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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 Group Return

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 43215

D Employer identification number
32-0007056

E Telephone number
(614) 544-4052

G Gross receipts $ 451,508,835

F Name and address of Principal Officer
Michael W Louge
180 East Broad Street 33rd Floor
Columbus, OH 43215

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

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	196
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	119
5	Total number of employees (Part V, line 2a)	5	3,847
6	Total number of volunteers (estimate if necessary)	6	746
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	154,223
b	Net unrelated business taxable income from Form 990-T, line 34	7b	28,627

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,823,321	16,179,656
9	Program service revenue (Part VIII, line 2g)	351,344,769	391,747,244
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,154,340	-7,047,144
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,820,637	36,451,241
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	384,143,067	437,330,997
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,531,721	10,032,133
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)	192,391,505	246,227,165
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 116,552)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	191,292,236	187,826,336
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	385,215,462	444,085,634
19	Revenue less expenses Subtract line 18 from line 12	-1,072,395	-6,754,637
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	377,486,965	408,040,448
21	Total liabilities (Part X, line 26)	130,770,757	105,659,469
22	Net assets or fund balances Subtract line 21 from line 20	246,716,208	302,380,979

Part II Signature Block

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

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 $ 396,236,018 including grants of $ 10,032,133) (Revenue $ 391,747,244)

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 $ 396,236,018 *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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	
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**		No
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	1,355		
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	3,847		
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	No
b	If "Yes," enter the name of the foreign country _____ 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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
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 196		
b	Enter the number of voting members that are independent . .	1b 119		
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	Yes	
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		No
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 43215
(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 ▶								6,159,756	15,476,819	3,754,530

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 194

			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
Premier Health Services Inc 8111 Timberlodge Suite C Dayton, OH 49458	Emergency Room Doctor Services	4,944,042
Daimler Group Inc 1533 Lake Shore Drive Columbus, OH 43204	General Contractor	4,472,678
Smith Clinic 1040 Delaware Avenue Marion, OH 43302	Radiology/Cath Lab/Rehab Drs Fee	2,574,971
Marion Ancillary Services 1050 Delaware Avenue Marion, OH 43302	OT/PT/Lab/Radiology/MRI	2,180,586
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	2,141,637

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 87

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 286,154				
	b	Membership dues	1b				
	c	Fundraising events	1c 122,597				
	d	Related organizations	1d 992,918				
	e	Government grants (contributions)	1e 94,602				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 14,683,385				
	g	Noncash contributions included in lines 1a-1f $ 1,110,055					
	h	**Total (Add lines 1a-1f)**		16,179,656			
Program Service Revenue			Business Code				
	2a	Health & Medical Svcs	900,099	390,986,472	390,986,472		
	b	Investment Income	621,990	760,772	679,129	81,643	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 391,747,244					
	3	Investment income (including dividends, interest other similar amounts)		3,402,047		34,980	3,367,067
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	308,183				
	b	Less rental expenses	169,184				
	c	Rental income or (loss)	138,999				
	d	Net rental income or (loss)		138,999			138,999
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	41,282				
	b	Less cost or other basis and sales expenses	10,344,353 / 146,120				
	c	Gain or (loss)	-10,344,353 / -104,838				
	d	Net gain or (loss)		-10,449,191			-10,449,191
Other Revenue	8a	Gross income from fundraising events (not including $ 137,488 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 122,597				
	b	Less direct expenses	b 92,050				
	c	Net income or (loss) from fundraising events		45,438	45,438		
	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 8,768,649				
	b	Less cost of goods sold	b 3,426,131				
	c	Net income or (loss) from sales of inventory		5,342,518			5,342,518
		Miscellaneous Revenue	Business Code				
	11a	Intercompany Admin	900,099	22,202,771	22,202,771		
	b	Department Services	900,099	1,326,353	1,326,353		
	c	Research Revenue	900,099	1,148,799	1,148,799		
	d	All other revenue		6,246,363	6,208,763	37,600	
	e	**Total. Add lines 11a-11d** $ 30,924,286					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		437,330,997	422,597,725	154,223	-1,600,607

