See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
KETTERING MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2110 LEITER ROAD

City or town, state or country, and ZIP + 4
MIAMISBURG, OH 45342

D Employer identification number
31-0621866

E Telephone number
(937) 395-8816

G Gross receipts $ 532,011,651

F Name and address of principal officer
FRED MANCHUR
2110 LEITER ROAD
MIAMISBURG, OH 45342

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 ▶

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

J Website: ▶ www khnetwork org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1959

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE QUALITY HEALTHCARE TO INDIVIDUALS AND THE COMMUNITY AS A WHOLE IN A JUDEO-CHRISTIAN MANNER

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	5,557
6	Total number of volunteers (estimate if necessary)	6	792
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,295,210
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,310,430	1,940,960
9	Program service revenue (Part VIII, line 2g)	501,303,872	517,243,219
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-11,633,001	10,785,928
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,967,709	1,940,640
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	493,013,592	531,910,747

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	207,135	162,979
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)	233,187,229	229,527,343
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	268,350,956	261,557,559
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	501,745,320	491,247,881
19	Revenue less expenses Subtract line 18 from line 12	-8,731,728	40,662,866

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	669,115,178	712,551,679
21	Total liabilities (Part X, line 26)	422,632,138	374,434,859
22	Net assets or fund balances Subtract line 21 from line 20	246,483,040	338,116,820

Part II Signature Block

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

Sign Here

****** | 2010-11-01
Signature of officer | Date

RUSS WETHERELL CFO, KETTERING HEALTH NETWORK
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ HERBERT L LEMASTER CPA	Date 2010-11-12	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK SCHAEFER HACKETT & CO KETTERING TOWER SUITE 800 DAYTON, OH 45342			EIN ▶ Phone no ▶ (937) 226-0070

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

PROVIDE QUALITY HEALTHCARE TO

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 501(c)(4) organizations and section 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 $ 399,651,288 including grants of $ 70,845) (Revenue $ 507,054,226)

KETTERING MEMORIAL HOSPITAL, SYCAMORE HOSPITAL, AND OTHER PATIENT CARE RELATED SERVICES

4b (Code) (Expenses $ 13,053,989 including grants of $ 92,134) (Revenue $ 10,188,993)

KETTERING COLLEGE OF MEDICAL ARTS RELATED HEALTH EDUCATIONAL PROGRAMS

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** ▶ $ 412,705,277

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		No
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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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**		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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 sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	701		
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	5,557		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 12		
b	Enter the number of voting members that are independent	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 ▶

RUSS WETHERELL
2110 LEITER ROAD
MIAMISBURG,OH 45342
(937) 395-8816

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	1,793,947	10,440,075	381,723

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 101

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
DANIS BUILDERS LLC 3233 NEWMARK DR MIAMISBURG, OH 45342	GENERAL CONTRACTOR	39,673,801
SYNERGY BUILDING SYSTEMS INC 3500 PENTAGON BLVD SUITE 500 BEAVERCREEK, OH 45431	GENERAL CONTRACTOR	4,320,758
KETTERING CARDIOTHORACIC & VASCULAR SURG 3533 SOUTHERN BLVD SUITE 5650 KETTERING, OH 45429	PHYSICIAN	1,848,505
RIECK MECHANICAL ELEC SVCS 5245 WADSWORTH RD DAYTON, OH 45413	GENERAL CONTRACTOR	1,822,495
MANFREDA CONSTRUCTION 3190 KETTERING BLVD DAYTON, OH 45439	GENERAL CONTRACTOR	1,596,927
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 115		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,533,816			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	407,144			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,940,960			
Program Service Revenue			Business Code				
	2a	PATIENT CARE SERVICES	900,099	504,959,873	499,953,180	186,421	4,820,272
	b	KCMA	900,099	10,188,993	10,188,993		
	c	REFERENCE LAB	621,500	1,833,433		1,833,433	
	d	INTEREST FROM AFFILIATES	561,000	222,820		222,820	
	e	REAL ESTATE ACTIVITIES	531,390	38,100		38,100	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		517,243,219			
	3	Investment income (including dividends, interest and other similar amounts)		5,956,273			5,956,273
	4	Income from investment of tax-exempt bond proceeds		2,275,842			2,275,842
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,458,126	196,591			
	b	Less cost or other basis and sales expenses		100,904			
	c	Gain or (loss)	2,458,126	95,687			
	d	Net gain or (loss)		2,553,813	95,687		2,458,126
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	INTERCOMPANY INVESTMENT INCOME ALLOCATION	523,000	1,926,204			1,926,204
	b						
	c						
	d	All other revenue		14,436		14,436	
	e	**Total.** Add lines 11a–11d		1,940,640			
	12	**Total revenue.** See Instructions		531,910,747	510,237,860	2,295,210	17,436,717

