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CLIENT'S COPY

JOHN GERLACH & COMPANY LLP  
37 W BROAD ST #530  
COLUMBUS OH 43215

November 17, 2008

Health Policy Institute of Ohio  
37 West Broad Street No. 350  
Columbus, OH 43215  
Attention: Mr. William Hayes

Dear Bill:

Enclosed is the organization's 2007 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 17, 2008.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

The return must be signed by a duly authorized officer of the organization before filing.

We recommend that you mail the return using certified mail, with return receipt requested, to provide proof of timely filing.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

T.J. Conger, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
December 31, 2007

<b>Prepared for</b>	Health Policy Institute of Ohio 37 West Broad Street No. 350 Columbus, OH 43215
<b>Prepared by</b>	JOHN GERLACH & COMPANY LLP 37 W BROAD ST #530 COLUMBUS OH 43215
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	November 17, 2008
<b>Special Instructions</b>	The return should be signed and dated.

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>HEALTH POLICY INSTITUTE OF OHIO</b>		<b>D Employer identification number</b> <b>30-0186863</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>37 WEST BROAD STREET 350</b>		<b>E Telephone number</b> <b>614-224-4950</b>
		City or town, state or country, and ZIP + 4 <b>COLUMBUS, OH 43215</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

**G Website:** ▶ **WWW.HEALTHPOLICYOHIO.ORG**

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check here** ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **877,309.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**  
**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances										
Revenue	1	Contributions, gifts, grants, and similar amounts received:								
	a	Contributions to donor advised funds	1a							
	b	Direct public support (not included on line 1a)	1b	561,090.						
	c	Indirect public support (not included on line 1a)	1c							
	d	Government contributions (grants) (not included on line 1a)	1d	292,035.						
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ 853,125. noncash \$ )	1e	853,125.						
	2	Program service revenue including government fees and contracts (from Part VII, line 93)								2
	3	Membership dues and assessments								3
	4	Interest on savings and temporary cash investments								4
	5	Dividends and interest from securities								5
	6a	Gross rents	6a							
	6b	Less: rental expenses	6b							
6c	Net rental income or (loss). Subtract line 6b from line 6a								6c	
7	Other investment income (describe )								7	
8a	Gross amount from sales of assets other than inventory	8a	(A) Securities		(B) Other					
8b	Less: cost or other basis and sales expenses	8b								
8c	Gain or (loss) (attach schedule)	8c								
8d	Net gain or (loss). Combine line 8c, columns (A) and (B)								8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	1,000.							
b	Less: direct expenses other than fundraising expenses	9b								
c	Net income or (loss) from special events. Subtract line 9b from line 9a								9c	
10a	Gross sales of inventory, less returns and allowances	10a								
10b	Less: cost of goods sold	10b								
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a								10c	
11	Other revenue (from Part VII, line 103)								11	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11								12	
Expenses	13	Program services (from line 44, column (B))								13
	14	Management and general (from line 44, column (C))								14
	15	Fundraising (from line 44, column (D))								15
	16	Payments to affiliates (attach schedule)								16
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)								17
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12								18
	19	Net assets or fund balances at beginning of year (from line 73, column (A))								19
	20	Other changes in net assets or fund balances (attach explanation)								20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20								21