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	9,972,933	9,972,933		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	59,200	59,200		
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	1,898,952	1,290,466	491,934	116,552
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	208,927,885	186,241,687		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,048,882	4,493,505	555,377	
9	Other employee benefits	17,485,639	15,562,219	1,923,420	
10	Payroll taxes	12,865,807	11,450,568	1,415,239	
11	Fees for services (non-employees)				
a	Management				
b	Legal	400,826	356,735	44,091	
c	Accounting	181,204	161,271	19,933	
d	Lobbying	17,960	15,984	1,976	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	245,403	218,408	26,995	
g	Other	54,273,371	48,303,300	5,970,071	
12	Advertising and promotion	947,130	842,945	104,185	
13	Office expenses	51,949,500	46,235,055	5,714,445	
14	Information technology	620,292	552,060	68,232	
15	Royalties . .				
16	Occupancy	10,573,604	9,410,507	1,163,097	
17	Travel	2,541,698	2,262,111	279,587	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,815,306	1,615,622	199,684	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,370,118	13,679,405	1,690,713	
23	Insurance	4,132,056	3,677,530	454,526	
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	29,053,981	25,858,043	3,195,938	0
b	Repair & Maintenance	2,168,038	1,929,554	238,484	0
c	Dues and Licenses	726,060	646,193	79,867	0
d	Intercompany Expense	408,263	363,354	44,909	0
e	Income Taxes (UBI)	18,760	16,696	2,064	0
f	All other expenses	12,382,766	11,020,667	1,362,099	
25	**Total functional expenses.** Add lines 1 through 24f	444,085,634	396,236,018	47,733,064	116,552
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	30,506,144	1	
	2	Savings and temporary cash investments	109,171	2	57,351,166
	3	Pledges and grants receivable, net		3	5,078,516
	4	Accounts receivable, net	46,697,781	4	52,990,111
	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		7	2,012,803
	8	Inventories for sale or use	5,416,509	8	5,884,944
	9	Prepaid expenses and deferred charges	3,339,461	9	3,944,115
	10a	Land, buildings, and equipment cost basis — 10a: 253,498,046			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 143,972,109	102,099,604	10c	109,525,937
	11	Investments—publicly traded securities	113,893,862	11	112,381,961
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	47,098,564	12	26,897,579
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	1,393,792
	14	Intangible assets		14	830,769
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	28,325,869	15	29,748,755
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	377,486,965	16	408,040,448
Liabilities	17	Accounts payable and accrued expenses	35,052,735	17	43,294,224
	18	Grants payable		18	
	19	Deferred revenue	7,648,310	19	8,067,863
	20	Tax-exempt bond liabilities	42,872,367	20	44,614,891
	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	1,759,792	23	1,474,758
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	43,437,553	25	8,207,733
	26	**Total liabilities.** *Add lines 17 through 25*	130,770,757	26	105,659,469
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	189,871,882	27	253,992,020
	28	Temporarily restricted net assets	40,552,813	28	31,978,094
	29	Permanently restricted net assets	16,291,513	29	16,410,865
		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	246,716,208	33	302,380,979
	34	Total liabilities and net assets/fund balances	377,486,965	34	408,040,448

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		No
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		
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 Group Return

Employer identification number
32-0007056

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

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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 Group Return	32-0007056

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		17,960
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
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			17,960
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 Group Return

Employer identification number
32-0007056

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	46,755,972				
b	Contributions	430,999				
c	Investment earnings or losses	-5,396,453				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	2,757,845				
f	Administrative expenses	42,116				
g	End of year balance	38,990,557				

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

- a Board designated or quasi-endowment ▶ 26 720 %
- b Permanent endowment ▶ 39 630 %
- c Term endowment ▶ 33 650 %

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)		No
(ii) related organizations	3a(ii)		No

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		7,581,978		7,581,978
b Buildings		110,739,657	54,254,242	56,485,415
c Leasehold improvements				
d Equipment		89,913,888	66,545,767	23,368,121
e Other		45,262,523	23,172,100	22,090,423
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				109,525,937

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	11,004,478	F
Other Limited Partnerships	15,893,101	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	26,897,579	

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
Goodwill (Unamortized)	5,245,892
Due from Affiliate - Loans and Notes	8,295,136
Other	2,019,988
Investment in Subsidiaries	14,187,739
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	29,748,755

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension Liability	3,332,807
Deferred Long Term Liabilities	3,218,560
Other	1,656,366
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,207,733

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

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 V, Line 4	Description of Intended Use of Endowment Funds	To earn investment income for use in medical charity care, medical procedures and medical education

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Hospice Gala (event type)	(b) Event #2 Gala (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	47,350	44,289	168,446	260,085
	2 Less Charitable contributions	28,150	20,091	74,356	122,597
	3 Gross revenue (line 1 minus line 2)	19,200	24,198	94,090	137,488
Direct Expenses	4 Cash Prizes			1,200	1,200
	5 Non-cash Prizes			3,953	3,953
	6 Rent/Facility costs			10,646	10,646
	7 Other direct expenses	19,836	13,609	42,806	76,251
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				92,050
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				45,438

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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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 Group Return

Employer identification number
32-0007056

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)
Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410	X						X		
Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 433262020	X				X		X		
Doctors Hospital at Nelsonville 1950 Mount Saint Marys Drive Nelsonville, OH 457641280	X				X		X		
Marion General Hospital 1000 McKinley Park Drive Marion, OH 433026399	X						X		
Kobacker House 3595 Olentangy River Road Columbus, OH 432143440									In-Patient Hospice
American Kidney Stone Management 3525 Olentangy River Road Columbus, OH 432143937		X							
Marion Area Health Center 1050 Delaware Avenue Marion, OH 43302									Outpatient Services
Marion Ancillary Services 1040 Delaware Avenue Marion, OH 43302									Occupational Health & Imaging Services
Employed Physician Practices Various Various, OH 43215									62 Physician Practice Offices

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

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Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace Brethren International MissionsPO Box 588 Winona Lake,IN 46590	31-1466581	Section 501(c)(3)	10,000				General Support
Grady Memorial Hospital561 West Central Avenue Delaware,OH 43015	20-3750671	Section 501(c)(3)		847,868	FMV	Hospital Plant, Property & Equipment	General Support
OhioHealth Corporation - Corporate180 East Broad Street 33rd Floor Columbus,OH 432153707	31-4394942	Section 501(c)(3)		8,895	FMV	Security Verification Machine	General Support
OhioHealth Corporation - Grant & Riverside Hospitals 3535 Olentangy River Road Columbus,OH 432143908	31-4394942	Section 501(c)(3)		3,510,039	FMV	Hospital Plant, Property & Equipment	General Support
OhioHealth Corporation - Doctors West Hospital5100 West Broad Street Columbus,OH 432281607	31-4394942	Section 501(c)(3)		5,596,131	FMV	Hospital Plant, Property & Equipment	General Support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 3