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	162,979	162,979		
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	768,747	660,114	108,633	0
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	184,997,600	158,855,151	26,142,449	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,370,996	6,329,383	1,041,613	0
9	Other employee benefits	21,493,328	18,456,055	3,037,273	0
10	Payroll taxes	14,896,672	12,791,588	2,105,084	0
11	Fees for services (non-employees)				
a	Management	7,353,403	0	7,353,403	0
b	Legal	904,276	181,458	722,818	0
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	1,521,285	0	1,521,285	0
g	Other	41,377,502	32,570,156	8,807,346	0
12	Advertising and promotion	2,081,288	1,253,970	827,318	0
13	Office expenses	104,523,431	104,189,355	334,076	0
14	Information technology	12,461,130	962,828	11,498,302	0
15	Royalties				
16	Occupancy	7,626,520	6,406,217	1,220,303	0
17	Travel	1,019,287	993,729	25,558	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	169,671	167,347	2,324	0
20	Interest	9,783,468	8,030,869	1,752,599	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,277,430	23,752,819	4,524,611	0
23	Insurance	2,719,277	17,286	2,701,991	0
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 EXPENSE	16,719,026	16,654,023	65,003	0
b	INTERCOMPANY ALLOCATIONS	10,679,175	9,364,870	1,314,305	0
c	COST OF GOODS SOLD	4,328,950	4,328,950	0	0
d	MINOR EQUIPMENT	2,503,538	2,486,345	17,193	0
e	HOSPITAL ASSESSMENT	1,410,338	1,410,338	0	0
f	All other expenses	6,098,564	2,679,447	3,419,117	0
25	**Total functional expenses.** Add lines 1 through 24f	491,247,881	412,705,277	78,542,604	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		246,864	2	13,610,634
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		63,313,821	4	59,792,487
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	
	8	Inventories for sale or use		8,822,940	8	8,459,019
	9	Prepaid expenses and deferred charges		6,151,444	9	4,377,097
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 625,277,446			
	b	Less accumulated depreciation	10b 354,824,436	252,323,478	10c	270,453,010
	11	Investments—publicly traded securities		319,199,705	11	337,382,722
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,056,926	15	18,476,710
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		669,115,178	16	712,551,679
Liabilities	17	Accounts payable and accrued expenses		73,484,127	17	74,158,832
	18	Grants payable			18	
	19	Deferred revenue		1,299,061	19	1,288,857
	20	Tax-exempt bond liabilities		247,056,730	20	244,190,423
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		4,030,401	24	467,800
	25	Other liabilities Complete Part X of Schedule D		96,761,819	25	54,328,947
	26	**Total liabilities.** Add lines 17 through 25		422,632,138	26	374,434,859
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		246,471,921	27	338,116,820
	28	Temporarily restricted net assets		11,119	28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		246,483,040	33	338,116,820
	34	Total liabilities and net assets/fund balances		669,115,178	34	712,551,679

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	0 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,830,220		19,830,220
b Buildings		343,123,254	202,739,836	140,383,418
c Leasehold improvements		1,652,757	1,324,163	328,594
d Equipment		195,357,544	150,760,437	44,597,107
e Other		65,313,671		65,313,671
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				270,453,010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
ADVERTISING AGREEMENT	725,254
INVESTMENTS IN AFFILIATES	7,084,645
PHYSICIAN LOC	2,072,972
RETIREMENT PLANS ASSETS	3,059,416
UNAMORTIZED LONG-TERM DEBT ISSUANCE COSTS	5,534,423
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	18,476,710

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION LIABILITY	3,059,416
ACCRUED RETIREMENT PLANS LIABILITIES	733,935
ESTIMATED AMOUNTS DUE TO THIRD-PARTY PAYORS	10,389,443
PHYSICIAN INCOME GUARANTEE COMMITMENT	490,000
PROFESSIONAL SELF-INSURANCE LIABILITY	13,759,573
RESERVE FOR PAYROLL TAX LIABILITY	741,667
RESERVE FOR SWAP LIABILITY	19,606,025
SYNTHETIC LEASE LIABILITY	5,548,888
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,328,947

