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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
OhioHealth Corporation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
180 East Broad Street 33rd Floor

City or town, state or country, and ZIP + 4
Columbus, OH 432153707

D Employer identification number
31-4394942

E Telephone number
(614) 544-4052

G Gross receipts $ 1,859,106,109

F Name and address of Principal Officer
Michael W Louge
180 East Broad Street 33rd Floor
Columbus, OH 432153707

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 3858

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www ohiohealth com

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1891

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To improve the health of those we serve

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	13,368
6	Total number of volunteers (estimate if necessary)	6	1,864
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	336,809
b	Net unrelated business taxable income from Form 990-T, line 34	7b	279,127

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,892,271	9,489,050
9	Program service revenue (Part VIII, line 2g)	1,495,631,971	1,589,457,519
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,631,678	-30,558,452
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,313,091	225,983,809
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,753,469,011	1,794,371,926
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	34,237	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	787,954,945	863,272,250
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	825,124,540	836,301,446
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,613,113,722	1,699,573,696
19	Revenue less expenses Subtract line 18 from line 12	140,355,289	94,798,230

		Beginning of Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,043,940,726	2,013,939,378
21	Total liabilities (Part X, line 26)	953,700,605	1,042,978,445
22	Net assets or fund balances Subtract line 21 from line 20	1,090,240,121	970,960,933

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-10

MICHAEL W LOUGE Executive VP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP
250 East Fifth Street Suite 1900
Cincinnati, OH 45202

EIN ▶

Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

To improve the health of those we serve

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,518,372,766 including grants of $) (Revenue $ 1,589,120,710)

In fiscal year 2009 (July 1, 2008, through June 30, 2009), OhioHealth and its member hospitals and home care organizations provided charity care and community benefit programs to a greater degree than ever before The hospitals of OhioHealth provided more than $168 1 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Together-we are united in our mission to provide quality, compassionate healthcare and to be responsible stewards of our community's health For more than 100 years it has been that way Even as the face of healthcare continues to change, the commitment of OhioHealth endures ensuring quality care for everyone, regardless of their faith, race, age or ability to pay We never lose sight of our mission "to improve the health of those we serve" and our core values-compassion, excellence, stewardship, and integrity They continue to guide us in our work today OhioHealth touches thousands of people, saving lives, improving their health and making their futures a little brighter Through our shared mission, vision and values, we touch more lives in central Ohio than any other health system As a system of faith-based, not-for-profit healthcare providers-together, we are OhioHealth

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 $ 1,518,372,766 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	920		
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	13,368		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country CJ , UK , BD , LU See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 10		
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	Yes	
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 organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

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

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

Craig Bjerke
180 East Broad Street 33rd Floor
Columbus, OH 432153707
(614) 544-4052

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								10,790,742	555,444	2,707,369

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 611

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 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 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

(A) Name and business address	(B) Description of services	(C) Compensation
Cardinal Health - Valuelink 2320 Mcgaw Road Obetz, OH 43207	Logistics Service	8,871,038
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	7,783,320
ElfordGilbane Building Company 6705 Perimeter Drive Dublin, OH 43016	Construction Services	6,532,372
COMTEX Laundry Inc 575 Harmon Avenue Columbus, OH 43223	Laundry Services	5,974,834
Elford Inc Construction Service 1220 Dublin Road Columbus, OH 43215	Construction Services	4,883,427

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 560

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 9,115,065				
	e	Government grants (contributions) 1e 8,985				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 365,000				
	g	Noncash contributions included in lines 1a-1f $ 9,115,065				
	h	**Total (Add lines 1a-1f)** ▶	9,489,050			
Program Service Revenue		Business Code				
	2a	Health & Medical Svcs 900,099	1,581,948,650	1,581,948,650		
	b	Investment Income 621,990	7,508,869	7,172,060	336,809	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 1,589,457,519				
	3	Investment income (including dividends, interest other similar amounts) ▶	25,995,234			25,995,234
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 657,218				
	b	Less rental expenses 145,442				
	c	Rental income or (loss) 511,776				
	d	Net rental income or (loss) ▶	511,776			511,776
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 8,035,055				
	b	Less cost or other basis and sales expenses 56,329,701 / 8,259,040				
	c	Gain or (loss) -56,329,701 / -223,985				
	d	Net gain or (loss) ▶	-56,553,686			-56,553,686
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* 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 *Complete Schedule G if total exceeds $15,000* 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	Intercompany Admin 900,099	196,246,292			196,246,292
	b	Cafeteria/Food Service 722,210	8,410,580			8,410,580
	c	Parking Revenue 812,930	2,003,193			2,003,193
	d	All other revenue _____	18,811,968			18,811,968
	e	**Total. Add lines 11a-11d** ▶ $ 225,472,033				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	1,794,371,926	1,589,120,710	336,809	195,425,357

