

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

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

| | | | |
|--|--|--|--------------------------------|
| C Name of organization Ohio Hospital Association | | D Employer identification number 31-4270340 | |
| Doing business as | | E Telephone number (614) 221-7614 | |
| Number and street (or P O box if mail is not delivered to street address) 155 East Broad Street 301 | | Room/suite | G Gross receipts \$ 16,393,906 |
| 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 301 Columbus, OH 432153640 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

I Tax-exempt status 501(c)(3) 501(c) (6) ► (insert no) 4947(a)(1) or 527J Website: ► www.ohiohospitals.orgK Form of organization Corporation Trust Association Other ►H(b) Are all subordinates included? Yes No

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

H(c) Group exemption number ►

L Year of formation 1915 M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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 | 19 |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 18 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 59 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 6 | 75 |
| 6 Total number of volunteers (estimate if necessary) | 7a | 645,233 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7b | 187,972 |
| b Net unrelated business taxable income from Form 990-T, line 34 | | |

| | | Prior Year | Current Year |
|---|------------|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 | |
| 9 Program service revenue (Part VIII, line 2g) | 13,972,321 | 12,631,020 | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,115,055 | 1,090,014 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 17,087,376 | 13,721,034 | |

| | | Prior Year | Current Year |
|--|------------|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 | |
| 9 Program service revenue (Part VIII, line 2g) | 13,972,321 | 12,631,020 | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,115,055 | 1,090,014 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 17,087,376 | 13,721,034 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 21,250 | |
| 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) | 7,981,004 | 7,866,266 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 0 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,462,125 | 3,929,557 | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 12,443,129 | 11,817,073 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 4,644,247 | 1,903,961 | |

| | | Beginning of Current Year | End of Year |
|--|------------|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 56,521,765 | 60,085,134 | |
| 21 Total liabilities (Part X, line 26) | 13,497,326 | 13,341,155 | |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 43,024,439 | 46,743,979 | |

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 | ***** | 2017-11-03 |
| | Signature of officer | 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 <input type="checkbox"/> if self-employed | PTIN P00520729 |
| | Firm's name ► CROWE HORWATH LLP | | | Firm's EIN ► 35-0921680 | |
| | Firm's address ► 10 West Broad Street Suite 1700 Columbus, OH 432153713 | | | 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 (2016)

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

The Ohio Hospital Association (OHA) exists to collaborate with member hospitals and health systems to ensure a healthy Ohio

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

Part IV Checklist of Required Schedules (continued)

- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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? If "Yes," complete Schedule I, Parts I and II
- 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? If "Yes," complete Schedule I, Parts I and III
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.**
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

| | Yes | No |
|------------|-----|----|
| 20a | | No |
| 20b | | |
| 21 | Yes | |
| 22 | | No |
| 23 | Yes | |
| 24a | | No |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | | |
| 25b | | |
| 26 | | No |
| 27 | | No |
| 28a | | No |
| 28b | | No |
| 28c | Yes | |
| 29 | | No |
| 30 | | No |
| 31 | | No |
| 32 | | No |
| 33 | | No |
| 34 | Yes | |
| 35a | Yes | |
| 35b | Yes | |
| 36 | | |
| 37 | | No |
| 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 . . . | 1a | 37 | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 59 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 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 ► 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). | 7a | | |
| 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? | 7b | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 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. 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. 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? <i>If "No," provide an explanation in Schedule O</i> | 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 | 1a | 19 | |
| 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 | 1b | 18 | |
| 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 | | |
| 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 | 8a | Yes | |
| a The governing body? | 8b | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 9 | | No |
| 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 | | | |

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 | Yes |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12b | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12c | 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 | 13 | Yes |
| 13 Did the organization have a written whistleblower policy? | 14 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 15a | 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? | 15b | No |
| a The organization's CEO, Executive Director, or top management official | 16a | No |
| b Other officers or key employees of the organization | 16b | |

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?
- 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?