3 Enter total number of other organizations . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Elsie Cole Fisher Scholarship	6	6,000			
Kull Scholarship	11	16,000			
Rose Williams Scholarship	2	10,000			
Gordon Taylor Scholarship	2	5,000			
Dublin Nursing Excellence Scholarship	2	5,000			

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Committees have been established to oversee the scholarship application & selection processes

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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 Group Return

Employer identification number
32-0007056

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**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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)							
	(i)							
	(ii)							
	(i)							
	(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 1a	Housing allowance or residence for personal use For key executives, OhioHealth provides a temporary housing allowance, administered by Human Resources, if relocation is required in order to accept employment with OhioHealth As part of a relocation package, the following individuals received a cash payment, including a tax gross-up, to offset the cost of temporary housing The full amount, including the gross-up, was treated as taxable compensation reported on the individuals' W-2 Dale Anderson - $ 9,100 Phyllis Floyd - $ 10,861 Richard Lehmuth - $ 9,414 OhioHealth provides a non-taxable housing allowance to employed ministers for expenses meeting the requirements of Section 107 of the Internal Revenue Code The following individual received a non-taxable housing allowance Keith Vesper - $41,560
	Part I, Line 1b	Housing allowance or residence for personal use OhioHealth does not have a formal written policy regarding the housing allowance for employed ministers, but follows the requirements outlined in Section 107 of the Internal Revenue Code
	Part I, Line 4a	The following individual listed on Form 990, Part VII received severance payments Steve Bush - $166,667 Part I Line 4B The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan Ronald Bachman - $56,024 David P Blom - $644,505 Karen H Connors - $110,091 Steven J Garlock - $31,278 Robert J Gilbert - $48,574 Bruce P Hagen - $130,934 Cheryl L Herbert-Sinden -$6,564 John Kowalski - $12,085 Michael W Louge - $298,588 Robert P Millen - $186,812 Karen J Morrison - $1,664 Frank T Pandora II - $275,320 Penny Proctor - $5,555 Mark R Seckinger - $470 James Stuccio - $10,528 Steven L Swart - $963
	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: 32-0007056
Name: OhioHealth Corporation Group Return