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,019,596	5,752,177	6,267,419	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	688,715,579	623,654,305		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,951,245	24,876,608	3,074,637	
9 Other employee benefits	91,776,352	81,680,953	10,095,399	
10 Payroll taxes	42,809,478	38,100,435	4,709,043	
11 Fees for services (non-employees)				
a Management				
b Legal	6,106,808	5,435,059	671,749	
c Accounting	434,996	387,146	47,850	
d Lobbying	197,840	176,078	21,762	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	3,217,705	2,863,757	353,948	
g Other	171,190,843	152,359,850	18,830,993	
12 Advertising and promotion	8,665,215	7,712,041	953,174	
13 Office expenses	324,963,346	289,217,378	35,745,968	
14 Information technology	14,917,926	13,276,954	1,640,972	
15 Royalties	18,535	16,496	2,039	
16 Occupancy	50,694,800	45,118,372	5,576,428	
17 Travel	2,978,006	2,650,425	327,581	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	20,065,180	17,858,010	2,207,170	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,662,544	75,349,664	9,312,880	
23 Insurance	8,026,239	7,143,353	882,886	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debt	85,937,709	76,484,561	9,453,148	0
b Repair & Maintenance	35,509,176	31,603,167	3,906,009	0
c Intercompany Expense	5,248,085	4,670,796	577,289	0
d Dues, licenses, and reg	1,673,667	1,489,564	184,103	0
e UBI Taxes	215,040	191,386	23,654	0
f All other expenses	11,577,786	10,304,231	1,273,555	
25 **Total functional expenses.** Add lines 1 through 24f	1,699,573,696	1,518,372,766	181,200,930	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		97,367,584	2	180,168,514
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		179,636,569	4	155,689,814
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		4,592,146	7	5,819,115
	8	Inventories for sale or use		23,261,597	8	23,852,390
	9	Prepaid expenses and deferred charges		21,015,904	9	23,708,494
	10a	Land, buildings, and equipment cost basis	10a 1,337,502,322			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 729,864,337	612,831,883	10c	607,637,985
	11	Investments—publicly traded securities		643,110,821	11	632,184,198
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		362,606,123	12	264,297,954
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	27,632,275
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		99,518,099	15	92,948,639
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		2,043,940,726	16	2,013,939,378
Liabilities	17	Accounts payable and accrued expenses		203,177,524	17	216,326,201
	18	Grants payable			18	
	19	Deferred revenue		656,564	19	554,367
	20	Tax-exempt bond liabilities		578,024,966	20	593,446,896
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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	879,477
	24	Unsecured notes and loans payable			24	13,352,466
	25	Other liabilities *Complete Part X of Schedule D*		171,841,551	25	218,419,038
	26	**Total liabilities.** *Add lines 17 through 25*		953,700,605	26	1,042,978,445
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,090,240,121	27	970,960,933
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,090,240,121	33	970,960,933
	34	Total liabilities and net assets/fund balances		2,043,940,726	34	2,013,939,378

