                                    | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>                                                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>                                                                                                                                                                      | 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? <i>If "Yes," complete Schedule R, Part I . . .</i>                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>                                                                                                                           | 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|                                                                                                                                                                                                                                                |                                                                                                                                                                                | Yes | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a                                                                                                                                                                                                                                             | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 15  |     |
| 1b                                                                                                                                                                                                                                             | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0   |     |
| c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                    |                                                                                                                                                                                | 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. | 80  |     |
| b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).         |                                                                                                                                                                                | 2b  | Yes |
| 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" to line 3b, 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, securities account, or other financial account)? |                                                                                                                                                                                | 4a  | No  |
| b. If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                     |                                                                                                                                                                                |     |     |
| 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 as charitable contributions?                                    |                                                                                                                                                                                | 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.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                  |                                                                                                                                                                                | 8   |     |
| 9a. Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |                                                                                                                                                                                | 9a  |     |
| b. Did the sponsoring 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?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                            |                                                                                                                                                                                | 13a |     |
| b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                  |                                                                                                                                                                                | 13b |     |
| c. Enter the 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 or note to any line 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                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |     |
| 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 this 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                               |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records<br>Erin Reimer Biles                                                                                                                                                                                                                                                                            |

Part VII

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

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

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

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

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

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

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |

|           |                                                                        |           |   |         |
|-----------|------------------------------------------------------------------------|-----------|---|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             |           |   |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |           |   |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 2,205,052 | 0 | 199,703 |

