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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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
OhioHealth Corporation

Doing Business As
See Schedule O-Grant Medical Center

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

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

D Employer identification number
31-4394942

E Telephone number
(614) 544-4052

G Gross receipts $ 1,970,241,281

F Name and address of principal officer
David P Blom
180 East Broad Street 33rd Floor
Columbus, OH 432153707

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

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

H(c) Group exemption number ▶ 3858

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

J Website: ▶ www ohiohealth com

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

L Year of formation 1891

M State of legal domicile OH

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	13,278
6	Total number of volunteers (estimate if necessary)	**6**	1,713
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	381,374
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	324,167

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	9,489,050	10,881,785
9	Program service revenue (Part VIII, line 2g)	1,589,457,519	1,676,111,885
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,558,452	34,866,395
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,983,809	245,586,076
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,794,371,926	1,967,446,141
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		50,000
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)	863,272,250	871,362,922
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)	836,301,446	874,521,344
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,699,573,696	1,745,934,266
19	Revenue less expenses Subtract line 18 from line 12	94,798,230	221,511,875

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,013,939,378	2,349,906,280
21	Total liabilities (Part X, line 26)	1,042,978,445	1,169,765,395
22	Net assets or fund balances Subtract line 21 from line 20	970,960,933	1,180,140,885

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

▶ Signature of officer — Date: 2011-05-13

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

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			EIN ▶ Phone no ▶ (513) 784-7100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To improve the health of those we serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 1,442,137,009 including grants of $ 50,000) (Revenue $ 1,675,730,511)

In fiscal year 2010 (July 1, 2009, through June 30, 2010), OhioHealth and its member hospitals and home care organizations provided charity care and community benefit programs to a greater degree than ever before The hospitals of OhioHealth provided more than $191 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Together-we are united in our mission to provide quality, compassionate healthcare and to be responsible stewards of our community's health For more than 100 years it has been that way Even as the face of healthcare continues to change, the commitment of OhioHealth endures ensuring quality care for everyone, regardless of their faith, race, age or ability to pay We never lose sight of our mission "to improve the health of those we serve" and our core values-compassion, excellence, stewardship, and integrity They continue to guide us in our work today OhioHealth touches thousands of people, saving lives, improving their health and making their futures a little brighter Through our shared mission, vision and values, we touch more lives in central Ohio than any other health system As a system of faith-based, not-for-profit healthcare providers-together, we are OhioHealth

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,442,137,009

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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		No
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	Yes	
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**	Yes	
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**		No
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**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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	927		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	13,278		
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , BD , LU , UK 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	21		
b	Enter the number of voting members that are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
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 ▶

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

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

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

1a Complete this table for all persons required to be listed 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 . . . . . ▶	13,511,754	1,471,489	3,300,959

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 ▶ 739

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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
Gilbane Building Company 2 Easton Oval Suite 110 Columbus, OH 432196036	Construction Services (Sch O)	11,205,282
Elford Inc Construction Services 1220 Dublin Road Columbus, OH 43215	Construction Services (Sch O)	11,186,612
Cardinal Health - Valuelink 2320 Mcgaw Road Obetz, OH 43207	Logistics Services	9,487,364
Messer Construction Company 3705 Business Park Drive Columbus, OH 43204	Construction Services (Sch O)	6,896,784
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	5,779,956

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 ▶ 529

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 10,684,127				
	e	Government grants (contributions) 1e 15,000				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 182,658				
	g	Noncash contributions included in lines 1a-1f $ 10,684,127				
	h	**Total.** Add lines 1a-1f . . . . . ▶	10,881,785			
Program Service Revenue		Business Code				
	2a	Health and Medical Svc	900,099	1,663,688,009	1,663,688,009	
	b	Investment Income	621,990	12,423,876	12,042,502	381,374
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,676,111,885			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	30,174,777			30,174,777
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 6,220,919				
	b	Less rental expenses 212,077				
	c	Rental income or (loss) 6,008,842				
	d	Net rental income or (loss) . . . . . ▶	6,008,842			6,008,842
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 5,738,111 / 1,524,859				
	b	Less cost or other basis and sales expenses 2,571,352				
	c	Gain or (loss) 5,738,111 / -1,046,493				
	d	Net gain or (loss) . . . . . ▶	4,691,618			4,691,618
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 11,711				
	b	Less cost of goods sold . . b 11,711				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	Intercompany Admin 900,099	209,234,184			209,234,184
	b	Cafeteria/Food Service 722,210	8,523,585			8,523,585
	c	Parking Revenue 812,930	1,796,155			1,796,155
	d	All other revenue	20,023,310			20,023,310
	e	**Total.** Add lines 11a–11d . . . . . ▶	239,577,234			
	12	**Total revenue.** See Instructions . . . ▶	1,967,446,141	1,675,730,511	381,374	280,452,471