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Abbott Larry , Board Member- OhioHlth	2 00	X						0	0	0
Auseon John DO , Board Member-OhioHlth	2 00	X						1,050	6,923	40
Blom David P , Pres/CEO/Ex-Off-OhioHlth	40 00	X		X				1,191,282	0	696,053
Blosser Laurence T MD , Ex-Officio - OhioHlth	2 00	X						115,025	0	40
deVillers Rebecca DO , Ex-Officio - OhioHlth	2 00	X						40,000	96,816	26,730
Dewire Rev Dr Norman , Board Member-OhioHlth	2 00	X						0	0	0
Endres Michael J , Treasurer - OhioHlth	2 00	X		X				0	0	0
Hoaglin Thomas E , Chairman - OhioHlth	3 00	X		X				0	0	0
Hondros Linda , Secretary - OhioHlth	2 00	X		X				0	0	0
Innes Jeff MD , Ex-Officio - OhioHlth	2 00	X						10,000	431,998	20,181
James Donna , Board Member- OhioHlth	2 00	X						0	0	0
McCullough Steve , Ex-Officio - OhioHlth	2 00	X						0	0	0
Millner Keith , Board Member- OhioHlth	2 00	X						0	0	0
Ough Bishop Bruce R , Ex-Officio - OhioHlth	2 00	X						0	0	0
Parrott Rex A , Ex-Officio - OhioHlth	2 00	X						0	0	0
Scott Bradley N , Board Member-OhioHlth	2 00	X						0	0	0
Stevens Rev Deborah K , Board Member-OhioHlth	2 00	X						0	0	0
Walker Kevin , Board Member- OhioHlth	2 00	X						0	0	0
Wilcox Randy , Vice Chair - OhioHlth	2 00	X		X				0	0	0
Louge Michael W , Exec VP & CFO	40 00			X				746,413	0	337,931
Millen Robert P , Exec VP & COO	40 00			X				729,188	0	230,047
Pandora II Frank T , Sr VP & General Counsel	40 00			X				495,711	0	336,179
Bernstein Michael S , Sr VP Strategy & Bus Dev	40 00				X			511,397	0	139,615
Connors Karen H , Pres - GMC	40 00				X			469,188	0	145,166
Hagen Bruce P , Pres - RMH	40 00				X			591,713	0	166,822
Herbert-Sinden Cheryl L , Pres - DMH	40 00				X			310,951	0	48,046
Montoney Mark R , Sr VP & CMO - End 11/08	40 00				X			496,894	0	36,830
Plousha-Moore Debra , Sr VP HR - End 11/08	40 00				X			495,268	0	38,500
Reichfield Michael L , Pres - DH	40 00				X			388,122	0	20,350
Gallaher Connie L , VP Ortho/Neuro - RMH	40 00				X			222,806	0	31,803

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hanly Donna L , CNO - GMC	40 00				X			216,409	0	34,441
Markovich Stephen , Sr VP Operations - RMH	40 00				X			415,396	0	55,391
McKeown Richard J , System VP - Treasury	40 00				X			261,377	0	36,082
Santanello Steven A DO , VP Surg Svcs/Trauma- GMC	40 00				X			382,612	0	18,831
Tomaszewski James A , VP & Administrator- MHHC	40 00				X			362,475	0	35,944
Vanderhoff Bruce MD , Chief Medical Officer	40 00				X			277,846	0	38,854
Kowalski John , Sr VP Corp Finance	40 00					X		403,173	0	49,450
Dono Frank V , Med Dir Pat Safety/Qual	40 00					X		391,495	0	40,030
Gleeson Sean MD , Sr VP & CMO - GMC	40 00					X		388,584	0	36,087
Caulin-Glaser Terri MD , Exec Dir - MHHC	40 00					X		359,909	19,707	33,641
Perez James , Physician OB/GYN	40 00					X		370,669	0	35,995
Willen-Kennelly Jill , Sr VP Strategy & Bus Dev	40 00						X	145,789	0	18,290

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
OhioHealth Corporation	31-4394942

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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 **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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 Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		617
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		197,840
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		43,976
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			242,433
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		29,183,692		29,183,692
b Buildings		572,255,375	299,729,963	272,525,412
c Leasehold improvements				
d Equipment		492,369,840	328,844,089	163,525,751
e Other		243,693,415	101,290,285	142,403,130
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				607,637,985

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Alternative Investments	108,130,953	F
Other Limited Partnerships	156,167,001	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	264,297,954	

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliates - loans and notes	29,244,455
Pension Liability	115,300,625
Swap Liability	20,507,608
Deferred Long Term Liabilities	2,348,450
Other	51,017,900
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	218,419,038

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,794,371,926
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,699,573,696
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	94,798,230
4	Net unrealized gains (losses) on investments	4	-97,287,455
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-116,789,964
9	Total adjustments (net) Add lines 4 - 8	9	-214,077,419
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-119,279,189