2. Fin 48 Footnote 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	531,910,747
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	491,247,881
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	40,662,866
4	Net unrealized gains (losses) on investments	4	40,839,588
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,131,326
9	Total adjustments (net) Add lines 4 - 8	9	50,970,914
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	91,633,780

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	613,131,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	40,839,588		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	42,313,328		
e	Add lines **2a** through **2d**			2e	83,152,916
3	Subtract line **2e** from line **1**			3	529,978,084
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	1,932,663		
c	Add lines **4a** and **4b**			4c	1,932,663
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	531,910,747

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

1	Total expenses and losses per audited financial statements			1	521,497,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	31,936,633		
e	Add lines **2a** through **2d**			2e	31,936,633
3	Subtract line **2e** from line **1**			3	489,560,367
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	1,687,514		
c	Add lines **4a** and **4b**			4c	1,687,514
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	491,247,881

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Pt X		The Network completed an analysis of its tax positions in accordance with applicable accounting
		guidance at December 31, 2009 and 2008, and determined that no amounts were required to be recognized in the consolidated financial statements at December 31, 2009 or 2008
Pt XI Line 8		Gain on interest rate swap agreements 40,186,430
		Net transfers to affiliate (30,489,626) Other changes, net 434,522
Pt XII Line 2d		Investment management fees (1,521,285)
		Depreciation (99,794) Net transfers to affiliate 2,192,342 Gain on interest rate swap agreements 40,186,430 Net assets released from restrictions for capital 744,084 Other changes, net 434,522 Contributions and investment income from restricted investments 443,527
Pt XII Line 4b		Audit rounding (283)
		Contributions 1,533,816 Gain on disposal of assets 176,310 Interest income from affiliate 222,820
Pt XIII Line 2d		Contributions (1,533,816)
		Gain on disposal of assets (176,310) Interest income from affiliate (222,820) Transfers for PP&E 744,084 Transfers to net assets (11,119) Net transfers to affiliate 32,681,968 Net assets released from restrictions for capital 7,500 Net assets released from restrictions for operations 447,147 Rounding (1)
Pt XIII Line 4b		Audit rounding (63)
		DEPRECIATION (99,794) NET TRANSFERS TO AFFILIATE 2,192,342 GAIN ON INTEREST RATE SWAP AGREEMENTS 40,186,430 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 744,084 OTHER CHANGES, NET 434,522 CONTRIBUTIONS AND INVESTMENT INCOME FROM RESTRICTED INVESTMENTS 443,527

Additional Data

Software ID:
Software Version:
EIN: 31-0621866
Name: KETTERING MEDICAL CENTER

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
ACCRUED PENSION LIABILITY	3,059,416
ACCRUED RETIREMENT PLANS LIABILITIES	733,935
ESTIMATED AMOUNTS DUE TO THIRD-PARTY PAYORS	10,389,443
PHYSICIAN INCOME GUARANTEE COMMITMENT	490,000
PROFESSIONAL SELF-INSURANCE LIABILITY	13,759,573
RESERVE FOR PAYROLL TAX LIABILITY	741,667
RESERVE FOR SWAP LIABILITY	19,606,025
SYNTHETIC LEASE LIABILITY	5,548,888

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	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 Government 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)			13,691,141	4,062,437	9,628,704	2 040 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			25,722,646	20,188,997	5,533,648	1 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			39,413,787	24,251,434	15,162,353	3 210 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,515,598	199,103	1,316,495	0 280 %
f Health professions education (from Worksheet 5)			25,983,100	12,593,875	13,389,225	2 830 %
g Subsidized health services (from Worksheet 6)			11,632,391		11,632,391	2 460 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,421,380	3,870	1,417,510	0 300 %
j **Total** Other Benefits			40,552,469	12,796,848	27,755,621	5 870 %
k **Total.** Add lines 7d and 7j			79,966,256	37,048,282	42,917,974	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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			5,307		5,307	0 %
4	Environmental improvements			21,878		21,878	0 %
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			2,263		2,263	0 %
8	Workforce development						
9	Other						
10	**Total**			29,448		29,448	0 %