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 19

|   |                                                                                                                                                                                                                                               | Yes   | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 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? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 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)<br>Name and business address                                                               | (B)<br>Description of services         | (C)<br>Compensation |
|------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|
| BRICKER & ECKLER<br>100 S 3RD STREET<br>COLUMBUS, OH 43215                                     | LEGAL                                  | 300,755             |
| ASSOCIATED SYSTEMS PROFESSIONALS<br>2345 CHESTERFIELD AVENUE SUITE 400<br>CHARLESTON, WV 25304 | DATA PROCESSING                        | 135,650             |
| Gallagher Consulting Group Inc<br>4400 N High St<br>Suite 208<br>Columbus, OH 43214            | Coaching and communications consulting | 121,408             |
|                                                                                                |                                        |                     |
|                                                                                                |                                        |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                               | (A)                                                                                       | (B)                                         | (C)                              | (D)                                                          |           |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|--------------------------------------------------------------|-----------|
|                                                           |                                           |                                                                                                                                               | Total revenue                                                                             | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |
| Contributions, Gifts, Grants<br>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<br>similar amounts not included above 1f                                                          |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                           |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                              | 0                                                                                         |                                             |                                  |                                                              |           |
| Program Service Revenue                                   | 2a                                        | Membership Dues                                                                                                                               | Business Code<br>900099                                                                   | 7,570,114                                   | 7,570,114                        |                                                              |           |
|                                                           | b                                         | Data Services                                                                                                                                 | 518210                                                                                    | 2,257,095                                   | 2,257,095                        |                                                              |           |
|                                                           | c                                         | Educational Services                                                                                                                          | 611710                                                                                    | 639,542                                     | 639,542                          |                                                              |           |
|                                                           | d                                         | Unemployment Compensation                                                                                                                     | 561000                                                                                    | 631,464                                     | 631,464                          |                                                              |           |
|                                                           | e                                         | Corporate Partner Program                                                                                                                     | 541900                                                                                    | 392,277                                     | 392,277                          |                                                              |           |
|                                                           | f                                         | All other program service revenue                                                                                                             |                                                                                           | 452,841                                     | 452,841                          | 0                                                            |           |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                              |                                                                                           | 11,943,333                                  |                                  | 0                                                            |           |
|                                                           | Other Revenue                             | 3                                                                                                                                             | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                                             | 1,067,644                        |                                                              | 1,067,644 |
|                                                           |                                           | 4                                                                                                                                             | Income from investment of tax-exempt bond proceeds . . . . .                              |                                             |                                  |                                                              |           |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                           |                                                                                           |                                             |                                  |                                                              |           |
| 6a                                                        |                                           | Gross rents                                                                                                                                   | (i) Real                                                                                  | (ii) Personal                               |                                  |                                                              |           |
|                                                           |                                           | b                                                                                                                                             | Less rental<br>expenses                                                                   |                                             |                                  |                                                              |           |
|                                                           |                                           | c                                                                                                                                             | Rental income<br>or (loss)                                                                | 0                                           | 0                                |                                                              |           |
|                                                           |                                           | d                                                                                                                                             | Net rental income or (loss) . . . . .                                                     |                                             |                                  |                                                              |           |
| 7a                                                        |                                           | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               | (i) Securities                                                                            | (ii) Other                                  |                                  |                                                              |           |
|                                                           |                                           | b                                                                                                                                             | Less cost or<br>other basis and<br>sales expenses                                         | 5,530,736                                   |                                  |                                                              |           |
|                                                           |                                           | c                                                                                                                                             | Gain or (loss)                                                                            | 5,405,959                                   |                                  |                                                              |           |
|                                                           |                                           | d                                                                                                                                             | Net gain or (loss) . . . . .                                                              | 124,777                                     | 0                                | 124,777                                                      |           |
| 8a                                                        |                                           | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                         |                                             |                                  |                                                              |           |
|                                                           |                                           | b                                                                                                                                             | Less direct expenses . . . . . b                                                          |                                             |                                  |                                                              |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from fundraising events . . . . .                                    |                                             |                                  |                                                              |           |
| 9a                                                        |                                           | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                         | a                                                                                         |                                             |                                  |                                                              |           |
|                                                           |                                           | b                                                                                                                                             | Less direct expenses . . . . . b                                                          |                                             |                                  |                                                              |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from gaming activities . . . . .                                     |                                             |                                  |                                                              |           |
| 10a                                                       |                                           | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                            | a                                                                                         |                                             |                                  |                                                              |           |
|                                                           |                                           | b                                                                                                                                             | Less cost of goods sold . . . . . b                                                       |                                             |                                  |                                                              |           |
|                                                           |                                           | c                                                                                                                                             | Net income or (loss) from sales of inventory . . . . .                                    |                                             |                                  |                                                              |           |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                                 |                                                                                           |                                             |                                  |                                                              |           |
| 11a                                                       |                                           |                                                                                                                                               |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | b                                         |                                                                                                                                               |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | c                                         |                                                                                                                                               |                                                                                           |                                             |                                  |                                                              |           |
|                                                           | d                                         | All other revenue . . . . .                                                                                                                   |                                                                                           | 0                                           | 0                                | 0                                                            |           |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                               | 0                                                                                         |                                             |                                  |                                                              |           |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                               |                                                                                           | 13,135,754                                  | 11,311,869                       | 631,464                                                      |           |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .                                                                                                                         |                       |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .                                                                                                                                                    |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .                                                                                             |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                    | 1,083,905             |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                               | 121,408               |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                    | 3,917,296             |                                 |                                        |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                          | 353,392               |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 847,732               |                                 |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 324,018               |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 57,855                |                                 |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 107,500               |                                 |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 78,000                |                                 |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                  | 374,311               | 0                               | 0                                      | 0                           |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 386,457               |                                 |                                        |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 110,909               |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 114,166               |                                 |                                        |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 379,457               |                                 |                                        |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 359,313               |                                 |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 688,591               |                                 |                                        |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 46,740                |                                 |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | Data Program                                                                                                                                                                                                                          | 470,966               |                                 |                                        |                             |
| b                                                                              | Energy Program                                                                                                                                                                                                                        | 301,257               |                                 |                                        |                             |
| c                                                                              | Program and Service Expense                                                                                                                                                                                                           | 117,006               |                                 |                                        |                             |
| d                                                                              | Miscellaneous                                                                                                                                                                                                                         | 34,219                |                                 |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                    | 0                     | 0                               | 0                                      | 0                           |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                    | 10,274,498            | 0                               | 0                                      | 0                           |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | (A)<br>Beginning of year |     | (B)<br>End of year |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----|--------------------|
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |              |                          | 1   |                    |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |              | 5,945,767                | 2   | 8,009,831          |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |              |                          | 3   |                    |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |              | 21,734,789               | 4   | 7,906,264          |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |              | 0                        | 5   |                    |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              | 0                        | 6   |                    |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |              |                          | 7   |                    |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |              |                          | 8   |                    |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |              | 48,408                   | 9   | 78,664             |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a7,079,592 |                          |     |                    |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b4,625,762 | 2,973,794                | 10c | 2,453,830          |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |              | 19,045,455               | 11  | 33,287,372         |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |              | 0                        | 12  |                    |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |              | 0                        | 13  |                    |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |              |                          | 14  |                    |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |              | 0                        | 15  | 754,963            |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |              | 49,748,213               | 16  | 52,490,924         |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |              | 4,318,519                | 17  | 4,218,542          |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |              |                          | 18  |                    |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |              | 8,803,828                | 19  | 9,008,818          |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |              |                          | 20  |                    |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |              |                          | 21  |                    |
|                             | 22                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |              | 0                        | 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                                                                                                                                                                                                                                                                                   |              | 13,122,347               | 26  | 13,227,360         |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |              |                          |     |                    |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |              | 36,625,866               | 27  | 39,263,564         |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |              |                          | 28  |                    |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |              |                          | 29  |                    |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                              |              |                          |     |                    |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |              |                          | 30  |                    |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |              |                          | 31  |                    |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |              |                          | 32  |                    |
|                             | 33                                                                                                                                                  | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |              | 36,625,866               | 33  | 39,263,564         |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |              | 49,748,213               | 34  | 52,490,924         |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 13,135,754 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 10,274,498 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 2,861,256  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 36,625,866 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | -223,558   |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 39,263,564 |