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	50,000	50,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,585,333	7,396,352	9,188,981	
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	683,915,288	560,877,266	123,038,022	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,811,463	29,460,526	6,350,937	
9 Other employee benefits	92,698,283	76,258,828	16,439,455	
10 Payroll taxes	42,352,555	34,841,597	7,510,958	
11 Fees for services (non-employees)				
a Management				
b Legal	4,567,221	3,757,253	809,968	
c Accounting	451,433	371,375	80,058	
d Lobbying	187,125	153,940	33,185	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	3,237,951	2,663,721	574,230	
g Other	168,763,849	138,834,647	29,929,202	
12 Advertising and promotion	8,041,692	6,615,549	1,426,143	
13 Office expenses	336,297,704	276,657,431	59,640,273	
14 Information technology	17,206,397	14,154,951	3,051,446	
15 Royalties				
16 Occupancy	52,572,453	43,249,061	9,323,392	
17 Travel	2,362,039	1,943,147	418,892	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,520,910	10,300,405	2,220,505	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,570,598	73,685,819	15,884,779	
23 Insurance	15,377,613	12,650,490	2,727,123	
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	77,938,659	77,938,659	0	0
b Repair & Maintenance	42,715,228	35,139,952	7,575,276	0
c Medicaid Tax Expense	18,264,022	15,025,013	3,239,009	0
d Intercompany Expense	5,335,019	4,388,887	946,132	0
e UBI Taxes	63,844	52,522	11,322	0
f All other expenses	19,047,587	15,669,618	3,377,969	
25 **Total functional expenses.** Add lines 1 through 24f	1,745,934,266	1,442,137,009	303,797,257	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		180,168,514	2	93,783,846
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		155,689,814	4	160,625,982
	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		5,819,115	7	12,662,949
	8	Inventories for sale or use		23,852,390	8	25,230,365
	9	Prepaid expenses and deferred charges		23,708,494	9	25,225,920
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,373,314,043			
	b	Less accumulated depreciation	10b 767,107,977	607,637,985	10c	606,206,066
	11	Investments—publicly traded securities		632,184,198	11	988,134,164
	12	Investments—other securities See Part IV, line 11		264,297,954	12	308,178,994
	13	Investments—program-related See Part IV, line 11		27,632,275	13	28,991,198
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		92,948,639	15	100,866,796
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,013,939,378	16	2,349,906,280
Liabilities	17	Accounts payable and accrued expenses		216,326,201	17	243,438,646
	18	Grants payable			18	
	19	Deferred revenue		554,367	19	3,907,913
	20	Tax-exempt bond liabilities		593,446,896	20	584,084,003
	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		879,477	23	4,196,815
	24	Unsecured notes and loans payable to unrelated third parties		13,352,466	24	13,336,000
	25	Other liabilities Complete Part X of Schedule D		218,419,038	25	320,802,018
	26	**Total liabilities.** Add lines 17 through 25		1,042,978,445	26	1,169,765,395
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		970,960,933	27	1,180,140,885
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		970,960,933	33	1,180,140,885
	34	Total liabilities and net assets/fund balances		2,013,939,378	34	2,349,906,280

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	

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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
OhioHealth Corporation

Employer identification number
31-4394942

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						

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						
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**

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)						

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
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
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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		218
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		138,669
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,238
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			187,125
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133040701

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
OhioHealth Corporation

Employer identification number
31-4394942

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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		29,183,692		29,183,692
b Buildings		578,676,230	307,880,109	270,796,121
c Leasehold improvements				
d Equipment		499,012,868	348,252,129	150,760,739
e Other		266,441,253	110,975,739	155,465,514
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				606,206,066

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 Investments in Portfolio	308,178,994	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	308,178,994	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Affiliates - Loans and Notes	75,983,277
Pension Liability	157,553,913
Swap Liability	28,732,659
Deferred Long Term Liabilities	6,758,737
Other	51,773,432
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	320,802,018

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133040701

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean		1	Program Services	Offshore Captive Management	54,605
Europe (including Iceland & Greenland)			Investments		
Central America & the Caribbean			Investments		
Totals . . . . . ▶	0	1			54,605

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133040701

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
OhioHealth Corporation

Employer identification number
31-4394942

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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	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)			86,207,341	23,085,214	63,122,127	3 780 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			207,835,715	157,617,163	50,218,552	3 010 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			294,043,056	180,702,377	113,340,679	6 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,720,487	66,075	1,654,412	0 100 %
f Health professions education (from Worksheet 5)			45,586,225	10,839,015	34,747,210	2 080 %
g Subsidized health services (from Worksheet 6)			2,168,968		2,168,968	0 130 %
h Research (from Worksheet 7)			453,958		453,958	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			602,976	20,544	582,432	0 030 %
j **Total** Other Benefits			50,532,614	10,925,634	39,606,980	2 370 %
k **Total.** Add lines 7d and 7j			344,575,670	191,628,011	152,947,659	9 160 %

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			160,236	22	160,214	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			13,179		13,179	0 %
7 Community health improvement advocacy						
8 Workforce development			8,161		8,161	0 %
9 Other						
10 **Total**			181,576	22	181,554	0 010 %

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	24,305,439		
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	0		
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	445,562,142
6	Enter Medicare allowable costs of care relating to payments on line 5	6	481,665,993
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-36,103,851
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 AKSM Genesis Columbus LLC	Brachytherapy Services	25 000 %		50 000 %
2 Grant Scope Center LLC	Ambulatory Surgery Center	50 500 %		49 500 %
3 Knightsbridge Surgery Center	Ambulatory Surgery Center	49 100 %		42 670 %
4 OhioHealth Sleep Services LLC	Sleep Lab Services	53 880 %		24 490 %
5 Polaris Surgery Center LLC	Ambulatory Surgery Center	51 810 %		48 190 %
6 The Eye Center	Opthamological Surgery Center	3 200 %		89 600 %
7 Upper Arlington Medical Limited Parternship	Property Management	38 800 %		29 710 %
8 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	36 000 %		64 000 %
9 Whitehall Surgery Center	Ambulatory Surgery Center	42 540 %		57 460 %
10 Greater Columbus Regional Dialysis	Dialysis Services	25 000 %		75 000 %
11 OhioHealth Ambulatory Care Corp LTD	Urgent Care Services	50 000 %		50 000 %
12 OhioHealth Group LTD	Managed Care Services	50 000 %		50 000 %
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)
See Additional Data Table									

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

See additional data

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

See additional data

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

Part VI, Line 3 Signs are posted at multiple entry points and patient registration locations stating our intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance

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

See additional data

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

See additional data

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)