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed►
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request 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
►Erin Reimer Biles 155 E BROAD STREET Suite 301 COLUMBUS, OH 432153640 (614) 221-7614

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|--------------------------|---------|-----------------|---------------------------|--------|---|---|--|
| | | Officer or Director or Individual Trustee | Institutional Trustee | Officer | Key Employee | Independent Contractor | Former | | | |
| (1) Kevin Webb Chair-Elect | 2 0 1 0 | X | | X | | | | 0 | 0 | 0 |
| (2) Michael Abrams President & CEO | 38 0 1 0 | X | | X | | | | 823,167 | 0 | 53,823 |
| (3) Chip Hubbs Immediate Past Chair | 2 0 1 0 | X | | X | | | | 0 | 0 | 0 |
| (4) Cynthia Moore-Hardy Chair | 2 0 0 | X | | X | | | | 0 | 0 | 0 |
| (5) Michael Louge Secretary/Treasurer | 2 0 0 | X | | X | | | | 0 | 0 | 0 |
| (6) Scott Cantley Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (7) Ray Chorey Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (8) Tim Colburn Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (9) Mark Dooley Trustee-at-Large | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| (10) Steve Glass Trustee-at-Large | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| (11) Amanda Goble Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (12) Michael Keating Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (13) Richard Lofgren Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |
| (14) Thomas Malone Trustee-at-Large | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| (15) Fred Manchur Trustee-at-Large | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| (16) Edward J Roth III Trustee-at-Large | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| (17) Brian Smith Trustee-at-Large | 2 0 1 0 | X | | | | | | 0 | 0 | 0 |

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|---------------------------|--------------------------|-----------------|------------------------|--------|---|--|---|
| | | Off icer | Indi vidual trustee | Institutional Trustee | Key Employee | Highest Compensated | Former | | | |
| (18) Michael Szubski Trustee-at-Large | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) Bruce White Trustee-at-Large | 2 00 | X | | | | | | 0 | 0 | 0 |
| (20) Mary Gallagher Executive VP & Chief of Staff | 36 03 0 | | X | | | | | 377,865 | 0 | 75,446 |
| (21) Amy Andres Senior VP, Data & Quality | 39 01 0 | | | X | | | | 271,510 | 0 | 50,886 |
| (22) Ryan Biles Senior VP, Health Economics & Policy | 40 00 | | | X | | | | 301,263 | 0 | 62,641 |
| (23) Scott Borgemenke Senior VP, Advocacy | 39 01 0 | | | | X | | | 292,355 | 0 | 51,789 |
| (24) Sean McGlone Senior VP & General Counsel | 40 00 | | | | X | | | 219,913 | 0 | 51,971 |
| (25) Daniel Paoletti VP, Data Services | 40 00 | | | | X | | | 260,879 | 0 | 32,330 |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,546,952 | 0 | 378,886 |

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 ► 20

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--|---------------------|
| BRICKER & ECKLER 100 S 3RD STREET COLUMBUS, OH 43215 | LEGAL and consulting services | 161,217 |
| Gallagher Consulting Group Inc 4400 N High St Suite 208 Columbus, OH 43214 | Coaching and communications consulting | 133,100 |
| Crowe Horwath LLP 10 West Broad St Suite 1700 Columbus, OH 43215 | Audit services | 104,500 |
| | | |
| 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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