Part XII Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 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  |
| 3b | 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  |     |

## Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 31-4270340  
**Name:** Ohio Hospital Association

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

| (A)<br>Name and Title                                    | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                          |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                        |                                                                                                                 |
| (1) Phillip L Ennen<br>Chair                             | 2 00<br>.....<br>0 00                                                                                           | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (1) Chip Hubbs<br>Chair-Elect                            | 2 00<br>.....<br>2 00                                                                                           | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (2) James Pancoast<br>Past Chair                         | 2 00<br>.....<br>2 00                                                                                           | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (3) MICHAEL ABRAMS<br>President & CEO                    | 36 00<br>.....<br>4 00                                                                                          | X                                                                                                                  |                       | X       |              |                                 |        | 650,273                                                                           | 0                                                                                      | 45,619                                                                                                          |
| (4) James May<br>Secretary/Treasurer                     | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (5) Amanda Goble<br>Trustee-at-Large                     | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (6) Bruce White<br>Trustee-at-Large (Partial year)       | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (7) Claus von Zychlin<br>Trustee-at-Large                | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (8) CYNTHIA MOORE-HARDY<br>Trustee-at-Large              | 2 00<br>.....<br>0 00                                                                                           | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (9) Fred Manchur<br>Trustee-at-Large                     | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (10) James Sudimack<br>Trustee-at-Large                  | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (11) Kevin Webb<br>Trustee-at-Large                      | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (12) Michael Louge<br>Trustee-at-Large                   | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (13) Michael Szubski<br>Trustee-at-Large                 | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (14) Ray Chorey<br>Trustee-at-Large                      | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (15) Robert Montagnese<br>Trustee-at-Large               | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (16) Steven Gabbe<br>Trustee-at-Large                    | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (17) Thomas Whelan<br>Trustee-at-Large                   | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (18) TIM COLBURN<br>Trustee-at-Large                     | 2 00<br>.....<br>0 00                                                                                           | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (19) David Bronson<br>Trustee-at-Large                   | 2 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (20) MARY GALLAGHER<br>Executive VP/Chief of Staff       | 35 00<br>.....<br>5 00                                                                                          |                                                                                                                    |                       | X       |              |                                 |        | 340,371                                                                           | 0                                                                                      | 46,563                                                                                                          |
| (21) AMY ANDRES<br>Senior Vice President, Data Services  | 29 00<br>.....<br>11 00                                                                                         |                                                                                                                    |                       |         |              | X                               |        | 248,537                                                                           | 0                                                                                      | 29,198                                                                                                          |
| (22) Daniel Paoletti<br>Vice President, Data Services    | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         |              | X                               |        | 245,067                                                                           | 0                                                                                      | 5,576                                                                                                           |
| (23) RYAN BILES<br>SENIOR VP- HEALTH, ECONOMICS & POLICY | 39 00<br>.....<br>1 00                                                                                          |                                                                                                                    |                       |         |              | X                               |        | 265,678                                                                           | 0                                                                                      | 14,991                                                                                                          |
| (24) SCOTT BORGEMENKE<br>Senior Vice President, Advocacy | 39 50<br>.....<br>0 50                                                                                          |                                                                                                                    |                       |         |              | X                               |        | 256,525                                                                           | 0                                                                                      | 29,199                                                                                                          |