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

1	Total revenue, gains, and other support per audited financial statements			1	1,676,577,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-87,092,160		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-30,702,674		
e	Add lines **2a** through **2d**			2e	-117,794,834
3	Subtract line **2e** from line **1**			3	1,794,371,926
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,794,371,926

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

1	Total expenses and losses per audited financial statements			1	1,696,501,433
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	145,442		
e	Add lines **2a** through **2d**			2e	145,442
3	Subtract line **2e** from line **1**			3	1,696,355,991
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 XIV)	4b	3,217,705		
c	Add lines **4a** and **4b**			4c	3,217,705
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,699,573,696

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Decrease in Pension-Related Changes Other Than Periodic Pension Costs -44835481 Realized Change in Value of Interest Rate SWAP -13249674 Transfer to Related Organizations -23672675 Net Cumulative Gains Transferred to Trading Securities -22598123 Foundation and Other Charitable Contributions -9489050 Other 1946726 Unrealized Change in Value of Interest Rate SWAP -4891687
Part XII, Line 2d - Other Adjustments		Realized Change in Value of Interest Rate SWAP -13249674 Unrealized Change in Value of Interest Rate SWAP -4891687 Foundation and Other Charitable Contributions -9489050 Rental Expenses for Rental Income 145442 Investment Management Fees -3217705
Part XIII, Line 2d - Other Adjustments		Rental Expenses for Rental Income 145442
Part XIII, Line 4b - Other Adjustments		Investment Management Fees 3217705