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	188,312.	148,766.	18,831.	20,715.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	504,868.	398,846.	50,487.	55,535.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	73,263.	57,878.	7,326.	8,059.
<b>28</b> Employee benefits not included on lines 25a - 27	53,007.	41,875.	5,301.	5,831.
<b>29</b> Payroll taxes	66,917.	52,864.	6,692.	7,361.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	8,757.	6,918.	876.	963.
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	79,581.	62,869.	7,958.	8,754.
<b>37</b> Equipment rental and maintenance	7,942.	6,274.	794.	874.
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	27,638.	21,834.	2,764.	3,040.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	655,887.	518,150.	65,589.	72,148.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,666,172.	1,316,274.	166,618.	183,280.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 3</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a COMMUNICATIONS - THE ORGANIZATION COMMUNICATES WITH DECISION MAKERS IN A TIMELY FASHION ABOUT CRITICAL HEALTH POLICY AND HEALTH SERVICES RESEARCH AND ANALYSIS. COMMUNICATIONS INCLUDE POLICY PAPERS, RESEARCH BRIEFINGS, AND EDUCATIONAL TRAINING.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>338,189.</b>
<b>b RESEARCH - THE ORGANIZATION PROMOTES AND FACILITATES HEALTH POLICY AND HEALTH SERVICES RESEARCH AMONG EXISTING RESEARCH CENTERS, UNIVERSITIES, AND OTHER ORGANIZATIONS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>482,928.</b>
<b>c SPECIAL PROJECTS - THE ORGANIZATION RAISES THE LEVEL OF DISCUSSION AND UNDERSTANDING ABOUT HEALTH AND HEALTH POLICY BY BRINGING TOGETHER DIVERSE GROUPS OF POLICYMAKERS AND COMMUNITY REPRESENTATIVES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>495,157.</b>
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>1,316,274.</b>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing .....	224,884.	45	37,400.
	46	Savings and temporary cash investments .....	142,393.	46	308,237.
	47 a	Accounts receivable .....			
		b Less: allowance for doubtful accounts .....		47c	
	48 a	Pledges receivable .....			
		b Less: allowance for doubtful accounts .....		48c	
	49	Grants receivable .....	2,081,759.	49	1,332,603.
	50 a	Receivables from current and former officers, directors, trustees, and key employees .....		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b	
	51 a	Other notes and loans receivable .....			
		b Less: allowance for doubtful accounts .....		51c	
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....	5,134.	53	888.
	54 a	Investments - publicly-traded securities .....		54a	
		b Investments - other securities .....		54b	
	55 a	Investments - land, buildings, and equipment: basis .....			
		b Less: accumulated depreciation .....		55c	
	56	Investments - other .....	0.	56	0.
	57 a	Land, buildings, and equipment: basis .....	117,527.		
	b Less: accumulated depreciation <b>STMT 4</b> .....	87,232.	57c	30,295.	
58	Other assets, including program-related investments (describe ► <b>DEPOSITS</b> ) .....	3,130.	58	3,130.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,503,711.	59	1,712,553.	
Liabilities	60	Accounts payable and accrued expenses .....	79,376.	60	77,081.
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees .....		63	
	64 a	Tax-exempt bond liabilities .....		64a	
		b Mortgages and other notes payable .....		64b	
	65	Other liabilities (describe ► .....) .....		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 .....	79,376.	66	77,081.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	476,705.	67	459,752.
	68	Temporarily restricted .....	1,947,630.	68	1,175,720.
	69	Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	2,424,335.	73	1,635,472.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	2,503,711.	74	1,712,553.





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>OH</u>		
90b	Number of employees employed in the pay period that includes March 12, 2007 <u>8</u>		
91 a	The books are in care of <u>PHILLIP POWERS</u> Telephone no. <u>614-224-4950</u> Located at <u>37 WEST BROAD STREET, STE. 350, COLUMBUS, OH</u> ZIP + 4 <u>43215</u>		
91b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	15,844.	
96 Dividends and interest from securities .....					
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					
101 Net income or (loss) from special events .....			07	1,000.	
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a MISCELLANEOUS			01	7,340.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		24,184.	0.
105 Total (add line 104, columns (B), (D), and (E)) .....					24,184.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

<b>Please Sign Here</b>	Signature of officer _____	Date _____	
	Type or print name and title _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>JOHN GERLACH &amp; COMPANY LLP</b> <b>37 W BROAD ST #530</b> <b>COLUMBUS OH 43215</b>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	EIN _____ Phone no. _____





**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization <b>HEALTH POLICY INSTITUTE OF OHIO</b>	Employer identification number <b>30 0186863</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>WILLIAM HAYES</u> 37 WEST BROAD ST., SUITE 350, COLUMBU	PRESIDENT 37.50	146,933.	41,379.	
<u>JILL HUNTLEY</u> 37 WEST BROAD ST., SUITE 350, COLUMBU	STRATEGIC MNGT DIR. 37.50	84,862.	22,944.	
<u>PHILIP POWERS</u> 37 WEST BROAD ST., SUITE 350, COLUMBU	TECHNOLOGY DIRECTOR 37.50	73,988.	19,687.	
<u>GAIL SUDORE</u> 37 WEST BROAD ST., SUITE 350, COLUMBU	RESOURCE DEV. DIR. 37.50	79,000.	21,054.	
<u>TIMOTHY SAHR</u> 37 WEST BROAD ST., SUITE 350, COLUMBU	RESEARCH DIR. 37.50	93,762.	32,141.	
Total number of other employees paid over \$50,000 ▶	1			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>STEPHANIE JURSEC</u> C/O 37 W. BROAD ST., STE 350, COLUMBUS, OH 43215	CONSULTING	71,125.
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
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Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,208,708.	859,700.	1,110,394.	470,106.	3,648,908.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,742.	7,726.	3,925.		22,393.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	232.	1,618.	SEE STATEMENT 7 1,079.		2,929.
<b>23</b> Total of lines 15 through 22	1,219,682.	869,044.	1,115,398.	470,106.	3,674,230.
<b>24</b> Line 23 minus line 17	1,219,682.	869,044.	1,115,398.	470,106.	3,674,230.
<b>25</b> Enter 1% of line 23	12,197.	8,690.	11,154.	4,701.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 73,485.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 1,658,934.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 3,674,230.
d Add: Amounts from column (e) for lines: 18 22,393. 19 2,929. 22 2,929. 26b 1,658,934.					<b>26d</b> 1,684,256.
e Public support (line 26c minus line 26d total)					<b>26e</b> 1,989,974.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 54.1603%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