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

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                         |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) SEAN MCGLONE                       | 40 00                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| Senior Vice President & General Counsel | .....<br>0                                                                                 |                                                                                                           |                       |         |              | X                            |        | 198,601                                                              | 0                                                                         | 28,557                                                                                        |

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

|                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Ohio Hospital Association | Employer identification number<br>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 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

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

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

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

Part III-A

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

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

Part III-B

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

|                                                                                                                                                                                                                                              |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |  |
| a Current year                                                                                                                                                                                                                               | 2a |  |
| 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

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

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 education)☐ Preservation of an historically important land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

Revenue included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

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

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations . . . . .

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 XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                |                                      |                                |                              |                |
| b Buildings . . . . .                                                                            |                                      |                                |                              |                |
| c Leasehold improvements . . . . .                                                               |                                      | 1,374,693                      | 278,654                      | 1,096,039      |
| d Equipment . . . . .                                                                            |                                      | 5,704,899                      | 4,347,108                    | 1,357,791      |
| e Other . . . . .                                                                                |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 2,453,830      |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | The Internal Revenue Service has ruled that OHA and the Program are tax-exempt organizations as defined under Section 501(c)(6) and OHC is a tax-exempt organization as defined under 501(c)(4) 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 are any significant tax liabilities related to Ohio Healthcare Purchasing, Inc. Accordingly, no provision for federal income taxes has been made in the combined 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 morelikely- 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, 2014. |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

[illegible]



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, line 23.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Ohio Hospital Association