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908	X			X		X	X		
Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701	X			X			X		
Doctors West Hospital 5100 West Broad Street Columbus, OH 432281607	X			X			X		
Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518	X						X		
Riverside Outpatient Surgery Center 2240 North Bank Drive Columbus, OH 432205420		X							
Grant South Bone & Joint Center 323 East Town Street Columbus, OH 432154753		X							
East Side Surgery Center 4850 East Main Street Columbus, OH 432133162		X							
Knightsbridge Surgery Center 4845 Knightsbridge Blvd Suite 110 Columbus, OH 432142463		X							
Polaris Surgery Center 300 Polaris Parkway Westerville, OH 430827989		X							
American Kidney Stone Management 3525 Olentangy River Road Columbus, OH 432143937		X							
OhioHealth Sleep Services 974 Bethel Road Suite C Columbus, OH 43214									Sleep Diagnostic Center
OhioHealth Sleep Services 6770 Avery-Muirfield Drive Dublin, OH 43017									Sleep Diagnostic Center
OhioHealth Sleep Services 7811 Flint Road Suite B Columbus, OH 43235									Sleep Diagnostic Center
OhioHealth Sleep Services 7634 Rivers Edge Drive Columbus, OH 43235									Sleep Diagnostic Center
OhioHealth Sleep Services 2041 Stringtown Road Grove City, OH 43123									Sleep Diagnostic Center
OhioHealth Sleep Services 151 Clint Drive Pickerington, OH 43147									Sleep Diagnostic Center
OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082									Sleep Diagnostic Center
Grant Sleep Diagnostic Center 285 East State Street Suite 425 Columbus, OH 43215									Sleep Diagnostic Center
Downtown Endoscopy Center 700 East Broad Street 1st Floor Columbus, OH 43215									Endoscopy Surgery Center
Downtown Rehabilitation Center 223 East Town St Columbus, OH 43215									Rehabilitation Center
Pickerington Rehabilitation Center 1797 Hill Road North Suite 101 Pickerington, OH 43147									Rehabilitation Center
Powell Rehabilitation Center 10401 Sawmill Parkway Suite B Powell, OH 43065									Rehabilitation Center
Upper Arlington Rehabilitation Center 4664 Larwell Drive Columbus, OH 43220									Rehabilitation Center
Hilliard Sports Medicine & Rehab Center 6356 Scioto Darby Road Hilliard, OH 43026									Rehabilitation Center
Olentangy Sports Medicine & Rehab Center 409 Orangepoint Drive Lewis Center, OH 43035									Rehabilitation Center
McConnell Heart Health Center 3773 Olentangy River Road Columbus, OH 43214									Rehabilitation & Fitness Center
Grant Health & Fitness Center 340 East Town Street 9th Floor Columbus, OH 43215									Rehabilitation & Fitness Center
Advanced Imaging 41 South High Street Columbus, OH 43215									Imaging Center
Advanced Imaging 810 Jasonway Avenue Columbus, OH 43214									Imaging Center
Advanced Imaging 500 East Main Street Suite 210 Columbus, OH 43215									Imaging Center and Lab Services
William W Wilkins Prof Bldg Imaging 285 East State Street Suite 320 Columbus, OH 43215									Imaging Center
Women's Imaging Ctr at Doctors Hospital 5131 Beacon Hill Road Columbus, OH 43228									Imaging Center
Hobbs Radiation Oncology Center 5200 West Broad Street Columbus, OH 43228									Radiation Oncology Center
America's Urgent Care 24 Hidden Ravines Drive Powell, OH 43065									Urgent Care Facility
America's Urgent Care 5610 North Hamilton Road Columbus, OH 43230									Urgent Care Facility
America's Urgent Care 2030 Stringtown Road Grove City, OH 43123									Urgent Care Facility
Dublin Health Center 6955 Hospital Drive Dublin, OH 43016									Imaging, Rehabilitation, Urgent Care & Lab Services
East Side Health Center 4850 East Main Street Columbus, OH 43213									Rehabilitation Center
Gahanna Health Center 765 North Hamilton Road Gahanna, OH 43230									Imaging, Rehabilitation, Urgent Care & Lab Services
Riverside Health Center 500 Thomas Lane Columbus, OH 43214									Imaging Center and Lab Services
Southwest Health Center 2030 Stringtown Road Grove City, OH 43123									Imaging, Rehabilitation Center & Lab Services
Unity Health Center 3433 Agler Road Suite 1200 Columbus, OH 43219									Imaging and Rehabilitation Center
Victorian Village Health Center 1132 Hunter Avenue Columbus, OH 43201									Imaging and Urgent Care Facility
Dublin Methodist Specialty Care Center 7450 Hospital Drive Suite 350 Dublin, OH 43016		X							
Rvrsde Ctr Female ContinencePelvic Surg 3545 Olentangy River Road Suite 50 1 Columbus, OH 43214									Female Continence & Pelvic Surgery
WorkHealth 223 East Town St 2nd Floor Columbus, OH 43215									WorkHealth Facility
WorkHealth 4079 Gantz Road Grove City, OH 43123									WorkHealth Facility
WorkHealth 4872 Cemetery Road Hilliard, OH 43026									WorkHealth Facility
WorkHealth 300 Polaris Parkway Westerville, OH 43082									WorkHealth Facility
WorkHealth 561 W Central Avenue Delaware, OH 43015									WorkHealth Facility
Eastside Medical Office Building Lab 4882 East Main Street Suite 130 Columbus, OH 43213									Lab Services
Westerville Medical Campus 300 Polaris Parkway Suite 1350 Westerville, OH 43082									Lab Services
Bexley Health Services 2222 Welcome Place Columbus, OH 43209									Imaging, Lab & Primary Care Services
Easton Station Lab 4030 Easton Station Suite 300 Columbus, OH 43219									Lab Services
Patient Services - North 3705 Olentangy River Road Suite 11 2 Columbus, OH 43214									Lab Services
Patient Services - West Broad 5212 West Broad Street Suite M Columbus, OH 43228									Lab Services
Pickerington Health Center Lab 417 Hill Road Suite 601 Pickerington, OH 43147									Lab Services
Greater Columbus Regional Dialysis 285 East State Street Suite 150 Columbus, OH 43215									Dialysis
Eye Center of Columbus 262 Neil Avenue Columbus, OH 43215									Eye Care Services
Whetstone Gardens & Care Center 3710 Olentangy River Road Columbus, OH 43214									Nursing Home
Genesis OhioHealth Heart Services 2951 Maple Avenue Zanesville, OH 43701									Heart Services
AKSMGenesis Columbus LLC 797 Thomas Lane Columbus, OH 43214									Cryotherapy and Brachytherapy Services

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	The following individual listed in Form 990, Part VII received severance payments Jill Willen-Kennelly - $147,495 Part I, Line 4b The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan Michael S Bernstein - $118,562 David P Blom - $644,505 Karen H Connors - $110,091 Bruce P Hagen - $130,934 Cheryl L Herbert-Sinden -$6,564 John Kowalski - $12,085 Michael W Louge - $298,588 Stephen Markovich - $14,872 Robert P Millen - $186,812 Mark R Montoney - $0 Frank T Pandora II - $275,320 Debra Plousha-Moore - $0
	Part I, Line 7	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities In addition, one time bonuses may be awarded to recognize exemplary performance All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons)