Part III Bad Debt, Medicare, & Collection Practices

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,271,525		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	135,895,077
6	Enter Medicare allowable costs of care relating to payments on line 5	6	139,781,604
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-3,886,527
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(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	KETTERING WORKERS CARE LLC	Medical Service Venture	20 000 %	0 %	80 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
KETTERING MEMORIAL HOSPITAL 3535 SOUTHERN BLVD KETTERING,OH 45429	X	X		X			X		
SYCAMORE HOSPITAL 2110 LEITER ROAD MIAMISBURG,OH 45342	X	X		X			X		
KETTERING BEHAVIORAL MEDICINE CTR 5350 LAMME ROAD DAYTON,OH 45439	X								
ENGLEWOOD HEALTH CENTER 1250 W NATIONAL RD STE 200 500 CLAYTON,OH 45315									Urgent Care and Diagnostic center
KETTERING SPORTS MEDICINE 3490 FAR HILLS AVE KETTERING,OH 45249									Sports medicine and training facility
INDIAN RIPPLE FAMILY HEALTH CENTER 4428 INDIAN RIPPLE ROAD DAYTON,OH 45440									Outpatient Physician Clinic
FRANKLIN PHYSICAL THERAPY & FITNESS 333 CONOVER DRIVE STE 1 FRANKLIN,OH 45005									Physical Therapy Facility
KETTERING SPORTS MEDICINE 2145 N FARFIELD RD STE D BEAVERCREEK,OH 45431									Outpatient Clinic & Diag Ctr
KETTERING SPORTS MEDICINE 25 S TIPPECANOE DR TIPP CITY,OH 45371									Outpatient Clinic & Diag Ctr
SUGARCREEK HEALTH CTR 6438 WILMINGTON PIKE DAYTON,OH 45459									Outpatient Physician Clinic
SYCAMORE PRIMARY CARE CENTER 2115 LEITER ROAD MAIMISBURG,OH 45342									Outpatient Physician Clinic & Diagnostic Center
WOUND HEALING & HYPERBARIC MEDICINE 4881 SUGAR MAPLE DR WPAFB FAIRBORN,OH 45433									Diagnostic & Treatment Center

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

THE ORGANIZATION USES FPG TO DETERMINE ELIGIBILITY FOR

THE ORGANIZATION PROVIDES AN ANNUAL COMMUNITY BENEFIT

SUBSIIDZED HEALTH SERVICES REPRESENT THE NON-NEEDS BASED AND

BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),

CHARITY CARE IS CALCULATED USING A COST TO CHARGE RATIO FOLLOWING

A COST TO CHARGE RATIO WAS USED TO DETRMINE THE AMOUNT REPORTED IN PART III,

THE COSTING METHODOLOGY USED TO DETERMINE MEDICARE COSTS

FINANCIAL COUNSELORS WORK OUT A PAYMENT PROGRAM FOR ANY

EACH FACILITY LISTED IS REQUIRED TO BE LICENSED, REGISTERED

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

KETTERING MEDICAL CENTER, AS PART OF KETTERING HEALTH NETWORK,

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

KETTERING MEDICAL CENTER INFORMS AND EDUCATES PATIENTS

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

KHN SERVES A POPULATION OF 1,629,000 IN ITS PRIMARY AND

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

COMMUNITY BUILDING ACTIVITIES SUPPORT CONSERVATION AND

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)

KETTERING MEDICAL CENTER FURTHERS ITS EXEMPT PURPOSE BY

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

KMC AND ITS AFFILIATES PROMOTE THE HEALTH OF THE COMMUNITIES

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

OH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

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" to 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 (Form 990) if additional space is needed . . . ▶ ☐

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

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
EMPLOYEE HARDSHIP	265	70,845			
SCHOLARSHIPS	112	92,134			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Pt I Line 2		KMC employees may apply for up to $300 per qualifying hardship event The lifetime maximum for an employee is capped at $400 KCMA maintains the criteria used for awarding institutional scholarships Some of the scholarships awarded by KCMA are based on need, others are awarded strictly based on merit, and others are awarded based on both need and merit