| Contributions, Gifts, Grants and Other Similar Amounts | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|----------------|----------------------|--|---|--|
| | | 0 | 0 | 0 | 0 |
| 1a Federated campaigns . . . | 1a | | | | |
| b Membership dues . . . | 1b | | | | |
| c Fundraising events . . . | 1c | | | | |
| d Related organizations . . . | 1d | | | | |
| e Government grants (contributions) . . . | 1e | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above . . . | 1f | | | | |
| g Noncash contributions included in lines 1a-1f \$. . . | | | | | |
| h Total. Add lines 1a-1f . . . | | 0 | | | |
| Program Service Revenue | | Business Code | | | |
| 2a Membership Dues . . . | | 900099 | 7,815,878 | 7,815,878 | |
| b Data Services . . . | | 518210 | 2,711,166 | 2,711,166 | |
| c Educational Services . . . | | 611710 | 602,697 | 602,697 | |
| d Unemployment Compensation . . . | | 561000 | 645,233 | | 645,233 |
| e Corporate Partner Program . . . | | 541900 | 391,377 | 391,377 | |
| f All other program service revenue . . . | | | 464,669 | 464,669 | 0 |
| g Total. Add lines 2a-2f . . . | | | 12,631,020 | | |
| Other Revenue | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) . . . | | | 1,194,056 | | 1,194,056 |
| 4 Income from investment of tax-exempt bond proceeds . . . | | | | | |
| 5 Royalties . . . | | | | | |
| 6a Gross rents . . . | (i) Real | (ii) Personal | | | |
| b Less rental expenses . . . | | | | | |
| c Rental income or (loss) . . . | 0 | 0 | | | |
| d Net rental income or (loss) . . . | | | | | |
| 7a Gross amount from sales of assets other than inventory . . . | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses . . . | 2,547,105 | 21,725 | | | |
| c Gain or (loss) . . . | 2,665,101 | 7,771 | | | |
| d Net gain or (loss) . . . | -117,996 | 13,954 | | | |
| 8a Gross income from fundraising events (not including \$. . . of contributions reported on line 1c) See Part IV, line 18 . . . | a | | | | |
| b Less direct expenses . . . | b | | | | |
| c Net income or (loss) from fundraising events . . . | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| b Less direct expenses . . . | b | | | | |
| c Net income or (loss) from gaming activities . . . | | | | | |
| 10a Gross sales of inventory, less returns and allowances . . . | a | | | | |
| b Less cost of goods sold . . . | b | | | | |
| c Net income or (loss) from sales of inventory . . . | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11a . . . | | | | | |
| b . . . | | | | | |
| c . . . | | | | | |
| d All other revenue . . . | | | 0 | 0 | 0 |
| e Total. Add lines 11a-11d . . . | | | 0 | | |
| 12 Total revenue. See Instructions . . . | | | 13,721,034 | 11,985,787 | 645,233 |
| | | | | | 1,090,014 |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 21,250 | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,330,301 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 133,100 | | | |
| 7 Other salaries and wages | 4,528,312 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 494,226 | | | |
| 9 Other employee benefits | 994,777 | | | |
| 10 Payroll taxes | 385,550 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 105,554 | | | |
| c Accounting | 104,500 | | | |
| d Lobbying | 78,000 | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 25,000 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 384,241 | 0 | 0 | 0 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 477,341 | | | |
| 14 Information technology | 56,140 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 290,615 | | | |
| 17 Travel | 429,913 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 382,741 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 487,685 | | | |
| 23 Insurance | 68,671 | | | |
| 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 | 333,443 | | | |
| b Energy Program | 428,580 | | | |
| c Program and Service Expense | 205,556 | | | |
| d Misc | 3,325 | | | |
| e All other expenses | 68,252 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 11,817,073 | 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 SheetCheck if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--------------------------|------------|--------------------|
| Assets | | | | |
| 1 | Cash—non-interest-bearing | | 1 | |
| 2 | Savings and temporary cash investments | 1,409,015 | 2 | 2,902,031 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 8,660,654 | 4 | 7,465,996 |
| 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 | | 6 | 0 |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | 59,149 | 9 | 248,331 |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 5,895,560 | |
| b | Less accumulated depreciation | 10b | 3,789,054 | 2,236,169 |
| 11 | Investments—publicly traded securities | | 11 | 46,801,753 |
| 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 | | 42,815 | 15 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 56,521,765 | 16 |
| Liabilities | | | | 60,085,134 |
| 17 | Accounts payable and accrued expenses | | 4,426,942 | 17 |
| 18 | Grants payable | | | 18 |
| 19 | Deferred revenue | | 9,070,384 | 19 |
| 20 | Tax-exempt bond liabilities | | | 20 |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 |
| 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 |
| 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 0 | 25 |
| 26 | Total liabilities. Add lines 17 through 25 | | 13,497,326 | 26 |
| Net Assets or Fund Balances | | | | 13,341,155 |
| | 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 | | 43,024,439 | 27 |
| 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 | | 43,024,439 | 33 |
| 34 | Total liabilities and net assets/fund balances | | 60,085,134 | 34 |