Employer identification number  
31-4270340

Part I

Questions Regarding Compensation

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

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

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

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

| (A) Name and Title                                        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|-----------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                                                           |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| 1 MICHAEL ABRAMS<br>President & CEO                       | (i)  | 478,790                                            | 114,108                             | 57,375                              | 17,500                                         | 28,119                  | 695,892                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 2 MARY GALLAGHER<br>Executive VP/Chief of Staff           | (i)  | 285,794                                            | 54,577                              | 0                                   | 17,500                                         | 29,063                  | 386,934                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 3 AMY ANDRES<br>Senior Vice President, Data Services      | (i)  | 204,977                                            | 32,760                              | 10,800                              | 0                                              | 29,198                  | 277,735                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 4 Daniel Paoletti<br>Vice President, Data Services        | (i)  | 214,567                                            | 20,000                              | 10,500                              | 0                                              | 5,576                   | 250,643                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 5 RYAN BILES<br>SENIOR VP- HEALTH, ECONOMICS & POLICY     | (i)  | 217,918                                            | 36,960                              | 10,800                              | 0                                              | 14,991                  | 280,669                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 6 SCOTT BORGEMENKE<br>Senior Vice President, Advocacy     | (i)  | 212,640                                            | 32,760                              | 11,125                              | 0                                              | 29,199                  | 285,724                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |
| 7 SEAN MCGLONE<br>Senior Vice President & General Counsel | (i)  | 156,456                                            | 31,020                              | 11,125                              | 0                                              | 28,557                  | 227,158                         | 0                                                                    |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                    |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference                                                          | Explanation                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | Executive 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 2014, as the memberships were for business purposes. |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Ohio Hospital Association

Employer identification number  
31-4270340

| Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b |                                 |                                                               |                                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|
| 1                                                                                                                                                                                                                                   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |
|                                                                                                                                                                                                                                     |                                 |                                                               |                                | YesNo          |
|                                                                                                                                                                                                                                     |                                 |                                                               |                                |                |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total ▶ \$

| Part III Grants or Assistance Benefiting Interested Persons.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 27. |                                                                 |                          |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (a) Name of interested person                                                                                                              | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|                                                                                                                                            |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person  | (b) Relationship between interested person and the organization                             | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|--------------------------------|---------------------------------------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                                |                                                                                             |                           |                                | Yes                                     | No |
| (1) Gallagher Consulting Group | Entity more than 35% owned by family member of Mary Gallagher, Executive VP/ Chief of staff | 121,408                   | Consulting Services            |                                         | No |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Name of the organization  
Ohio Hospital Association**Employer identification number**

31-4270340

**Return  
Reference****Explanation**Form 990, Part  
V, Line 2a  
Common Pay  
Agent

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 OHIO HEALTHCARE PURCHASING EIN 20-0414070 THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 AND FILED BY THE COMMON PAYING AGENT, OHA, FOR THE YEAR ENDED DECEMBER 31, 2014 WAS 80 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 - 73 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 - 4 EMPLOYEES OHIO HEALTHCARE PURCHASING - 2 EMPLOYEES

| Return Reference                                                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15b<br>PROCESS USED TO DETERMINE<br>COMPENSATION OF OTHER<br>OFFICERS | THE ORGANIZATION CURRENTLY USES AN OUTSIDE CONSULTANT TO PERIODICALLY PROVIDE A<br>BENCHMARK OF COMPARABLE SALARY RANGES FOR ALL OFFICERS AND KEY EMPLOYEES THIS<br>PROCESS WAS LAST PERFORMED IN 2014 OHIO HOSPITAL ASSOCIATION'S COMPENSATION IS BASED<br>ON THE USE OF THIS DATA FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT<br>SIMILAR SIZED ASSOCIATIONS |

| Return Reference                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 6 Classes of members or stockholders | The organization is organized as an Association with organizational members and personal 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. Personal members do not have voting privileges. |



| Return<br>Reference                                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 7a Members<br>or stockholders<br>electing members<br>of governing body | <p>1 16 Nominations In accordance with Article VII (Board of Trustees) of the Constitution, nominations for election to the Board of Trustees shall be presented by the Nominating Committee after completion of the process described in this section as follows</p> <p>1 16 1 Notification to Membership The Nominating Committee Chair shall be responsible for notifying the President and the Association office of the names of the persons to be recommended by the Nominating Committee for election to the positions of Chair-Elect, Secretary/Treasurer and Trustees-at-Large thirty (30) days before election Upon receipt of the slate of nominees recommended by the Nominating Committee for election the Association office shall forward such names to the chief executive officers of those Organizational members entitled to the right to vote</p> <p>1 16 2 Additional Nominations Additional nominations for the offices of Chair-Elect, Secretary/Treasurer and Trustees-at-Large may be brought before the membership in the following manner</p> <p>1 16 2 1 Any eligible member may be nominated by written petition of no fewer than thirty (30) chief executive officers of Type I, II or III Organizational members</p> <p>1 16 2 2 Nominations by petition must be received in the office of the Association at least fifteen (15) days prior to election</p> <p>1 16 2 3 All voting members of the Association shall receive written notification from the Association office of all valid nominations, including those nominations by petition</p> |