See additional data

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

Part VI, Line 7

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

OH

Additional Data

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

Form 990 Schedule H, 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)
Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908	X			X		X	X		
Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701	X			X			X		
Doctors Hospital 5100 West Broad Street Columbus, OH 432281607	X			X			X		
Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518	X						X		
Riverside Outpatient Surgery Center 2240 North Bank Drive Columbus, OH 432205420		X							
The Bone & Joint Center 323 East Town Street Columbus, OH 432154753		X							
East Side Surgery Center 4850 East Main Street Columbus, OH 432133162		X							
Knightsbridge Surgery Center 4845 Knightsbridge Blvd Suite 110 Columbus, OH 432142463		X							
Polaris Surgery Center 300 Polaris Parkway Westerville, OH 430827989		X							
OhioHealth Sleep Services 974 Bethel Road Suite C Columbus, OH 43214									Sleep Diagnostic Center
OhioHealth Sleep Services 6770 Avery-Muirfield Drive Dublin, OH 43017									Sleep Diagnostic Center
OhioHealth Sleep Services 7811 Flint Road Suite B Columbus, OH 43235									Sleep Diagnostic Center
OhioHealth Sleep Services 7634 Rivers Edge Drive Columbus, OH 43235									Sleep Diagnostic Center
OhioHealth Sleep Services 2041 Stringtown Road Grove City, OH 43123									Sleep Diagnostic Center
OhioHealth Sleep Services 151 Clint Drive Pickerington, OH 43147									Sleep Diagnostic Center
OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082									Sleep Diagnostic Center
Grant Sleep Diagnostic Center 285 East State Street Suite 425 Columbus, OH 43215									Sleep Diagnostic Center
Downtown Endoscopy Center 700 East Broad Street 1st Floor Columbus, OH 43215									Endoscopy Surgery Center
Downtown Rehabilitation Center 223 East Town St Columbus, OH 43215									Rehabilitation Center
Pickerington Rehabilitation Center 1797 Hill Road North Suite 101 Pickerington, OH 43147									Rehabilitation Center
Powell Rehabilitation Center 10401 Sawmill Parkway Suite B Powell, OH 43065									Rehabilitation Center
Upper Arlington Rehabilitation Center 4664 Larwell Drive Columbus, OH 43220									Rehabilitation Center
Hilliard Sports Medicine & Rehab Center 6356 Scioto Darby Road Hilliard, OH 43026									Rehabilitation Center
Olentangy Sports Medicine & Rehab Center 409 Orangepoint Drive Lewis Center, OH 43035									Rehabilitation Center
McConnell Heart Health Center 3773 Olentangy River Road Columbus, OH 43214									Rehabilitation & Fitness Center
Grant Health & Fitness Center 340 East Town Street 9th Floor Columbus, OH 43215									Rehabilitation & Fitness Center
Advanced Imaging 41 South High Street Columbus, OH 43215									Imaging Center
Advanced Imaging 810 Jasonway Avenue Columbus, OH 43214									Imaging Center
Advanced Imaging 500 East Main Street Suite 210 Columbus, OH 43215									Imaging Center and Lab Services
William W Wilkins Prof Bldg Imaging 285 East State Street Suite 320 Columbus, OH 43215									Imaging Center
Women's Imaging Ctr at Doctors Hospital 5131 Beacon Hill Road Columbus, OH 43228									Imaging Center
Hobbs Radiation Oncology Center 5200 West Broad Street Columbus, OH 43228									Radiation Oncology Center
America's Urgent Care 24 Hidden Ravines Drive Powell, OH 43065									Urgent Care Facility
America's Urgent Care 5610 North Hamilton Road Columbus, OH 43230									Urgent Care Facility
America's Urgent Care 2030 Stringtown Road Grove City, OH 43123									Urgent Care Facility
Dublin Health Center 6955 Hospital Drive Dublin, OH 43016									Imaging, Rehab, Urgent Care & Lab Services
East Side Health Center 4850 East Main Street Columbus, OH 43213									Rehabilitation Center
Gahanna Health Center 765 North Hamilton Road Gahanna, OH 43230									Imaging, Rehab, Urgent Care & Lab Services
Riverside Health Center 500 Thomas Lane Columbus, OH 43214									Imaging Center and Lab Services
Southwest Health Center 2030 Stringtown Road Grove City, OH 43123									Imaging, Rehab, Urgent Care & Lab Services
Unity Health Center 3433 Agler Road Suite 1200 Columbus, OH 43219									Imaging and Rehabilitation Center
Victorian Village Health Center 1132 Hunter Avenue Columbus, OH 43201									Imaging and Urgent Care Facility
Dublin Methodist Specialty Care Center 7450 Hospital Drive Suite 350 Dublin, OH 43016		X							
Rvrsde Ctr Female ContinencePelvic Surg 3545 Olentangy River Road Suite 501 Columbus, OH 43214									Female Continence & Pelvic Surgery
WorkHealth 223 East Town St 2nd Floor Columbus, OH 43215									WorkHealth Facility
WorkHealth 4079 Gantz Road Grove City, OH 43123									WorkHealth Facility
WorkHealth 4872 Cemetery Road Hilliard, OH 43026									WorkHealth Facility
WorkHealth 300 Polaris Parkway Westerville, OH 43082									WorkHealth Facility
WorkHealth 561 W Central Avenue Delaware, OH 43015									WorkHealth Facility
Eastside Medical Office Building Lab 4882 East Main Street Suite 130 Columbus, OH 43213									Lab Services
Westerville Medical Campus 300 Polaris Parkway Suite 1350 Westerville, OH 43082									Lab Services
Bexley Health Services 2222 Welcome Place Columbus, OH 43209									Imaging, Lab & Primary Care Services
Easton Station Lab 4030 Easton Station Suite 300 Columbus, OH 43219									Lab Services
Patient Services - North 3705 Olentangy River Road Suite 112 Columbus, OH 43214									Lab Services
Patient Services - West Broad 5212 West Broad Street Suite M Columbus, OH 43228									Lab Services
Pickerington Health Center Lab 417 Hill Road Suite 601 Pickerington, OH 43147									Lab Services
Greater Columbus Regional Dialysis 285 East State Street Suite 150 Columbus, OH 43215									Dialysis
Eye Center of Columbus 262 Neil Avenue Columbus, OH 43215									Eye Care Services
Whetstone Gardens & Care Center 3710 Olentangy River Road Columbus, OH 43214									Nursing Home
Genesis OhioHealth Heart Services 2951 Maple Avenue Zanesville, OH 43701									Heart Services
AKSMGenesis Columbus LLC 797 Thomas Lane Columbus, OH 43214									Cryotherapy and Brachytherapy Services
Downtown Laboratory Patient Service Site 500 East Main Street Suite 210 Columbus, OH 43215									Lab Services
Grant Scope Center LLC 700 E Broad St Second Floor Columbus, OH 43215		X							Endoscopy
Lane Avenue Mammography 1315 West Lane Avenue Suite D Columbus, OH 43221									Mammography