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	
Morrison Karen J	(I)							
	(II)	158,653	63,000	18,525	22,243	19,535	281,956	
O'Sullivan Michael	(I)							
	(II)	201,215	45,000	9,151	17,272	563	273,201	
Harmon Thomas L MD	(I)	5,776					5,776	
	(II)	176,308	15,155	77	259	40	191,839	
Krantz Carl A Jr MD	(I)	74,211	13,507	55,388			143,106	
	(II)	133,547		78	23,726	40	157,391	
Lindaman John	(I)							
	(II)	113,102	25,024	15,531	12,661	16,842	183,160	
Smith Rita J RN	(I)							
	(II)	106,844	14,085	22,149	29,069	7,188	179,335	
Connors Karen H	(I)							
	(II)	307,673	120,000	41,515	126,619	18,547	614,354	
Innes Jeff MD	(I)	285,020	111,310	35,668	20,141	40	452,179	
	(II)	10,000					10,000	
Santanello Steven A DO	(I)							
	(II)	354,526	27,587	499	17,112	1,719	401,443	
Blackwell Deborah L DO	(I)							
	(II)	211,509	58,000	24,788	16,528	17,645	328,470	
Colwell Dean L DO	(I)							
	(II)	224,568	70,900	46,136	19,695	14,576	375,875	
Reichfield Michael L	(I)							
	(II)	286,237	76,160	25,725		20,350	408,472	
VanLaningham Nathan	(I)							
	(II)	160,022	49,600	17,833	17,212	19,945	264,612	
Mestemaker Amy MD	(I)	166,972	284	15,572	3,914	20,626	207,368	
	(II)		4,810		10,343	40	15,193	
Draime Eric	(I)	142,959	23,765	87	7,306	16,638	190,755	
	(II)							
Garlock Steve J	(I)							
	(II)	228,401	96,470	41,540	66,793	18,143	451,347	
Bell Jeffrey MD	(I)							
	(II)	293,140	8,424	22,557	24,660	17,117	365,898	
Vanderhoff Bruce MD	(I)							
	(II)	201,815	57,100	18,931	19,327	19,527	316,700	
Bjerke Craig	(I)							
	(II)	181,713	58,000	8,834	13,768	18,198	280,513	
Caulin-Glaser Terri MD	(I)	16,898		2,809			19,707	
	(II)	244,498	77,700	37,711	20,583	13,058	393,550	
Poll Wayne L MD	(I)	208,305		192		1,268	209,765	
	(II)	27,305					27,305	
deVillers Rebecca DO	(I)	69,853		26,963	8,114	18,616	123,546	
	(II)	40,000					40,000	
Millen Robert P	(I)							
	(II)	484,058	205,000	40,130	206,512	23,535	959,235	
Seckinger Mark R	(I)							
	(II)	146,926	48,000	38,919	27,955	13,313	275,113	
Gilbert Robert J	(I)							
	(II)	218,288	75,000	41,156	72,762	22,160	429,366	
Swart Steve	(I)							
	(II)	155,648	50,000	33,623	17,812	17,645	274,728	
Vesper Rev Keith R	(I)							
	(II)	96,334	45,000	24,319	20,506	61,728	247,887	
Herbert-Sinden Cheryl L	(I)							
	(II)	190,874	85,000	35,077	29,027	19,019	358,997	
Lewis Vicki	(I)							
	(II)	136,314	39,000	23,614	21,061	16,365	236,354	
Anderson Dale P	(I)							
	(II)	409,877	170,000	18,129		34,890	632,896	
Bachman Ronald J	(I)							
	(II)	225,563	114,000	35,313	79,798	40	454,714	
Feyh Jerry	(I)							
	(II)	159,653	40,000	6,601	14,511	17,187	237,952	
Snyder Ron P	(I)	131,707		20,794		726	153,227	
	(II)							
Foley Denise E	(I)							
	(II)	154,710	61,000	33,989	17,521	18,258	285,478	
Louge Michael W	(I)							
	(II)	503,369	210,000	33,044	319,629	18,302	1,084,344	
Laterro Anita A	(I)							
	(II)	113,565	22,600	20,910	14,878	19,687	191,640	
Niles John	(I)							
	(II)	155,498	42,000	40,411	16,100	17,693	271,702	
Pettrey Lisa	(I)							
	(II)	117,024	33,408	18,018	14,011	21,675	204,136	
Hooper Joseph	(I)							
	(II)	151,592	45,000	23,449	20,161	16,693	256,895	
Kovack Thomas	(I)	510,624	432,762	31,077	16,442	16,472	1,007,377	
	(II)							
Mahmoud Akram H	(I)	802,363	13,404	31,132	17,753	7,040	871,692	
	(II)							
Pugh Kevin	(I)	546,497	245,994	15,577	16,528	20,693	845,289	
	(II)							
Franz Randall	(I)	479,760	292,656	31,077	16,792	16,490	836,775	
	(II)							
French Bruce	(I)	520,852	201,491	31,078	18,020	16,645	788,086	
	(II)							
Hagen Bruce P	(I)							
	(II)	391,837	157,900	41,976	148,775	18,047	758,535	
Gleeson Sean MD	(I)							
	(II)	271,922	81,200	35,462	16,442	19,645	424,671	
Stuccio James	(I)							
	(II)	261,950	85,000	20,184	27,056	18,553	412,743	
Pandora II Frank T	(I)							
	(II)	307,534	141,000	47,177	316,877	19,302	831,890	
Schuda Marian K MD	(I)							
	(II)	238,466	25,000	21,735	23,813	16,235	325,249	
Yates Vinson M	(I)							
	(II)	190,980	61,000	28,180	25,983	20,693	326,836	
Bush Steve	(I)							
	(II)	70,676		201,558	17,400	6,360	295,994	
Kowalski John	(I)							
	(II)	260,487	106,500	36,186	30,734	18,716	452,623	
Proctor Penny	(I)							
	(II)	182,221	65,000	39,802	36,087	14,430	337,540	
Dever Mary Beth	(I)	99,997	11,090	5,979		7,124	124,190	
	(II)							

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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 Group Return

Employer identification number
32-0007056

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	3531863Q0	11-05-2003	27,755,533	To refund Series 2000A, issued on 8/4/99		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 Group Return

Employer identification number
32-0007056

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
Medical Group of Ohio	Director of Org - A Dir of GMH & OHF Boards (Jeff Innes, M D) is an Dir	251,274	Payments - Goods and services to OhioHealth Group entities		No
American Electric Power	Director of Org - A Dir of GMH Board (Kevin Walker) is an Officer	796,330	Payments - Electricity provided to OhioHealth Group entities		No
Marion Ancillary Services LLC	Director of Org - A Dir of Marion Gen Hosp (Gary Sims) is a Director	2,041,465	Payments - Goods and services to OhioHealth Group entities		No
Cardinal Health	Director of Org - Dir of OhioHealth Fnd (Lisa George) is a Key Employee	2,576,895	Payments - Drugs, supplies, medical instrumentation and other goods		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 Group Return

Employer identification number
32-0007056

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	X		1,932	Cost or selling price
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	9	213,902	Cost or selling price
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	X	2	1,350	Cost or selling price
19	Food inventory	X	10	5,635	Cost or selling price
20	Drugs and medical supplies	X	2	6,110	Cost or selling price
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Arch Visuals)	X	1	10,960	Cost or selling price
26	Other (describe Other)	X	1	100	Cost or selling price
27	Other (describe Other)	X	2	1,300	Cost or selling price
28	Other (describe PP&E)	X	132	868,766	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	Yes	
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
Third Party Use	Part I, Line 32b	The Huntington Investment Co is used to sell the publicly traded securities gifts received by the Foundation

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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 Group Return

Employer identification number
32-0007056

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 Vicki Lewis and David J Folkwein have a business relationship Kathy Masters and Gary Sims have a business relationship

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		John Sanders served as Interim CEO for Marion General Hospital from December 2008 through July 2009