| Return Reference                                                       | Explanation                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b<br>Review of form 990 by<br>governing body | The Form 990 was review ed 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. |

| Return<br>Reference                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part<br>VI, Line 12c<br>Conflict of<br>interest policy | <p>EACH TRUSTEE, DIRECTOR, PRINCIPAL OFFICER, other officer, key employee, 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</p> |

| Return Reference                                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15a<br>Process to establish<br>compensation of top<br>management official | 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 performed in 2014 and is documented within the compensation committee minutes. |

| Return Reference                                                      | Explanation                                                                                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 Required documents available to the public | The governing documents, conflict of interest policy and financial statements are available upon request from the organization |

| Return Reference                                           | Explanation                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Energy Program - Total Revenue 376344, Related or Exempt Function Revenue 376344, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other Income - Total Revenue 76497, Related or Exempt Function Revenue 76497, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

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

| (a)<br>Name, address, and EIN of related organization                                                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                 |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) OHIO HOSPITAL CAPITAL INC<br>155 E BROAD ST SUITE 301<br><br>COLUMBUS, OH 43215<br>31-1193166               | SEE PART VII            | OH                                               | 501(c)(4)                  |                                                     | OHA                              | Yes                                          |    |
| (2) OHIO HOSPITALS GROUP RATED WORKERS COMP<br>155 E BROAD ST SUITE 301<br><br>COLUMBUS, OH 43215<br>31-1314404 | SEE PART VII            | OH                                               | 501(c)(6)                  |                                                     | OHA                              | Yes                                          |    |
| (3) THE RESEARCH AND EDUCATIONAL FOUNDATION<br>155 E BROAD ST SUITE 301<br><br>COLUMBUS, OH 43215<br>31-6060347 | SEE PART VII            | OH                                               | 501(c)(3)                  | Type I                                              | OHA                              | Yes                                          |    |
| (4) FOUNDATION FOR HEALTHY COMMUNITIES<br>155 E BROAD ST SUITE 301<br><br>COLUMBUS, OH 43215<br>31-1368843      | SEE PART VII            | OH                                               | 501(c)(3)                  | Type I                                              | OHA                              | Yes                                          |    |
| (5) OHIO HEALTH COUNCIL<br>155 E BROAD ST SUITE 301<br><br>COLUMBUS, OH 43215<br>31-1708195                     | SEE PART VII            | OH                                               | 501(c)(3)                  | Type I                                              | OHA                              | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                    | No |                                                                            | Yes                                       | No |                                |
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a)<br>Name, address, and EIN of<br>related organization                                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                           |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) OHIO HEALTHCARE<br>PURCHASING INC<br><br>155 E BROAD ST SUITE 301<br>COLUMBUS, OH 43215<br>20-0414070 | PURCHASING CO           | OH                                                        | OHA                                 | C Corporation                                          | 17,563                          | 184,378                                   | 100 %                          | Yes                                                    |    |



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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)<br>Name of related organization          | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) Research & Educational Foundation of OHA | Q                                | 631,599                | FMV                                          |
| (2) Foundation for Healthy Communities       | Q                                | 66,156                 | FMV                                          |
| (3) Ohio Healthcare Purchasing               | Q                                | 157,320                | FMV                                          |

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Activity | 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, the mission of the Foundation for Healthy Communities is to help hospitals lead Ohioans to better health 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 |