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 For the cost of charity care, a cost-to-charge ratio was used that was derived from Worksheet 2 For unreimbursed Medicaid, a cost accounting system was used for all amounts reported in the table This cost accounting system includes all patient segments All other amounts reported on the table are based on actual costs tracked through cost centers Costs related to the volunteer time of employees were determined using standard wage rates for hours contributed during work hours

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Schedule H, Part I, Line 7, column (f) is $77,938,659

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Accounts receivable are stated net of contractual allowances and the allowance for doubtful accounts The allowance for doubtful accounts is determined utilizing a number of factors including account aging and financial class information as well as recent and historical collection activity OhioHealth applies a discount to self pay patient accounts that are determined to not qualify for charity at the time of billing If the account is determined to be bad debt, the remaining balance is written off to bad debt expense OhioHealth makes all reasonable efforts to qualify eligible patients for charity, including periodic retrospective account reviews to determine if patients that were written off to bad debt should have qualified for charity In accordance with the Catholic Health Association guidelines per "A Guide for Planning and Reporting Community Benefits", OhioHealth does not report bad debt as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 In accordance with the Catholic Health Association guidelines per "A Guide for Planning and Reporting Community Benefits", OhioHealth does not report Medicare shortfall as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The organization has a written debt collection policy The policy provides the following guidelines as it relates to patients who qualify for Charity Care The patient may apply for financial assistance via Medicaid, Victims of Crime, HCAP/Charity, with an OhioHealth contracted company to help the applicant complete the process when needed The operational practice, consistent with the intent of the policy, is that once the charity determination is made, collection efforts are suspended If a patient qualified for a discount, collection efforts on this balance are consistent with all other self pay collections

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V All facilites were listed in Part V

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 The Mission and Ministry Department and the Mission/Ministry and Community Needs Committee of the OhioHealth Board of Trustees are responsible for corporate oversight and strategic direction for community benefit services These two entities are responsible for monitoring community health needs and providing oversight of metrics on community benefit and mission effectiveness OhioHealth has ongoing partnerships with Columbus Public Health, Ohio Department of Health, and Access Health Columbus in identifying health priorities locally and statewide OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues Access Health Columbus' goal is to improve access to healthcare for all individuals in central Ohio, specifically the most vulnerable A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of central Ohio OhioHealth utilizes primary and secondary data sources to compile the community health needs assessment OhioHealth combines the primary data source and secondary data sources to conduct a statistical analysis regarding community health needs and consequently provides the information to OhioHealth leadership to create the OhioHealth community benefit strategic priorities

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 The following demographic information was obtained from Claritas 2010 Columbus is the capital and the largest city in the state of Ohio The city has a diverse economy based on education, insurance, banking, fashion, defense, aviation, food, logistics, steel, energy, medical research, health care, hospitality, retail, and technology OhioHealth's Primary Service Area covers Franklin and Delaware Counties as well as a few rural communities in neighboring counties The current year median age for this population is 35 3 Of this area's current year estimated population 73 5% are White Alone, 16 4% are Black or African Am Alone, 3 9% are Asian Alone, 3 7% are Hispanic, and 2 5% are other races The number of households in this area is estimated to be 582,510 to 609,673 The number of households in the United States is estimated to be 116,136,572 The average household income in the Columbus area is estimated to be $72,300 for the current year, while the average household income for the United States is estimated to be $71,071 for the same time frame For this area, 67% of the population is estimated to be employed and age 16 and over for the current year For the United States, 61 5% of the population is estimated to be employed and age 16 and over for the current year Currently, it is estimated that 36 4% of the population age 25 and over in this area had earned a Bachelor's Degree or greater In comparison, for the United States, it is estimated that for the population over age 25, 27 5% had earned a Bachelor's Degree or greater

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Together with our associates and physicians who live in the communities we serve, we share aspirations for the community in which we live, work and raise our families Our Team OhioHealth is comprised of associates who volunteer their time at various community events such as American Heart Association's Heart Walk, Arthritis Foundation Run, and March of Dimes Walk Community involvement is an important part of our mission of "to improve the health of those we serve" We collaborate with various sectors to ensure that our communities are provided with the best services that will enable them to live a healthy life OhioHealth associates serve meals at YWCA Family Center, an emergency shelter supporting families experiencing housing crises We believe that healthy people live in healthy communities OhioHealth associates and physicians have participated in various community initiatives of the United Way of Central Ohio such as Community Care Day During Community Care Day, United Way assigns projects to complete such as repair, painting, and construction at various United Way agencies CARE Columbus involves mentoring and training in order to bridge cultural gap between diverse patient populations and health care providers to potentially reduce health disparities OhioHealth also participates in Project Mentor, a collaboration between Columbus City Schools and Big Brothers, Big Sisters of Central Ohio Project Mentor's goal is to empower individual students to focus on their assets to improve academic performance and eventually increase high school graduation rates Each student mentee is coached on developing skills to build self-confidence, academic competence, and become caring individuals These skills will eventually serve as strong foundations for productive lives, helping students avoid high-risk behaviors Project Mentor enables high school students to do their best academically, and adopt positive lifestyle behaviors in the communities they live in