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 Each entity within Group is a wholly owned or controlled subsidiary of OhioHealth, and requires the approval of OhioHealth for major financial transactions Due to the administrative burden of providing copies to all OhioHealth Corporation Group board members, copies will not automatically be provided to the members of the boards of each Group member entity Any board member requesting a copy will be provided a copy in full compliance with public inspection requirements

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 Operations - Marion Hospital, VP Philanthropy - OhioHealth Foundation, Director - OhioHealth Research Institute, VP Operations & CNO - Grady 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 Group were audited on a consolidated basis No separate audit was prepared for OhioHealth Corporation Group 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 Group Return

Employer identification number
32-0007056

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
Grant Anesthesia Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 452153707 20-1501295	Practice Management Services	OH	-2,073,804	1,193,732	GrantRiverside Medical Care Foundation
Orthopedic Trauma Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 56-2294320	Practice Management Services	OH	-6,552,236	326,631	GrantRiverside Medical Care Foundation

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
Hospital Properties Inc 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1206071	Property Management	OH	Section 501(c)(2)	N/A	OhioHealth Corporation

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?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
OhioHealth Sleep Services LLC 6185 Huntley Road Suite B Columbus, OH43229 20-1547399	Physician Practice	OH						No			No
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH43231 20-8074623	Medical Services	OH						No			No

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	Yes	
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	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
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	Yes	
o Reimbursement paid to other organization for expenses	1o		No
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: 32-0007056
Name: OhioHealth Corporation Group Return

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 Physician 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	N/A	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)	OhioHealth Corporation	Q	6,311,392
(2)	OhioHealth Corporation	R	52,464,724
(3)	Hospital Properties Inc	J	56,854
(4)	Hospital Properties Inc	P	60,828
(5)	HardinCare Inc	A	98,535
(6)	HardinCare Inc	I	55,700
(7)	GM Health Services Inc	R	1,134,165
(8)	Healthworks Inc	Q	639,951
(9)	Grady Anesthesia Services Inc	Q	163,012

Additional Data

Software ID:
Software Version:
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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 , Chairman OHF	1 00	X		X				0	0	0
Wilcox Randy , Vice-Chair OHF	1 00	X		X				0	0	0
Berwanger Joseph , Board OHF	1 00	X						0	0	0
Blom David P , Board OHF-Ex-officio	1 00	X						0	1,191,282	696,053
Foreman Ivery D Esq , Sec/Treas OHF	1 00	X		X				0	0	0
Gallagher-Allred , Charlette PHD RD-BD OHF	1 00	X						0	0	0
Hoaglin Thomas E , Board OHF-Ex-officio	1 00	X						0	0	0
Hodges Ralph E , Board OHF	1 00	X						0	0	0
Lawrence Linda Esq , Board OHF	1 00	X						0	0	0
McCloy George W , Board OHF	1 00	X						0	0	0
Morrison Karen J , President & Board OHF	40 00	X		X				0	240,178	41,778
O'Sullivan Michael , Board OHF-Ex-Officio	1 00	X						0	255,366	17,835
Tyne Michael D , Board OHF	1 00	X						0	0	0
Zieg Michael B , Board OHF	1 00	X						0	0	0
Bing Arthur GH MD , Board OHF	1 00	X						0	0	0
Blosser Laurence T MD , Board OHF-Ex-Officio	1 00	X						0	115,025	40
Borgess Mary Pat MD , Board OHF	1 00	X						0	10,897	40
Conner Jack G , Board OHF	1 00	X						0	0	0
Edwards David A Sr , Board OHF	1 00	X						0	0	0
Geese Ronald L , Board OHF	1 00	X						0	0	0
Hagen Bruce P , Board OHF-Ex-Officio	1 00	X						0	0	0
Harmon Thomas L MD , Board OHF	1 00	X						5,776	191,540	299
Krantz Carl A Jr MD , Board OHF	1 00	X						143,106	133,625	23,766
Lane Robert R , Board OHF	1 00	X						0	0	0
Lilly Larry MD , Board OHF	1 00	X						0	127,271	15,358
Lindaman John , Board OHF-Ex-Officio	1 00	X						0	153,657	29,503
Patterson David T , Board OHF	1 00	X						0	0	0
Pfening Fred D Jr , Board OHF	1 00	X						0	0	0
Poll Wayne L MD , Board OHF	1 00	X						0	0	0
Ragan Ginni D , Board OHF	1 00	X						0	0	0