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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**		No
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
FRANK PEREZ	(i) (ii)	796,835	153,357	4,578,795	12,787	20,863	5,562,637	3,920,715
FRED MANCHUR	(i) (ii)	667,953	95,194	1,026,435	52,807	13,425	1,855,814	614,803
ROY CHEW	(i) (ii)	573,618	72,651	953,052	12,787	31,189	1,643,297	668,726
RUSS WETHERELL	(i) (ii)	498,503	76,289	449,646	27,787	31,130	1,083,355	510,506
BRETT SPENST	(i) (ii)	431,547	61,761	4,439	12,787	36,851	547,385	
CHRISTINA TURNER	(i) (ii)	176,412	15,434	1,233	8,025	6,907	208,011	
JANICE WOOLES	(i) (ii)	154,011	18,193	1,109	9,603	13,313	196,229	
CAROLYN PETERSON	(i) (ii)	146,462	20,218	3,276	8,670	3,910	182,536	
EUGENE STILES	(i) (ii)	138,916	19,613	596	6,256	16,589	181,970	
ROBERT SMITH	(i) (ii)	248,896	35,511	2,240	12,487	13,528	312,662	
REBEKAH WANG-CHENG	(i) (ii)	212,811	30,848	1,914	12,470	2,791	260,834	
DONNA ARAND	(i) (ii)	92,096	120,500	217	12,487	1,302	226,602	
ERICA BEHNKE	(i) (ii)	185,135	300	1,333	10,130	7,074	203,972	
JEFFERY POST	(i) (ii)	145,876	20,400	397	10,062		176,735	

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
Pt I Line 1b		Professional tax preparation is required for the Network CEO and hospital presidents to ensure compliance with federal regulations and guidelines These professional services are the only services provided and they are included in taxable compensation
Pt I Line 4b		The Network has a Supplemental Executive Retirement Plan available only to a certain class of management
Part II Col Biii		Column Biii includes compensation reported on the W-2 that may or may not have gone through the current year P&L The Network recorded payments to employees for non-qualified retirement benefit plans totaling $10,346,703 The remaining amount, $648,625, represents the net investment earnings on the non-qualified retirement benefit plans
Part II Col F		This column includes only those amounts that have been reported on prior 990s In some cases not all of the deferred amounts paid in column Biii were reported on prior 990s Another difference between this column and column Biii is the fluctuation in the financial investment markets The amounts the Network provided as deferred comp could have had gains or losses depending on the movement of the financial investment markets These gains or losses would reflected in the payment amounts in column Biii

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	COUNTY OF MONTGOMERY OHIO	31-6000172	613520KH7	01-11-2006	88,550,000	Advanced refund of 1999 Bonds		X		X
B	COUNTY OF MONTGOMERY OHIO	31-6000172	613520KR5	01-17-2008	187,815,000	Current ref of 02,03,06 Bonds		X		X
C	COUNTY OF GREENE OHIO	31-6000172	394650BV6	11-03-2009	97,931,090	Construct & Equip of Hospital		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	110,488,248	188,197,263	88,692,777		
2	Gross proceeds in reserve funds	9,425,096		9,425,096		
3	Proceeds in refunding or defeasance escrows	85,867,031				
4	Other unspent proceeds	41,002,265	41,002,265	40,916,228		
5	Issuance costs from proceeds	2,467,569	5,900,788	1,663,880		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	113,428,748	113,428,748	46,153,325		
8	Year of substantial completion	1999	2010	2010		

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

Part III Private Business Use

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

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?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
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?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %				
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 section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X		X				
b	Name of provider	MERRIL LYNCH CAPITAL SERVICES INC									
c	Term of hedge	0 16200000									
4a	Were gross proceeds invested in a GIC?	X			X		X				
b	Name of provider	CITIGROUP FINANCIAL PRODUCTS INC									
c	Term of GIC	0 04200000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X		X	X					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

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

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

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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
MICHELLE CHEW	Family member of Roy Chew, President	10,900	Employment		No
JACQUELINE D'AURORA	Family member of Jan Wooles, key employee	68,048	Employment		No
KATHRYN STILES	Family memeber of Eugene Stiles, key employee	50,632	Employment		No

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316052660

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

Identifier	Return Reference	Explanation
Pt VI-B, Line 11A		A tax specialist is engaged to review the 990 The 990 is reviewed
		and accepted by the audit committee which reports this to the
		governing body (board)
Pt VI-B, Line 12c		The Network regularly and consistently monitors and enforces compliance
		with the conflict of interest policy by making it part of the employee's
		annual review The employee must certify that they have read the
		conflict of interest policy and have disclosed any potential conflicts
		and agree to immediately notify Corporate Integrity if one should arise

Identifier	Return Reference	Explanation
		Board members are required to annually review the network's policy,

sign a Conflict of Interest statement, and notify the Network if a conflict should arise Pt VI-B, Line 15 The process of determining compensation of CEO's, executive directors, officers, and key employees is to have an independent board approve the compensation The compensation is determined to be reasonable compared to independent comparability data The approval of the amounts is documented in the Board minutes within the appropriate