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 A majority of the organization's governing body is comprised of persons who reside in the organization's primary service area who are neither employees nor contractors of the organization, nor family members thereof OhioHealth extends medical staff privileges and / or membership to all qualified physicians in the communities it serves to ensure that each community has access to the necessary medical services OhioHealth reinvests in our community to improve quality of care, increase access to care and enhance service to our patients and their families Instead of paying dividends to shareholders or owners, OhioHealth uses its earnings to provide a broad array of community benefits For example - We provide charity care to those without adequate resources to pay for their care in conjunction with our charity care policies - We invest in research, innovation and technology, and medical education and training, to advance medical knowledge and provide the highest quality of care and service to our patients - We subsidize essential community health services - trauma centers, poison control, psychiatric services, and kidney dialysis, as examples that might not otherwise pay for themselves - We support a wide range of vital community outreach services, targeting in particular, the most vulnerable and historically underserved residents of our community In total, OhioHealth Corporation provided $190,965,000 of community benefit The total community benefit represents an appropriate balance of charity care, community health services, subsidized health services, research and net medical education costs, and cash or in-kind community building

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the 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
OhioHealth Corporation

Employer identification number
31-4394942

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
Council on Development West Ohio Conference United Methodist Church32 Wesley Blvd Worthington, OH 430853585			50,000				Haiti Earthquake Relief Fund

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

3 Enter total number of other organizations . . . . . ▶ 1

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

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
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 OhioHealth Corporation does not regularly issue grants, therefore there is no formal process in place for the monitoring of grants However, in accordance with OhioHealth Corporation's Authority Matrix for the issuance of payment, the grant was authorized by a Vice President The grant was contributed to OhioHealth Corporation's sole corporate member, The West Ohio Conference of the United Methodist Church, to assist with their efforts in the Haiti earthquake relief

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ 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
OhioHealth Corporation

Employer identification number
31-4394942

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	For key executives, OhioHealth provides a temporary housing allowance, administered by Human Resources, if relocation is required in order to accept employment with OhioHealth As part of a relocation package, the following individual received a cash payment, including a tax gross-up, to offset the cost of temporary housing The full amount, including the gross-up, was treated as taxable compensation reported on the individual's W-2 Martha Bruce Boggs $9,601 01
	Part I, Line 4a	The following individuals listed in Form 990, Part VII received severance payments Sean Gleeson, M D - $58,250 80 Ronald J Bachman - $533,276 10 Part I, Line 4b The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan David P Blom - $804,462 Frank T Pandora II, Esq - $241,211 Michael W Louge - $309,143 Michael S Bernstein - $117,475 Karen H Connors - $108,773 Bruce P Hagen - $126,728 Susan F Jablonski - $66,229 Robert P Millen - $193,176 Michael L Reichfield - $87,435 Bruce Vanderhoff, M D - $102,805 Cheryl L Herbert-Sinden - $6,466 Steven Markovich - $15,233 Steven J Garlock - $24,791 Mark R Seckinger - $322 Steven L Swart - $3,884 Ronald J Bachman - $0 These arrangements are an industry standard and are unfunded Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits Amounts for these arrangements are included in the deferred compensation amount
	Part I, Line 7	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities In addition, one time bonuses may be awarded to recognize exemplary performance All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons)

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Anderson Craig MD	(I)	137,986	3,635	78	13,390	23,333	178,422	0
	(II)	0	0	0	0	0	0	0
Blom David P	(I)	891,942	524,426	29,685	836,383	19,401	2,301,837	0
	(II)	0	0	0	0	0	0	0
deVillers Rebecca DO	(I)	72,000	0	0	0	0	72,000	0
	(II)	93,666	0	7,395	8,573	19,501	129,135	0
George Peter MD	(I)	78,906	0	0	1,578	0	80,484	0
	(II)	644,088	156,392	41,624	3,322	21,491	866,917	0
Innes Jeffrey T MD	(I)	60,000	0	0	0	0	60,000	0
	(II)	343,326	146,030	17,118	18,275	40	524,789	0
Louge Michael W	(I)	594,442	259,070	12,505	331,089	18,352	1,215,458	0
	(II)	0	0	0	0	0	0	0
Millen Robert P	(I)	572,935	246,405	19,850	214,122	23,685	1,076,997	0
	(II)	0	0	0	0	0	0	0
Pandora Frank T II Esq	(I)	350,881	146,231	28,114	279,989	18,352	823,567	0
	(II)	0	0	0	0	0	0	0
Bernstein Michael S	(I)	415,126	158,326	5,657	134,625	21,212	734,946	0
	(II)	0	0	0	0	0	0	0
Connors Karen H	(I)	365,674	138,534	21,988	126,556	22,227	674,979	0
	(II)	0	0	0	0	0	0	0
Hagen Bruce P	(I)	444,114	160,941	27,541	147,940	17,853	798,389	0
	(II)	0	0	0	0	0	0	0
Herbert-Sinden Cheryl L	(I)	222,520	90,477	21,479	29,473	19,727	383,676	0
	(II)	0	0	0	0	0	0	0
Reichfield Michael L	(I)	325,979	124,769	6,436	104,585	23,352	585,121	0
	(II)	0	0	0	0	0	0	0
Gallaher Connie L	(I)	189,561	46,000	3,261	19,705	15,055	273,582	0
	(II)	0	0	0	0	0	0	0
Hanly Donna L	(I)	191,073	53,650	4,063	24,795	13,905	287,486	0
	(II)	0	0	0	0	0	0	0
Markovich Stephen	(I)	330,278	95,940	21,830	38,664	17,782	504,494	0
	(II)	0	0	0	0	0	0	0
Santanello Steven A DO	(I)	393,106	80,740	6,079	22,446	2,175	504,546	0
	(II)	21,850	0	0	0	0	21,850	0
Tomaszewski James A	(I)	277,814	46,000	24,508	20,359	2,415	371,096	0
	(II)	0	0	0	0	0	0	0
Vanderhoff Bruce MD	(I)	350,603	131,625	5,055	122,676	18,555	628,514	0
	(II)	0	0	0	0	0	0	0
Boggs Martha Bruce	(I)	147,075	75,000	20,100	0	13,499	255,674	0
	(II)	0	0	0	0	0	0	0
Jablonski Susan F	(I)	273,590	93,845	4,511	66,229	8,846	447,021	0
	(II)	0	0	0	0	0	0	0
Yates Vinson M	(I)	227,433	75,000	3,881	26,367	19,825	352,506	0
	(II)	0	0	0	0	0	0	0
Dono Frank V	(I)	310,147	85,650	17,106	26,587	13,836	453,326	0
	(II)	0	0	0	0	0	0	0
Gleeson Sean MD	(I)	272,192	96,980	76,390	17,719	16,749	480,030	0
	(II)	0	0	0	0	0	0	0
Lozada Leonardo J	(I)	398,877	115,400	30,716	17,150	13,313	575,456	0
	(II)	0	0	0	0	0	0	0
Kontner John G	(I)	302,625	129,690	4,991	17,150	17,091	471,547	0
	(II)	0	0	0	0	0	0	0
Imm Amy A	(I)	307,432	82,050	21,155	19,026	21,825	451,488	0
	(II)	0	0	0	0	0	0	0
Bachman Ronald J	(I)	13,365	0	546,384	9,284	30	569,063	0
	(II)	0	0	0	0	0	0	0
Garlock Steven J	(I)	267,678	110,373	24,225	59,063	18,302	479,641	0
	(II)	0	0	0	0	0	0	0
Seckinger Mark R	(I)	181,235	54,600	19,885	28,606	13,573	297,899	0
	(II)	0	0	0	0	0	0	0
Swart Steven L	(I)	227,414	60,480	24,441	21,906	18,025	352,266	0
	(II)	0	0	0	0	0	0	0