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Blom David P	(I) (II)	814,406	333,560	43,316	676,868	19,185	1,887,335	
deVillers Rebecca DO	(I) (II)	40,000 69,853		26,963	8,114	18,616	40,000 123,546	
Innes Jeff MD	(I) (II)	10,000 285,020	111,310	35,668	20,141	40	10,000 452,179	
Louge Michael W	(I) (II)	503,369	210,000	33,044	319,629	18,302	1,084,344	
Millen Robert P	(I) (II)	484,058	205,000	40,130	206,512	23,535	959,235	
Pandora II Frank T	(I) (II)	307,534	141,000	47,177	316,877	19,302	831,890	
Bernstein Michael S	(I) (II)	370,142	115,000	26,255	118,562	21,053	651,012	
Connors Karen H	(I) (II)	307,673	120,000	41,515	126,619	18,547	614,354	
Hagen Bruce P	(I) (II)	391,837	157,900	41,976	148,775	18,047	758,535	
Herbert-Sinden Cheryl L	(I) (II)	190,874	85,000	35,077	29,027	19,019	358,997	
Montoney Mark R	(I) (II)	314,723	130,700	51,471	17,612	19,218	533,724	
Plousha-Moore Debra	(I) (II)	302,550	145,000	47,718	21,126	17,374	533,768	
Reichfield Michael L	(I) (II)	286,237	76,160	25,725		20,350	408,472	
Gallaher Connie L	(I) (II)	148,941	44,200	29,665	16,727	15,076	254,609	
Hanly Donna L	(I) (II)	157,837	42,000	16,572	20,965	13,476	250,850	
Markovich Stephen	(I) (II)	280,381	93,600	41,415	37,904	17,487	470,787	
McKeown Richard J	(I) (II)	181,310	60,500	19,567	16,965	19,117	297,459	
Santanello Steven A DO	(I) (II)	354,526	27,587	499	17,112	1,719	401,443	
Tomaszewski James A	(I) (II)	236,866	82,000	43,609	18,913	17,031	398,419	
Vanderhoff Bruce MD	(I) (II)	201,815	57,100	18,931	19,327	19,527	316,700	
Kowalski John	(I) (II)	260,487	106,500	36,186	30,734	18,716	452,623	
Dono Frank V	(I) (II)	271,143	83,000	37,352	26,195	13,835	431,525	
Gleeson Sean MD	(I) (II)	271,922	81,200	35,462	16,442	19,645	424,671	
Caulin-Glaser Terri MD	(I) (II)	244,498 16,898	77,700	37,711 2,809	20,583	13,058	393,550 19,707	
Perez James	(I) (II)	349,270		21,399	19,350	16,645	406,664	
Willen-Kennelly Jill	(I) (II)			145,789	8,246	10,044	164,079	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	County of Franklin Ohio	31-6400067	3531866P9	02-25-2009	165,800,000	To Refund Series 2006, issued on 5/10/06		X		X
B	County of Franklin Ohio	31-6400067	3531866D6	08-01-2008	186,700,000	To Refund Series 2003 A/B, issued on 2/27/03		X		X
C	County of Franklin Ohio	31-6400067	3531863Q0	11-05-2003	27,755,533	To Refund Series 2000A, issued on 8/4/99		X		X
D	County of Franklin Ohio	31-6400067	3531863P2	11-05-2003	123,578,533	To Refund Series 1993A, issued on 4/27/03		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
Live Technologies Inc	Director of Org - Entity more than 35% owned by Director (Larry Abbott)	222,182	Payments - Goods or services provided to OhioHealth Corporation		No
Beatrice Mills RN	Director of Org - Daughter of Director (Rebecca deVillers, D O)	57,447	Comp/Ben - Daughter is employed at Grant Medical Center and receives compensation		No
Biotronics Inc	Director of Org - A Director of OhioHealth (Michael Endres) is a Director	404,455	Payments - Goods or services provided to OhioHealth Corporation		No
American Electric Power	Director of Org - A Director of OhioHealth (Kevin Walker) is an Officer	8,694,405	Payments - Electricity provided to OhioHealth Corporation		No
Huntington Bank	Director of Org - Dirs of OhioHealth (Endres & Hoaglin) are Directors	310,862	Payments - Bankings fees Continued from relationship between interested person and organization - Michael Endres, a Director of OhioHealth, is a Director of Huntington Bank Thomas Hoaglin, a Director of OhioHealth, was the President/CEO and Chairman of the Board of Directors for Huntington Bank before his retirement in 2009		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Sec Machine)	X	1	8,895	Cost or selling price
26	Other (describe Ultrasound)	X	1	47,142	Cost or selling price
27	Other (describe Glidescope)	X	2	19,568	Cost or selling price
28	Other (describe Hospital PP&E)	X	37	8,967,691	Cost or selling price
	Other (describe PACS Workstation)	X	1	11,769	Cost or selling price
	Other (describe Equipment)	X	1	60,000	Cost or selling price