Identifier	Return Reference	Explanation
		time frame At year end the organization reviews executive compensation

by comparing the amounts approved to the amounts paid Pt VI-C, Line 19 The KHN Conflict of Interest policy is available on the KHN intranet The organization's governing documents, conflict of interest policy, and financial statements are available upon request Schedule K, Part II, Line 1 Bond Issue A Includes transferred proceeds from 1999 Bonds that were partially advanced refunded by the 2006 Bonds

Identifier	Return Reference	Explanation
Schedule K, Part II, Line 5		Bond Issue A Of the $2,457,569 issuance costs from proceeds,

$685,029 related to issuance costs and $1,782,540 related to credit enhancement fees Bond Issue B Of the $5,900,788 issuance costs from proceeds, $1,431,723 related to issuance costs and $4,469,065 related to credit enhancement fees Schedule K, Part II, Line 7 Bond Issue A Listed $0 for capital expenditures because 2006 Bonds were solely for advanced refunding purposes

Identifier	Return Reference	Explanation
		Bond Issue B Capital expenditures form proceeds reflects only

the new money portion of the 2008 Bonds and excludes the current refunding portion Schedule K, Part II, Line 8 Bond Issue B As of December 31,2009, the bond-refinanced by the new money portion of the 2008 Bonds was approximately 70% completed It is expected to be substantially completed by December 31, 2010 Bond Issue C The bond-refinanced project is expected

Identifier	Return Reference	Explanation
		to be substantially completed by December 31, 2010

Schedule K, Part IV, Line 5 Bond Issue B The available 3-year temporary period for the portion of the proceeds spent on capital projects has not expired
Bond Issue C The available 3-year temporary period for the portion of the proceeds spent on capital projects has not expired

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316052660

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KETTERING MEDICAL CENTER

Employer identification number
31-0621866

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

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
KETTERING WORKERS' CARE 2023 SPRINGBORO RD WEST DAYTON, OH45439 03-0483916	HEALTH SERVICES	OH	NA	Related	7,794	28,188		No			No
PREMIER PURCHASING PARTNERS 1225 EL CAMINO REAL STE 100 SAN DIEGO, CA92130 33-0387407	PURCHASING CONTRACTS	CA	NA	Related	2,092,864	2,240,249		No			No

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

(a) 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
KETTCOR 2110 LEITER ROAD MIAMISBURG, OH45342 31-1078381	HEALTH SERVICEZ	OH	KETTERING ADVENTIST HEALTHCARE	C			0 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
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		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	KETTCOR	a	222,820
(2)	KETTERING MEDICAL CENTER FOUNDATION	c	1,533,816
(3)	KETTERING MEDICAL CENTER IS A CONDUIT THROUGH WHICH REVENUE	klmnp	
(4)	IS RECEIVED AND EXPENSES ARE PAID		
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) 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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID: 09000048
Software Version:
EIN: 31-0621866
Name: KETTERING MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALLIANCE PHYSICIANS INC 2110 LEITER ROAD MIAMISBURG, OH45432 31-1175717	PHYSICIAN SERVICES	OH	501(c)(3)	509(a)(3)	KETTERING ADVENTIST HEALTHCARE
BEAVERCREEK MEDICAL CENTER 2110 LEITER ROAD MIAMISBURG, OH45342 27-0712680	HOSPITAL	OH	501(c)(3)	509(a)(1)	KETTERING ADVENTIST HEALTHCARE
DAYTON OSTEOPATHIC HOSPITAL 2110 LEITER ROAD MIAMISBURG, OH45342 35-0564121	HOSPITAL	OH	501(c)(3)	509(a)(1)	KETTERING ADVENTIST HEALTHCARE
GREENE FOUNDATION 2110 LEITER ROAD MIAMISBURG, OH45342 31-0886949	FUNDRAISING	OH	501(c)(3)	509(a)(1)	GREENE HEALTH PARTNERS
GREENE HEALTH PARTNERS 2110 LEITER ROAD MIAMISBURG, OH45342 31-1073110	MANAGEMENT	OH	501(c)(3)	509(a)(3)	GREENE MEMORIAL HOSPITAL
GREENE MEMORIAL HOSPITAL 2110 LEITER ROAD MIAMISBURG, OH45342 31-0809436	HOSPITAL	OH	501(c)(3)	509(a)(1)	KETTERING ADVENTIST HEALTHCARE
GREENE MEMORIAL HOSPITAL SERVICES INC 2110 LEITER ROAD MIAMISBURG, OH45342 31-1358549	PHYSICIAN SERVICES	OH	501(c)(3)	509(a)(3)	KETTERING ADVENTIST HEALTHCARE
GREENE OAKS 2110 LEITER ROAD MIAMISBURG, OH45342 31-0999724	Senior Healthcare Facilities	OH	501(c)(3)	509(a)(2)	GREENE HEALTH PARTNERS
KETTERING ADVENTIST HEALTHCARE 2110 LEITER ROAD MIAMISBURG, OH45342 31-1051688	MANAGEMENT	OH	501(c)(3)	509(a)(3)	NA
KETTERING AFFILIATED HEALTH SERVICES INC 2110 LEITER ROAD MIAMISBURG, OH45342 31-1127485	HEALTH SERVICES	OH	501(c)(3)	509(a)(3)	KETTERING ADVENTIST HEALTHCARE
KETTERING MEDICAL CENTER FOUNDATION 2110 LEITER ROAD MIAMISBURG, OH45432 23-7419897	FUNDRAISING	OH	501(c)(3)	509(a)(3)	KETTERING MEDICAL CENTER
WOMEN'S RECOVERY CENTER 2110 LEITER ROAD MIAMISBURG, OH45342 31-1153763	Outpatient and Residential Healthcare	OH	501(c)(3)	509(a)(1)	GREENE HEALTH PARTNERS