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-4270340
Name: Ohio Hospital Association

Form 990 (2016)

Form 990, Part III, Line 4a:

AS THE UNITED VOICE FOR OHIO'S 220 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 COMPLETED THIS FIRST YEAR OF A THREE YEAR STRATEGIC PLAN WITH INITIATIVES FOCUSING ON ADVOCACY, PATIENT SAFETY AND HEALTH CARE QUALITY, AND ECONOMIC SUSTAINABILITY. OHA WAS THE RECIPIENT OF THE AMERICAN HOSPITAL ASSOCIATION'S 2016 DICK DAVIDSON QUALITY AWARD - HONORABLE MENTION FOR IMPLEMENTING A HAND HYGIENE PROGRAM AND LAUNCHING A NEW PROGRAM TO ELIMINATE EARLY ELECTIVE DELIVERIES. OHA CREATES A BETTER UNDERSTANDING AND APPRECIATION FOR THE 250,000 HEALTH CARE WORKERS WORKING IN OHIO HOSPITALS, THE 32.4 MILLION HOSPITAL ENCOUNTERS IN 2016 AND THEIR \$27.8 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 SHOWED OHIO HOSPITALS PROVIDED \$5.5 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 AND MEDICARE SHORTFALLS. OHA ORGANIZED A STATEWIDE FORUM AT THE OHIO STATEHOUSE, "SWING STATE SUMMIT" TO PREVIEW OHIO'S ROLE IN THE 2016 ELECTION. ISSUES ADDRESSED BY THE ASSOCIATION IN 2016 INCLUDED THE LAUNCH OF A NEW STATEWIDE AWARENESS CAMPAIGN - OHA SOS. KNOW THE SIGNS OF SEPSIS. THE SOS CAMPAIGN SUPPORTS OHA'S QUALITY PROGRAMS TEAM ON THEIR PROGRAM TO REDUCE SEPSIS MORTALITY IN THE STATE. THE ASSOCIATION ALSO LAUNCHED A CAMPAIGN, "HEALING OHIO COMMUNITIES" THAT FOCUSES TO PROMOTE OHIO HOSPITALS' COMMUNITY BENEFIT, ECONOMIC IMPACT AND STORYBANK PROJECT STORIES. OHA CONTINUED COLLABORATIVE EFFORTS TO IMPROVE QUALITY AND PATIENT SAFETY THROUGH THE HOSPITAL ENGAGEMENT NETWORK, PARTNERSHIP FOR PATIENTS AND THE OHIO PUBLIC SAFETY INSTITUTE, CONTINUED A STATEWIDE HOSPITAL PROGRAM TO REDUCE INFANT MORTALITY THROUGH SAFE SLEEP, ELIMINATING EARLY ELECTIVE DELIVERIES AND BREASTFEEDING, CHAMPIONED A COMMUNITY COALITION FOCUSED ON KEEPING HEALTH CARE COVERAGE TO ELIGIBLE UNINSURED OHIOANS THROUGH THE AFFORDABLE CARE ACT, LED ENVIRONMENTAL/ENERGY INITIATIVES WITH HOSPITALS TO ENSURE A CLEANER AND HEALTHIER ENVIRONMENT, AND WORKED 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.

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2016****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

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

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

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

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

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

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

Name of the organization
Ohio Hospital Association

Employer identification number

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?

 Yes No

- 4a Was a correction made?

 Yes No

- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file **Form 1120-POL** for this year?