HEALTH POLICY INSTITUTE OF OHIO

30-0186863

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization <b>HEALTH POLICY INSTITUTE OF OHIO</b>	Employer identification number <b>30-0186863</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANTHEM FOUNDATION OF OHIO 200 WEST FOURTH STREET CINCINNATI, OH 45202	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HEALTH FOUNDATION OF GREATER CINCINNATI 3805 EDWARDS RD, ROOM 500 CINCINNATI, OH 45209	\$ 384,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HISPC / RTI INTERNATIONAL PO BOX 12194 RESEARCH TRIANGLE PARK, NC 27709	\$ 135,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MT. SINAI HEALTH CARE FOUNDATION 11000 EUCLID AVENUE CLEVELAND, OH 44106	\$ 154,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAINT LUKE'S FOUNDATION OF CLEVELAND 4208 PROSPECT AVENUE CLEVELAND, OH 44103	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SISTERS OF CHARITY FOUNDATION 400 MARKET AVENUE NORTH, SUITE 300 CANTON, OH 44702	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>HEALTH POLICY INSTITUTE OF OHIO</b>	Employer identification number <b>30-0186863</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SISTERS OF CHARITY FOUNDATION 1422 EUCLID AVE #425 CLEVELAND, OH 44115	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	UNITED WAY OF CENTRAL OHIO 360 S THIRD ST COLUMBUS, OH 43215	\$ 66,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CLEVELAND FOUNDATION 1422 EUCLID AVE #1300 CLEVELAND, OH 44115	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	GEORGE GUND FOUNDATION 1845 GUILDHALL BLDG, 45 PROSPECT AVE WEST CLEVELAND, OH 44115	\$ 112,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CARESOURCE FOUNDATION ONE SOUTH MAIN ST DAYTON, OH 45402	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
OHIO HEALTH TECH SYMPOSIUM	1,000.		1,000.		1,000.
TO FM 990, PART I, LINE 9	1,000.		1,000.		1,000.

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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE FEES ORGANIZATIONAL DEVELOPMENT	42,000.	33,180.	4,200.	4,620.
TELECOMMUNICATIONS	193,622.	152,961.	19,363.	21,298.
BANK FEES	15,525.	12,265.	1,552.	1,708.
COMMUNICATIONS	1,389.	1,097.	139.	153.
RESEARCH	42,360.	33,464.	4,236.	4,660.
INFORMATION SYSTEMS RESEARCH	183,797.	145,199.	18,380.	20,218.
FACILITATION / COORDINATION	18,861.	14,900.	1,886.	2,075.
HPIO SPONSORED EVENTS	57,302.	45,269.	5,730.	6,303.
BOARD EXPENSES	62,958.	49,737.	6,296.	6,925.
REPAIRS & MAINTENANCE	37,400.	29,546.	3,740.	4,114.
TOTAL TO FM 990, LN 43	673.	532.	67.	74.
	655,887.	518,150.	65,589.	72,148.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

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## EXPLANATION

WORKING TO IMPROVE THE HEALTH OF OHIOANS THROUGH RESEARCH, ANALYSIS AND COMMUNICATION WITH POLICYMAKERS ABOUT VITAL HEALTH CONCERNS AFFECTING OHIO; WITH A PARTICULAR FOCUS ON MEDICAID, UNINSURED AND UNDERINSURED POPULATIONS, AND ISSUES OF PUBLIC HEALTH IN OHIO.



MITCHELL BALK 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
CHERYL BOYCE 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
PATRICIA O'CONNOR 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
SANDRA BYRD CHAPPELLE 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
CHRISTOPHER GOFF 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
MATTHEW HABASH 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
DONNA JAMES 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
VINCENT KAVAL 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
JOSEPH SAN FILIPPO 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
SCOTT STREATOR 37 WEST BROAD STREET, SUITE 350 COLUMBUS, OH 43215	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>146,933.</u>	<u>41,379.</u>	<u>0.</u>

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	6
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INDIVIDUAL'S NAME	TITLE OR ROLE
DONALD HOFFMAN	CHAIR

INDIVIDUAL'S NAME	TITLE OR ROLE
PAT O'CONNOR	TRUSTEE

## EXPLANATION OF RELATIONSHIP

CHAIRMAN DON HOFFMAN AND TRUSTEE PAT O'CONNOR SERVE AS PRESIDENT/CEO AND VICE-PRESIDENT/COO, RESPECTIVELY, FOR HEALTH FOUNDATION OF GREATER CINCINNATI, A MAJOR FUNDER OF HPIO.

SCHEDULE A	OTHER INCOME				STATEMENT	7
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT		
OTHER INCOME	232.	1,618.	1,079.	0.		
TOTAL TO SCHEDULE A, LINE 22	232.	1,618.	1,079.	0.		