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			
Smith Eric C , Board OHF	1 00	X						0	0	0
Smith Rita J RN , Board OHF	1 00	X						0	143,078	36,257
Vincent Donald J MD , Board OHF	1 00	X						0	0	0
Weiler Alan R , Board OHF	1 00	X						0	0	0
White Willis S Jr , Board OHF	1 00	X						0	0	0
Brown Mark S MD , Board OHF	1 00	X						0	10,000	0
Connors Karen H , Board OHF-Ex-Officio	1 00	X						0	469,188	145,166
Frazier Kenneth R , Board OHF	1 00	X						0	0	0
Innes Jeff MD , Board OHF-Ex-Officio	1 00	X						431,998	10,000	20,181
Kraner William C , Board OHF	1 00	X						0	0	0
Levey Michael S MD , Board OHF	1 00	X						0	0	0
Reis Thomas J , Board OHF	1 00	X						0	0	0
Santanello Steven A DO , Board OHF	1 00	X						0	382,612	18,831
Terapak Richard G , Board OHF	1 00	X						0	0	0
Weiler Robert J Jr , Board OHF	1 00	X						0	0	0
Wood Robert S II , Board OHF	1 00	X						0	0	0
Wylie Marjorie A , Board OHF	1 00	X						0	0	0
Yates Vinson M , Board OHF -Ex-officio	1 00	X						0	0	0
Sanese Ralph Jr , Board OHF	1 00	X						0	0	0
Anderson Thomas M DO , Board OHF	1 00	X						0	24,000	40
Baumgardner Fatema E , Board OHF	1 00	X						0	0	0
Blackwell Deborah L DO , Board OHF	1 00	X						0	294,297	34,173
Colwell Dean L DO , Board OHF	1 00	X						0	341,604	34,271
Cunningham Jane Watson , Board OHF	1 00	X						0	0	0
Hilliard Kirk L DO , Board OHF	1 00	X						0	0	0
Jerele Jr J James DO , Board OHF	1 00	X						0	0	0
Reichfield Michael L , Board OHF -Ex-officio	1 00	X						0	388,122	20,350
Sims Richard , Board OHF	1 00	X						0	0	0
Topinka Marcus MD , Board OHF -Ex-officio	1 00	X						0	72,000	0
VanLaningham Nathan , Board OHF -Ex-officio	1 00	X						0	227,455	37,157

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			
Anderson Kerri , Board OHF	1 00	X						0	0	0
Irelan Vic , Board OHF	1 00	X						0	0	0
Vornbrock Page , Board OHF	1 00	X						0	0	0
Abraham Tara M , Board OHF	1 00	X						0	0	0
Bonner Victoria A , Board OHF	1 00	X						0	0	0
Cadwallader Trish , Board OHF	1 00	X						0	0	0
Craig Rebecca , Board OHF -Ex-officio	1 00	X						114,223	0	13,284
DiMarco Ann M , Board OHF	1 00	X						0	0	0
Englefield Cynthia , Board OHF	1 00	X						0	0	0
George Lisa , Board OHF	1 00	X						0	0	0
Gibney Jack T , Board OHF	1 00	X						0	0	0
Gire Michael K Esq , Board OHF	1 00	X						0	0	0
Kerwood Charles A III , Board OHF	1 00	X						0	0	0
Mestemaker Amy MD , Board OHF -Ex-officio	1 00	X						182,828	4,810	34,923
Schuda Marian K MD , Board OHF	1 00	X						0	0	0
Swiatek Valerie B , Board OHF	1 00	X						0	0	0
Tamborelle Suzi , Board OHF	1 00	X						0	0	0
Tordoff Sharon A , Board OHF	1 00	X						0	0	0
Wall Bruce A MD MMM , Board OHF	1 00	X						0	0	0
Wallace Tracy , Board OHF	1 00	X						0	0	0
Walters Robert W , Board OHF -Ex-officio	1 00	X						0	0	0
Hodges Ralph E , Chairman Grady Fnd	1 00	X		X				0	0	0
Abood Walt , Board Grady Fnd	1 00	X						0	0	0
Bennington Sue , Secretary Grady Fnd	1 00	X		X				99,258	0	17,294
Draime Eric , Treasurer Grady Fnd	1 00	X		X				166,811	0	23,944
Fedeczko George , Board Grady Fnd	1 00	X						0	0	0
Folkwein David J , Board Grady Fnd	1 00	X						0	0	0
Fuller Ray MD , Board Grady Fnd	1 00	X						8,923	0	0
Garlock Steve J , Bd Grady Fnd-Ex-officio	1 00	X						0	366,411	84,936
Gordon Linda , Board Grady Fnd	1 00	X						0	0	0

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			
Hendershot Bobbie , Board Grady Fnd	1 00	X						0	0	0
Jones Daniel W , Board Grady Fnd	1 00	X						0	0	0
Lehr Jay PhD , Board Grady Fnd	1 00	X						0	0	0
Martin Deborah , Board Grady Fnd	1 00	X						0	0	0
Michaelson Judy , Board Grady Fnd	1 00	X						0	0	0
Schissel Stephen MD , Board Grady Fnd	1 00	X						6,020	0	0
Hagen Bruce P , Chairman GRMCFI	1 00	X		X				0	0	0
Entry Tim , Treas & VP FIN GRMCFI	40 00	X		X				0	0	0
Schuda Marian K MD , Secretary GRMCFI	1 00	X		X				0	0	0
Bell Jeffrey MD , Chairman OHRI	1 00	X		X				0	324,121	41,777
Vanderhoff Bruce MD , SR VP & Vice-Chair OHRI	40 00	X		X				0	277,846	38,854
Ansel Gary MD , Board OHRI	1 00	X						52,000	83,904	40
Bjerke Craig , Secretary/Treasurer OHRI	1 00	X		X				0	248,547	31,966
Caulin-Glaser Terri MD , Board OHRI	1 00	X						19,707	359,909	33,641
Poll Wayne L MD , Board OHRI	1 00	X						208,497	27,305	1,268
Santanello Steven A DO , Board OHRI	1 00	X						0	0	0
Snow Rick , Board OHRI	1 00	X						0	84,040	40
Yakubov Steve MD , Board OHRI	1 00	X						50,000	59,616	40
Hoaglin Thomas E , Chairman GMH	1 00	X		X				0	0	0
Wilcox Randy , Vice-Chairman GMH	1 00	X		X				0	0	0
Abbott Larry , Board GMH	1 00	X						0	0	0
Auseon John DO , Board GMH	1 00	X						6,923	1,050	40
Blom David P , Board GMH (Ex-officio)	1 00	X						0	0	0
Blosser Laurence T MD , Board GMH (Ex-officio)	1 00	X						0	0	0
deVillers Rebecca DO , Board GMH (Ex-officio)	1 00	X						96,816	40,000	26,730
Dewire Rev Dr Norman , Board GMH	1 00	X						0	0	0
Endres Michael J , Treasurer GMH	1 00	X		X				0	0	0
Hondros Linda , Secretary GMH	1 00	X		X				0	0	0
Innes Jeff MD , Board GMH (Ex-officio)	1 00	X						0	0	0
James Donna , Board GMH	1 00	X						0	0	0