 Yes No

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

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

| 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? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

- 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?

| | (a) | | (b) |
|----|-----|----|--------|
| | Yes | No | Amount |
| 1 | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |
| f | | | |
| g | | | |
| h | | | |
| i | | | |
| j | | | |
| 2a | | | |
| b | | | |
| c | | | |
| d | | | |

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

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

| | Yes | No |
|---|-----|----|
| 1 | Yes | |
| 2 | No | |
| 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
- 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
- b Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

| | |
|----|--|
| 1 | |
| 2a | |
| 2b | |
| 2c | |
| 3 | |
| 4 | |
| 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 |
|------------------|-------------|

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**Name of the organization**
Ohio Hospital Association**Employer identification number**
31-4270340**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

| | |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area |
| | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure |
| | <input type="checkbox"/> Preservation of open space |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | Held at the End of the Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | |
| 4 Number of states where property subject to conservation easement is located ► | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | |

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

| | |
|---|------|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | ► \$ |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | ► \$ |
| (i) Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| (ii) Assets included in Form 990, Part X | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | ► \$ |
| a Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| b Assets included in Form 990, Part X | ► \$ |

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

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

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

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

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

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 1,374,693 | 522,229 | 852,464 |
| d Equipment | | 4,520,867 | 3,266,825 | 1,254,042 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ► | | | | 2,106,506 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|-------------------------------|----------------|---|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) _____ | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|------------------------------|----------------|
| (1) Federal income taxes | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

0

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information (*continued*)

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-4270340
Name: Ohio Hospital Association

Supplemental 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). 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 more likely-than-not sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized will be the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the more-likely-than-not test, no tax benefit will be recorded. Management has concluded that they are unaware of any tax benefits or liabilities to be recognized at December 31, 2016 and 2015. |

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service

OMB No 1545-0047

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2016**Open to Public
InspectionName of the organization
Ohio Hospital Association

Employer identification number

31-4270340

Part I General Information on Grants and Assistance

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|--|--|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | THE BOARD OF TRUSTEES AND MANAGEMENT MONITOR THE USE OF GRANTS TO ENSURE THEY ARE USED FOR THEIR INTENDED PURPOSES |

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 31-4270340
Name: Ohio Hospital Association

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| The Cleveland Development Foundation 1240 Huron Rd Cleveland, OH 44115 | 34-6528498 | 501(c)(3) | 10,000 | 0 | n/a | n/a | develop and improve Cleveland's civic visions |
| Ohio Alliance of YMCAs Foundation 40 West Long Street Columbus, OH 43215 | 45-3569582 | 501(c)(3) | 1,000 | 0 | n/a | n/a | pioneering healthier communities |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN HOSPITAL ASSOCIATION INC 155 NORTH WACKER DRIVE Chicago, IL 60606 | 36-0726140 | 501(c)(6) | 10,000 | 0 n/a | n/a | | water education |

2015

Open to Public
Inspection**Schedule J**
(Form 990)Department of the
Treasury
Internal Revenue
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
Ohio Hospital Association

Employer identification number

31-4270340

Part I Questions Regarding Compensation**Yes** **No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

b If any of the boxes 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**1b** Yes**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**2** Yes**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**4a** No**a** Receive a severance payment or change-of-control payment?**4b** No**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4c** No**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**5a****a** The organization?**5b****b** Any related organization?

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

6a**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**6b****a** The organization?**7****b** Any related organization?

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

8**7** For persons listed on 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**9****8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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 on 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.

| | | (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 on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Michael Abrams President & CEO | (i) | 538,933 | 252,787 | 31,447 | 21,200 | 32,623 | 876,990 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Mary Gallagher Executive VP & Chief of Staff | (i) | 308,977 | 61,838 | 7,050 | 42,668 | 32,778 | 453,311 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Amy Andres Senior VP, Data & Quality | (i) | 216,984 | 42,816 | 11,710 | 17,840 | 33,046 | 322,396 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Ryan Biles Senior VP, Health Economics & Policy | (i) | 241,957 | 48,020 | 11,286 | 46,175 | 16,466 | 363,904 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Scott Borgemenke Senior VP, Advocacy | (i) | 233,630 | 46,683 | 12,042 | 19,055 | 32,734 | 344,144 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Sean McGlone Senior VP & General Counsel | (i) | 173,015 | 35,287 | 11,611 | 19,327 | 32,644 | 271,884 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Daniel Paoletti VP, Data Services | (i) | 233,604 | 21,033 | 6,242 | 26,489 | 5,841 | 293,209 | 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 2016, as the memberships were for business purposes. |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4975(e)(1).