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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
OhioHealth Corporation

Employer identification number
31-4394942

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	County of Franklin Ohio	31-6400067	3531866P9	02-25-2009	165,800,000	To Refund Series 2006, issued on 5/10/06		X		X
B	County of Franklin Ohio	31-6400067	3531866D6	08-01-2008	186,700,000	To Refund Series 2003 A/B, issued on 2/13/03 and 2/27/03		X		X
C	County of Franklin Ohio	31-6400067	3531863P2	11-05-2003	123,578,533	To Refund Series 1993A, issued on 4/27/93		X		X
D	County of Franklin Ohio	31-6400067	3531863Q0	11-05-2003	27,755,000	To Refund Series 2000A, issued on 1/27/00		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	165,800,000	186,700,000	123,578,533	27,755,000	
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,195,000		3,820,905	217,980	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2009	2008	2003	2003	

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

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		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			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		X			
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		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		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 ▶	1 600 %		3 600 %		4 400 %		2 100 %			
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	1 600 %		3 600 %		4 400 %		2 100 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		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		X		
2	Is the bond issue a variable rate issue?	X		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		X		
b	Name of provider	NA		NA		NA					
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
b	Name of provider	No		No		No		No			
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X			

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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
OhioHealth Corporation

Employer identification number
31-4394942

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	(e) No
See Additional Data Table					

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
Live Technologies Inc	Director of Org - Entity more than 35% owned by Director (Lawrence Abbott)	453,741	Payments - Goods or services provided to OhioHealth Corporation		No
Beatrice Mills RN	Director of Org - Daughter of Director (Rebecca deVillers, DO)	62,045	Comp/Ben - Daughter is employed at Grant Medical Center and receives compensation		No
Huntington National Bank	Director of Org - A Director of OhioHealth (Michael J Endres) is a Director	445,497	Banking fees		No
Biotronics Inc	Director of Org - A Director of OhioHealth (Michael J Endres) is a Director	356,568	Payments - Goods and services provided to OhioHealth Corporation		No
Linda Kress	Key Employee - Sister of Key Employee (Donna L Hanly)	26,714	Comp/Ben - Sister is employed at OhioHealth Corporation and receives compensation		No
American Electric Power	Director of Org - A Dir/Off of OhioHealth (Hoaglin & Walker) are Dir/Off	9,153,571	Payments - Electricity provided to OhioHealth Corporation Continued from relationship between interested person and organization - Thomas E Hoaglin, a Director and Officer of OhioHealth, is a Director of American Electric Power Kevin Walker, a Director of OhioHealth, is an employee and officer of American Electric Power		No
Time Warner Cable	Director of Org - A Director of OhioHealth (Donna James) is a Director	223,649	Payments - Goods and services provided to OhioHealth Corporation		No
Mark Vanderhoff	Key Employee - Brother of Key Employee (Bruce Vanderhoff, MD)	84,052	Comp/Ben - Brother is employed at Grant Medical Center and receives compensation		No
Central Ohio Newborn Medicine	Director of Org - Entity more than 5% owned by Dir (Craig Anderson, MD)	185,494	Payments - Goods or services provided to OhioHealth Corporation		No
Ohio Hospital Association Insurance Solutions	An Officer of OhioHealth (Frank T Pandora, II Esq) is a Director	196,394	Payments - Goods or services provided to OhioHealth Corporation		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Hospital PP&E)	X	40	10,473,026	Cost or selling price
26	Other ▶ (Ultrasound)	X	2	211,100	Cost or selling price
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II

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

Identifier	Return Reference	Explanation

Additional Data

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

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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
OhioHealth Corporation