Additional Data

Software ID:
Software Version:
EIN: 31-0621866
Name: KETTERING MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK PEREZ Network CEO	1 00	X		X				0	5,528,987	33,650
FRED MANCHUR KHN President	1 00	X		X				0	1,789,582	65,512
ROY CHEW KMC President	40 00	X		X				0	1,599,321	31,189
SEMUE CHAPMAN Principal & CEO, The CA Group	1 00	X						0	0	0
RON KLEIN MD Physician	1 00	X						0	0	0
CANDICE CHRISTENSON RN Community Volunteer	1 00	X						0	0	0
JACK FRITZSCHE CEO, Century Propane	1 00	X						0	0	0
STEWART ADAM MD Physician	1 00	X						0	0	0
FRANKLIN HANDEL MD Physician	1 00	X						0	0	0
MARILOU SMITH Community Volunteer	1 00	X						0	0	0
LEE HIERONYMUS Community Volunteer	1 00	X						0	0	0
DAVE WEIGLEY President, Columbia Union Conference of SDA	1 00	X						0	0	0
RUSS WETHERELL Network CFO & Treasurer	1 00			X				0	1,024,438	58,917
BRETT SPENST KMC VP of Finance & Opertions	40 00			X				0	497,747	36,851
CHRISTINA TURNER Sycamore VP of Clincial Services	40 00				X			193,079	0	14,932
JANICE WOOLES Director of Network Finance/Controller	40 00				X			173,313	0	22,916
CAROLYN PETERSON Director of Network Risk Management	40 00				X			169,956	0	12,580
EUGENE STILES Director of Network Reimbursement	40				X			159,125		22,845
ROBERT SMITH Director	40					X		286,647		26,015
REBEKAH WANG-CHENG Physician	40					X		245,573		15,261
DONNA ARAND Clinical Polysomnographer	40					X		212,813		13,789
ERICA BEHNKE Administrator Reproductive Lab	40					X		186,768		17,204
JEFFERY POST Pharmacist	40					X		166,673		10,062

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT CARE SERVICES	900,099	504,959,873	499,953,180	186,421	4,820,272
KCMA	900,099	10,188,993	10,188,993		
REFERENCE LAB	621,500	1,833,433		1,833,433	
INTEREST FROM AFFILIATES	561,000	222,820		222,820	
REAL ESTATE ACTIVITIES	531,390	38,100		38,100	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	16,719,026	16,654,023	65,003	0
INTERCOMPANY ALLOCATIONS	10,679,175	9,364,870	1,314,305	0
COST OF GOODS SOLD	4,328,950	4,328,950	0	0
MINOR EQUIPMENT	2,503,538	2,486,345	17,193	0
HOSPITAL ASSESSMENT	1,410,338	1,410,338	0	0