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			
McCullough Steve , Board GMH (Ex-officio)	1 00	X						0	0	0
Millner Keith , Board GMH	1 00	X						0	0	0
Ough Bishop Bruce R , Board GMH (Ex-officio)	1 00	X						0	0	0
Parrott Rex A , Board GMH (Ex-officio)	1 00	X						0	0	0
Scott Bradley N , Board GMH	1 00	X						0	0	0
Stevens Rev Deborah K , Board GMH	1 00	X						0	0	0
Walker Kevin , Board GMH	1 00	X						0	0	0
Parrott Rex A , Chairman MGH	1 00	X		X				0	0	0
Sims Gary , Vice-Chairman MGH	1 00	X		X				0	0	0
Alspatch Deborah A , Board Member - MGH	1 00	X						0	0	0
Bailey David MD , Board Member - MGH	1 00	X						0	0	0
Danner Edward II , Board Member - MGH	1 00	X						0	0	0
Foulk David MD , Board Member - MGH	1 00	X						0	0	0
Fritz Aaron , Board MGH (Ex-officio)	1 00	X						0	0	0
Gates Daryl R , Board Member - MGH	1 00	X						0	0	0
Gruber BJ Lt , Board Member - MGH	1 00	X						0	0	0
Hoffman Scott L , Treasurer MGH	1 00	X		X				0	0	0
Masters Kathy , Secretary - MGH	1 00	X		X				0	0	0
Millen Robert P , Board Member - MGH	1 00	X						0	729,188	230,047
Ogle Rev Colleen , Board Member - MGH	1 00	X						0	0	0
Ravi S Prasad MD , Board Member - MGH	1 00	X						0	0	0
Reasoner Gregory , Board Member - MGH	1 00	X						0	0	0
Sanders John , Pres/CEO/BD MGH (1/09)	40 00	X		X				0	0	0
Vora Sanjay K MD , Board Member - MGH	1 00	X						0	0	0
Young Beverly , Board Member - MGH	1 00	X						0	0	0
McCullough Steve , Chairman HMH	1 00	X		X				0	0	0
Radway Rob , Vice-Chairman HMH	1 00	X		X				0	0	0
Abdulkarim M Saadallah , Board HMH	1 00	X						0	0	0
Barrett Scott , Board HMH	1 00	X						0	0	0
Brooks Nathan , Board HMH	1 00	X						0	0	0

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			
Furbush William , Board HMH	1 00	X						0	0	0
Govekar Michele , Secretary HMH	1 00	X		X				0	0	0
Heilman Max , Board Member - HMH	1 00	X						0	0	0
Jennings Matthew , Treasurer HMH	1 00	X		X				0	0	0
Johnson Katherine E MD , Board HMH	1 00	X						0	0	0
Seckinger Mark R , Pres/CEO & Board HMH	40 00	X		X				0	233,845	41,268
Temple Rob , Board HMH	1 00	X						0	0	0
Snyder Ron P , CFO/President HHF Board	1 00	X		X				0	0	0
Barrett Scott , Board HHF	1 00	X						0	0	0
Dixon Charles , Board HHF	1 00	X						0	0	0
Heilman Sharon , Board HHF	1 00	X						0	0	0
Royer Mariann , Board HHF	1 00	X						0	0	0
Smith Linda , Board HHF	1 00	X						0	0	0
Watkins Howard Jr , Board HHF	1 00	X						0	0	0
Seckinger Mark R , Pres/CEO HHF	40 00	X		X				0	0	0
Johnson Katherine E MD , President HPF Board	1 00	X		X				0	0	0
Abdulkarim M Saadallah , Board HPF	1 00	X						0	0	0
Govekar Michele , Board HPF	1 00	X						0	0	0
Jennings Matthew , Board HPF	1 00	X						0	0	0
McCullough Steve , Treasurer HPF	1 00	X		X				0	0	0
Radway Rob , Board HPF	1 00	X						0	0	0
Seckinger Mark R , Pres/CEO & Sec HPF Board	1 00	X		X				0	0	0
Snider Mark , Chairman DHCN	1 00	X		X				0	0	0
Blom David P , Board DHCN (Ex-officio)	1 00	X						0	0	0
Cardaras Van , Board DHCN	1 00	X						0	0	0
Cox Steve , Treasurer DHCN	1 00	X		X				0	0	0
Gilbert Robert J , Board DHCN	1 00	X						0	334,444	94,922
Holtel Joseph MD , Board DHCN	1 00	X						0	0	0
Jenkinson Scott DO , Board DHCN (Ex-officio)	1 00	X						0	0	0
Swart Steve , CEO/Board Ex-offic DHCN	40 00	X		X				0	239,271	35,457