Employer identification number
31-4394942

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		David P Blom, President/CEO of OhioHealth Corporation, and Randy Wilcox, Vice Chairman of OhioHealth Corporation, have a business relationship Michael J Endres, Treasurer of OhioHealth Corporation, and John P McConnell, Director of OhioHealth Corporation, have a business relationship

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Corporate Finance, using a public accounting tax firm, prepares the Form 990 Multiple levels of internal review occur, as well as a presentation to the OhioHealth Board Finance and Audit Committee, prior to copies being provided to the OhioHealth Corporation Board before filing

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The CEO's compensation is set by the Compensation Committee, which is composed of independent and disinterested members of the Board of Directors The CEO's 2009 base salary fell below the middle of the market and his 2009 total compensation (which includes annual incentive and all benefits) was estimated to approximate the 80th percentile The organization's performance for FY6/30/2010 was at the 85th percentile as measured by the Balanced Scorecard using Quality, Customer Service, Worklife, and Finance indicators The Compensation Committee annually receives a report from its independent executive compensation consultant, which includes third-party comparability data for functionally-similar positions in comparable not-for-profit health systems across the United States The annual report to the Compensation Committee, completed each fall, includes market analyses for base salaries, total cash compensation, benefits and perquisites and aggregate total compensation values for the Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Entity Presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness The Compensation Committee reviews and approves each executive's compensation, based on performance and the compensation philosophy, and rationale for the Committee's decisions is documented in meeting minutes With respect to non disqualified postions, compensation is determined in the same manner as set forth above, however it is not reviewed by the Executive Compensation Committee and is instead determined by management

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

Identifier	Return Reference	Explanation
		Form 990, Schedule K, Part II, Line 5 Column A Costs of Issuance - $1,195,000 Credit Enhancement - $0 Total - $1,195,000 Column C Cost of Issuance - $1,139,905 Credit Enhancement - $2,681,000 Total - $3,820,905 Column D Cost of Issuance - $211,270 Credit Enhancement - $6,710 Total - $217,980

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		Rebecca deVillers, D O , Jeffrey T Innes, M D , and Peter George, M D each work 40 hours a week for a related organization Steven A Santanello, D O provided services "on call" and the hours per week varied due to the nature of an "on call" position

Identifier	Return Reference	Explanation
Form 990, Part VII, Section B		Amounts reported for Gilbane Building Company, Elford Inc Construction Services and Messer Construction Company represent amounts paid for both services and materials These amounts cannot be separated

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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
OhioHealth Corporation

Employer identification number
31-4394942

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
DH Ventures Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1686358	Holding Company	OH	3,258,823	0	OhioHealth Corporation
CG Broad Norton LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	-13,213	243,155	OhioHealth Corporation
OhioHealth Medical Specialty Foundation LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1210223	Physician Practices	OH	0	0	OhioHealth Corporation
OhioHealth Hospital Management Services 180 East Broad Street 33rd Floor Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	0	0	OhioHealth Corporation

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) Disproportionate 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
OhioHealth Sleep Services LLC 6186 Huntley Rd STE B Columbus, OH43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	1,689,798	2,049,772		No			No
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	2,327,074	4,445,719		No		Yes	
Marion Ancillary Services 1040 Delaware Avenue Marion, OH43302 31-1704991	Outpatient Services	OH	N/A								
Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH43215 31-1472667	Medical Services	OH	OhioHealth Star Corporation	Related	77,804	1,166,881		No			No
ESWL Real Estate & Equipment Limited Partnership 100 West Third Avenue Suite 350 Columbus, OH43201 31-1138732	Equipment Rental	OH	N/A								
Marion Area Health Center 1040 Delaware Avenue Marion, OH43302 31-1639538	Outpatient Surgery Center	OH	N/A								

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
See Additional Data Table							

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Marion General Hospital 1000 Mckinley Park Drive Marion, OH43302 31-1070877	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Grady Memorial Hospital 561 West Central Avenue Delaware, OH43015 31-4379436	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hardin Memorial Hospital 921 East Franklin Street Kenton, OH43326 34-4440479	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hardin Physician Foundation Inc 921 East Franklin Street Kenton, OH43326 31-1414276	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital
Hardin Memorial Hospital Foundation 921 East Franklin Street Kenton, OH43326 34-1521537	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital
Doctors Health Corporation of Nelsonville 1950 Mount St Mary Drive Nelsonville, OH45764 31-1620551	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
GrantRiverside Medical Care Foundation (dba OHPMS & dba OHMSF) 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1351965	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
OhioHealth Foundation 180 East Broad Street 33rd Floor Columbus, OH432153707 23-7446919	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Grady Memorial Hospital Foundation 561 West Central Avenue Delaware, OH43015 31-1763100	Foundation	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Foundation
HomeReach 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1372702	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
HomeReach HomeCare 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1417595	Health Care	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
OhioHealth Research Institute 180 East Broad Street 33rd Floor Columbus, OH432153707 31-6059784	Research	OH	Section 501(c)(3)	Schedule A, Line 3	OhioHealth Corporation
Hospital Properties Inc 180 East Broad Street 33rd Floor Columbus, OH432153707 31-1206071	Property Management	OH	Section 501(c)(2)	N/A	OhioHealth Corporation
Grady Memorial Hospital Volunteers 561 West Central Avenue Delaware, OH430151489 31-0938287	Fund Raising	OH	Section 501(c)(3)	Schedule A, Line 3	Grady Memorial Hospital

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Hospital Properties Inc	J	2,708,517
(2)	Hospital Properties Inc	R	4,377,297
(3)	Hospital Properties Inc	Q	3,603,407
(4)	Hospital Properties Inc	P	884,388
(5)	HealthWorks	O	90,485
(6)	OhioHealth Star Corporation	Q	61,014
(7)	Doctors Hospital of Nelsonville	R	291,861
(8)	OhioHealth Foundation	Q	2,222,191
(9)	Grant Riverside Medical Care Foundation	R	300,000
(10)	Grady Hospital Foundation	Q	317,740
(11)	Grady Hospital	R	44,582,365
(12)	HomeReach HomeCare	Q	104,570
(13)	HomeReach	R	4,804,172
(14)	Marion General Hospital	Q	619,132
(15)	OhioHealth Research Institute	Q	1,711,947
(16)	Intel Health Services	O	3,170,223
(17)	Healthworks	Q	1,723,536
(18)	Grady Anesthesia Services	Q	581,353