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Many of the persons listed on Part VII who are employees/independent contractors of OhioHealth have a "business relationship" with other OhioHealth employees/independent contractors, by virtue of sitting on related OhioHealth boards Michael J Endres and Thomas E Hoaglin have a business relationship

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Pursuant to Ohio Revised Code Section 1702 13, OhioHealth Corporation has a sole member, The West Ohio Conference of The United Methodist Church

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Pursuant to Ohio Revised Code Section 1702 13, The West Ohio Conference of the United Methodist Church is the sole voting member of OhioHealth Corporation OhioHealth Corporation is the sole voting member of all subsidiary organizations

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Revisions of the Code of Regulations that affect the rights of the Member must be approved by the Member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Corporate Finance, using a public accounting tax firm, prepares the Form 990 Multiple levels of internal review occur, as well as a presentation to the OhioHealth Board Finance and Audit Committee, prior to copies being provided to the OhioHealth Corporation Board before filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy has been reviewed by independent tax counsel to assure its compliance with the requirements of the Internal Revenue Service The policy requires all officers, directors and key employees to complete an annual questionnaire pertaining to conflicts of interest The questionnaire is administered by the General Counsel of OhioHealth, the parent company of the organization The responses are recorded and reported to the Board in the format approved by the Chair of the Board (a community member) In the interim between questionnaires, conflicts are to be reported to the General Counsel, who will advise the conflicted officer, director or key employee on the steps required to manage or clear the conflict Failure to report a conflict, or failure to follow the steps advised to clear the conflict, constitutes grounds for disciplinary action Members of the governing board with a transactional conflict are required to recuse themselves from any discussion and/or vote pertaining to the conflicted transaction, and this is reflected in the minutes of the organization Legal counsel attends Board meetings and Board committee meetings with the instruction to assure the conflict of interest policy is followed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Compensation Committee has very clearly defined objectives in establishing and approving compensation for OhioHealth executives such as 1 Closely align the compensation of executives with the OhioHealth mission, vision and values as well as system goals and business strategies 2 Align performance measures to OhioHealth priorities and reinforce a common focus for system-wide initiatives 3 Define and measure performance of executives and teams and motivate them to achieve the strategic goals of OhioHealth 4 Link total compensation of executives to the success of OhioHealth and provide a structural framework for consistent administration of compensation plans 5 Take actions necessary to create a Rebuttable Presumption of Reasonableness with respect to compensation decisions made by the Executive Compensation Committee a Compensation arrangements are approved in advance by the committee which is composed entirely of individuals who are independent and do not have conflicts of interest b The committee must obtain and rely upon appropriate comparability data prior to making its determinations as to whether the arrangements are reasonable in their entirety and engages an independent consultant, as needed c The committee must adequately document the basis for its determinations concurrent with their decisions With respect to certain key employees (VP Orthopedics & Neurosciences RMH, Chief Nursing Officer, Grant, Sr VP Operations RMH, System VP Treasury, VP Surgical Services & Trauma GMC, and VP, Administrator, McConnell Heart Hospital), compensation is determined in the same manner as set forth above, however it is not reviewed by the Executive Compensation Committee and is instead determined by management

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Information is made available as required