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(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			
Vesper Rev Keith R , Board DHCN	1 00	X						0	165,653	82,234
Herbert-Sinden Cheryl L , Chairman HRC	1 00	X		X				0	310,951	48,046
Bjerke Craig , Secretary/Treasurer HRC	1 00	X		X				0	0	0
Gallagher-Allred , Charlette - Board HRC	1 00	X						0	0	0
Lewis Vicki , Vice-Chairman HRC	1 00	X		X				0	198,928	37,426
Lehmuth Richard , Board HRC	1 00	X						0	84,929	7,365
Vanderhoff Bruce MD , Board HRC	1 00	X						0	0	0
Walters Robert W , Pres/BD HRC (start 2/09)	40 00	X		X				0	0	0
Herbert-Sinden Cheryl L , Chairman HRHC	1 00	X		X				0	0	0
Lewis Vicki , Vice-Chairman HRHC	1 00	X		X				0	0	0
Bjerke Craig , Secretary/Treasurer HRHC	1 00	X		X				0	0	0
Gallagher-Allred , Charlette - Board HRHC	1 00	X						0	0	0
Lehmuth Richard , Board HRHC	1 00	X						0	0	0
Vanderhoff Bruce MD , Board HRHC	1 00	X						0	0	0
Walters Robert W , Pres/BD HRHC(start 2/09)	1 00	X		X				0	0	0
Anderson Dale P , Pres & BD GRMCFI (2/08)	40 00	X		X				0	598,006	34,890
Morrison Karen J , President Grady Fnd	40 00			X				0	0	0
Stuccio James , Pres GRMCFI (end 12/08)	40 00			X				0	0	0
Garlock Steve J , President GMH	40 00			X				0	0	0
Bachman Ronald J , President MGH (end 1/09)	40 00			X				0	374,876	79,838
Feyh Jerry , CFO MGH	40 00			X				0	206,254	31,698
Snyder Ron P , CFO HMH	40 00			X				152,501	0	726
Snyder Ron P , CFO HPF	40 00			X				0	0	0
Newberry Lew , CFO & COO DHCN	40 00			X				110,959	0	7,139
Newbrough Jr James P , Pres - HRC (end 7/08)	40 00			X				0	100,547	22,327
Floyd Phyllis G , VP Phy OHMSF (11/08)	40 00			X				0	90,651	1,517
Foley Denise E , VP Bus Dev OHMSF	40 00			X				0	249,699	35,779
Kenwood Russ , VP Operations OHMSF	40 00			X				0	0	0
Louge Michael W , Exec VP & CFO OHF	40 00			X				0	746,413	337,931
Louge Michael W , Exec VP & CFO HRC	40 00			X				0	0	0

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(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			
Louge Michael W , Exec VP & CFO HRHC	40 00			X				0	0	0
Louge Michael W , Exec VP & CFO Grady	40 00			X				0	0	0
Louge Michael W , Exec VP & CFO Grady Fnd	40 00			X				0	0	0
Louge Michael W , Exec VP & CFO OHRI	40 00			X				0	0	0
Louge Michael W , Exec VP & CFO GRMCFI	40 00			X				0	0	0
Laterro Anita A , VP Philanthropy OHF	40 00				X			0	157,075	34,565
Niles John , Director OHRI	40 00				X			0	237,909	33,793
Pettrey Lisa , VP Operations & CNO GMH	40 00				X			0	168,450	35,686
Hooper Joseph , VP Operations MGH	40 00				X			0	220,041	36,854
Kovack Thomas , Physician Ortho Surgery	40 00					X		974,463	0	32,914
Mahmoud Akram H , Physician Neurology	40 00					X		846,899	0	24,793
Pugh Kevin , Physician Ortho Surgery	40 00					X		808,068	0	37,221
Franz Randall , Vascular Surgeon	40 00					X		803,493	0	33,282
French Bruce , Physician Ortho Surgery	40 00					X		753,421	0	34,665
Hagen Bruce P , Former Pres BD GRMCFI	1 00						X	0	591,713	166,822
Gleeson Sean MD , Former Treasurer GRMCFI	1 00						X	0	388,584	36,087
Stuccio James , Former Chairman GRMCFI	1 00						X	0	367,134	45,609
Pandora II Frank T , Former Secretary OHRI	1 00						X	0	495,711	336,179
Schuda Marian K MD , Former Chairman OHRI	1 00						X	0	285,201	40,048
Yates Vinson M , Former Treasurer OHRI	1 00						X	0	280,160	46,676
Bush Steve , Fmr Treasurer HRC/HRHC	1 00						X	0	272,234	23,760
Kowalski John , Fmr Treasurer HRC/HRHC	1 00						X	0	403,173	49,450
Proctor Penny , Fmr Secretary HRC/HRHC	1 00						X	0	287,023	50,517
Dever Mary Beth , Fmr Sec SOMC Med Care Fd	1 00						X	117,066	0	7,124