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

Total

▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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 | 133,100 | 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

Name of the organization
Ohio Hospital Association**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.**2016****Open to Public
Inspection****Employer identification number**

31-4270340

990 Schedule O, Supplemental Information

| 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 HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC EIN 31-1314404 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, 2016 WAS 67 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 - 59 EMPLOYEES OHIO HOSPITALS GROUP RATED WORKERS COMPENSATION PROGRAM, INC - 0 EMPLOYEES THE RESEARCH & EDUCATIONAL FOUNDATION OF THE OHIO HOSPITAL ASSOCIATION - 6 EMPLOYEES OHIO HEALTHCARE PURCHASING - 2 EMPLOYEES |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 7a Members or stockholders electing members 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 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 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 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 1 16 2 2 Nominations by petition must be received in the office of the Association at least fifteen (15) days prior to election 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> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | The Form 990 was reviewed by management with the paid tax preparer. A copy of the organization's final form 990 (including required schedules), as ultimately filed with the IRS, was provided to each voting member of the organization's governing body, officers, and management on prior to its filing with the IRS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of 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</p> <p>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> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15a Process to establish compensation of top 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 2016 and is documented within the compensation committee minutes. |

990 Schedule O, Supplemental Information

| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Energy Program - Total Revenue 387037, Related or Exempt Function Revenue 387037, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Miscellaneous - Total Revenue 77632, Related or Exempt Function Revenue 77632, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Transfer to Related Entities - -343000, |

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2016**Department of the Treasury
Internal Revenue Service

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

31-4270340

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b) (13) controlled entity? |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|
| | | | | | | Yes No |
| (1)OHIO HOSPITALS GROUP RATED WORKERS COMP 155 E BROAD ST SUITE 301 COLUMBUS, OH 43215 31-1314404 | SEE PART VII | OH | 501(c)(6) | | OHA | Yes |
| (2)THE RESEARCH AND EDUCATIONAL FOUNDATION DBA THE INSTITUTE FOR HEALTH INNOVA TION155 E BROAD ST SUITE 301 COLUMBUS, OH 43215 31-6060347 | SEE PART VII | OH | 501(c)(3) | Type I | OHA | Yes |
| (3)OHIO HEALTH COUNCIL 155 E BROAD ST SUITE 301 COLUMBUS, OH 43215 31-1708195 | SEE PART VII | OH | 501(c)(3) | Type I | OHA | Yes |
| (4)FRIENDS OF OHIO HOSPITALS 155 E BROAD ST Suite 301 COLUMBUS, OH 43215 31-1237308 | SEE PART VII | OH | 527 | | 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.

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

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) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) THE RESEARCH AND EDUCATIONAL FOUNDATION | Q | 586,536 | FMV |
| (2) OHIO HEALTHCARE PURCHASING INC | Q | 174,132 | FMV |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

Part VII**Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|---|
| Primary Activity | 1 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 2 The Research and Educational Foundation Primary Activity TO EVALUATE, FOCUS AND ENGAGE IN CHANGE ACTIVITIES THAT LEAD AND ENABLE THE PURSUIT OF EXCELLENCE IN SAFETY AND QUALITY AND IN IMPROVING THE HEALTH OF OUR COMMUNITIES 3 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 4 Friends of Ohio Hospitals Primary Activity THE ORGANIZATION MAKES CONTRIBUTIONS IN SUPPORT OF POLITICAL CANDIDATES AND PARTIES IN THE INTEREST OF OHIO HOSPITALS |