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2 Audited Financial Statements		The financial statements of OhioHealth Corporation were audited on a consolidated basis No separate audit was prepared for OhioHealth Corporation entities on a stand-alone basis OhioHealth is required to have an annual audit performed on a consolidated basis by an independent accountant in compliance with OhioHealth's bond document requirements An Audit Committee has been delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audit the financial statements

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
DH Ventures Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1686358	Holding Company	OH	79,587	316,177	OhioHealth Corporation
OhioHealth Medical Specialty Foundation LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1210223	Physician Practices	OH	0	0	OhioHealth Corporation
CG Broad Norton LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	-4,584	243,155	OhioHealth Corporation

Part II Identification of Related Tax-Exempt Organizations

(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
OhioHealth Sleep Services LLC 6186 Huntley Rd STE B Columbus, OH43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	2,139,615	2,039,724		No			No
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	-242,963	2,122,041		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

		Yes	No
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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct Controlling Entity
Marion General Hospital 1000 Mckinley Park Drive Marion, OH43302 31-1070877	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Grady Memorial Hospital 561 West Central Avenue Delaware, OH43015 31-4379436	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hardin Memorial Hospital 921 East Franklin Street Kenton, OH43326 34-4440479	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hardin Physician Foundation Inc 921 East Franklin Street Kenton, OH43326 31-1414276	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital
Hardin Memorial Hospital Foundation 921 East Franklin Street Kenton, OH43326 34-1521537	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital
Doctors Health Corporation of Nelsonville 1950 Mount St Mary Drive Nelsonville, OH45764 31-1620551	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
GrantRiverside Medical Care Foundation (dba OHPMS & dba OHMSF) 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1351965	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
OhioHealth Foundation 180 East Broad Street 33rd Floor Columbus, OH432153707 23-7446919	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Grady Memorial Hospital Foundation 561 West Central Avenue Delaware, OH43015 31-1763100	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Foundation
HomeReach 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1372702	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
HomeReach HomeCare 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1417595	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
OhioHealth Research Institute 180 East Broad Street 33rd Floor Columbus, OH432153707 31-6059784	Research	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hospital Properties Inc 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1206071	Property Management	OH	Section 501(c)(2)	N/A	OhioHealth Corporation

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
OhioHealth Star Corporation 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1119936	Administrative Services	OH	N/A	C			
OhioHealth Star Properties 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1347216	Administrative Services	OH	N/A	C			
MedStart Inc 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1482649	Administrative Services	OH	N/A	C			
GM Health Services 561 West Central Avenue Delaware, OH43015 31-1094787	Industrial Health, DME Home, Collection Agency	OH	N/A	C			
HealthWorks 561 West Central Avenue Delaware, OH43015 31-1435822	Medical Service Phys Practices	OH	N/A	C			
Grady Anesthesia Services 561 West Central Avenue Delaware, OH43015 20-3750671	Anesthesia Services	OH	N/A	C			
Olentangy Ventures 561 West Central Avenue Delaware, OH43015 31-1124414	Janitorial Services	OH	N/A	C			
HardinCare Inc 921 East Franklin Street Kenton, OH43326 34-1492617	Property Management	OH	N/A	C			
Intel Health Services PO Box 1051 Governors Square Buil Grand Cayman KY1-1102 CJ 31-4394942	Insurance/Reinsurance	CJ	OhioHealth Corporation	C			

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Hospital Properties Inc	Q	7,096,062
(2)	Hospital Properties Inc	K	2,525,728
(3)	Hospital Properties Inc	R	50,769,316
(4)	Hospital Properties Inc	P	1,999,743
(5)	Marion General Hospital	R	391,915
(6)	Grady Memorial Hospital	Q	3,921,394
(7)	Hardin Memorial Hospital	R	103,234
(8)	Doctors Health Corporation of Nelsonville	Q	236,049
(9)	GrantRiverside Medical Care Foundation	Q	44,250,781
(10)	HomeReach	R	1,214,601
(11)	HomeReach HomeCare	R	4,601,642
(12)	OhioHealth Research Institute	Q	1,465,301
(13)	OhioHealth Foundation Inc	Q	2,361,407
(14)	Grady Memorial Hospital Foundation	Q	229,792
(15)	Intel Health Services	O	4,043,236
(16)	OhioHealthStar Corporation	R	1,030,174
(17)	OhioHealthStar Properties	R	396,947