Additional Data

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

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			
Abbott Lawrence C Board Member- OhioHlth	2 00	X						0	0	0
Anderson Craig MD Board Member- OhioHlth	2 00	X						141,699	0	36,723
Auseon John DO Board Member- OhioHlth	2 00	X						0	0	0
Blom David P Pres/CEO/Ex-Off-OhioHlth	40 00	X		X				1,446,053	0	855,784
deVillers Rebecca DO Ex-Officio - OhioHlth	2 00	X						72,000	101,061	28,074
Dewire Rev Dr Norman Ex-Officio - OhioHlth	2 00	X						0	0	0
Endres Michael J Treasurer - OhioHlth	2 00	X		X				0	0	0
George Peter MD Ex-Officio - OhioHlth	2 00	X						78,906	842,104	26,391
Hoaglin Thomas E Chairman - OhioHlth	2 00	X		X				0	0	0
Hondros Linda Secretary - OhioHlth	2 00	X		X				0	0	0
Innes Jeffrey T MD Ex-Off-OhioHlth-end 6/10	2 00	X						60,000	506,474	18,315
James Donna Board Member- OhioHlth	2 00	X						0	0	0
McCullough Steve Ex-Officio - OhioHlth	2 00	X						0	0	0
McConnell John P Board Member- OhioHlth	2 00	X						0	0	0
Ough Bishop Bruce R Ex-Officio - OhioHlth	2 00	X						0	0	0
Parrott Rex A Ex-Off-OhioHlth-end 6/10	2 00	X						0	0	0
Rasmussen Steve Board Member- OhioHlth	2 00	X						0	0	0
Scott Bradley N Ex-Officio - OhioHlth	2 00	X						0	0	0
Stevens Rev Dr Deborah Board Member- OhioHlth	2 00	X						0	0	0
Walker Kevin Bd-OhioHlth-end 12/09	2 00	X						0	0	0
Wilcox Randy Vice Chair - OhioHlth	2 00	X		X				0	0	0
Louge Michael W Exec VP & CFO	40 00			X				866,017	0	349,441
Millen Robert P Exec VP & COO	40 00			X				839,190	0	237,807
Pandora Frank T II Esq Sr VP & General Counsel	40 00			X				525,226	0	298,341
Bernstein Michael S Sr VP & CSO	40 00				X			579,109	0	155,837

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			
Connors Karen H Pres - GMC (end 6/10)	40 00				X			526,196	0	148,783
Hagen Bruce P Pres - RMH	40 00				X			632,596	0	165,793
Herbert-Sinden Cheryl L Pres - DMH	40 00				X			334,476	0	49,200
Reichfield Michael L Pres - DH	40 00				X			457,184	0	127,937
Gallaher Connie L VP Ortho/Neuro - RMH	40 00				X			238,822	0	34,760
Hanly Donna L CNO - GMC	40 00				X			248,786	0	38,700
Markovich Stephen Sr VP Operations - RMH	40 00				X			448,048	0	56,446
Santanello Steven A DO VP Surg Svcs/Trauma- GMC	40 00				X			479,925	21,850	24,621
Tomaszewski James A VP & Administrator- MHHC	40 00				X			348,322	0	22,774
Vanderhoff Bruce MD Sr VP & CMO	40 00				X			487,283	0	141,231
Boggs Martha Bruce Sr VP HR/OD (start 7/09)	40 00				X			242,175	0	13,499
Jablonski Susan F Sr VP - CCO	40 00				X			371,946	0	75,075
Yates Vinson M Interim President GMC	40 00				X			306,314	0	46,192
Dono Frank V Med Dir Pat Safety/Qual	40 00					X		412,903	0	40,423
Gleeson Sean MD Sr VP&CMO-GMC(end 10/09)	40 00					X		445,562	0	34,468
Lozada Leonardo J SR VP Med Affairs - RMH	40 00					X		544,993	0	30,463
Kontner John G VP Managed Care	40 00					X		437,306	0	34,241
Imm Amy A VP Clinical/Quality -RMH	40 00					X		410,637	0	40,851
Bachman Ronald J Fmr Key Emp (end 12/08)	40 00						X	559,749	0	9,314
Garlock Steven J Former Key Employee	40 00						X	402,276	0	77,365
Seckinger Mark R Former Key Employee	40 00						X	255,720	0	42,179
Swart Steven L Former Key Employee	40 00						X	312,335	0	39,931

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	77,938,659	77,938,659	0	0
Repair & Maintenance	42,715,228	35,139,952	7,575,276	0
Medicaid Tax Expense	18,264,022	15,025,013	3,239,009	0
Intercompany Expense	5,335,019	4,388,887	946,132	0
UBI Taxes	63,844	52,522	11,322	0

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 JUL 1, 2009 and ending JUN 30, 2010

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
OhioHealth Corporation

Doing Business As See Schedule O-Grant Medical Center

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

City or town, state or country, and ZIP + 4
Columbus, OH 43215-3707

D Employer identification number
31-4394942

E Telephone number
(614) 544-4052

G Gross receipts $ 1,970,241,281.

F Name and address of principal officer David P. Blom
same as C above

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

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

H(c) Group exemption number ▶ 3858

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

J Website: ▶ www.ohiohealth.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1891

M State of legal domicile: OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To improve the health of those we serve.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of employees (Part V, line 2a)	13278
	6	Total number of volunteers (estimate if necessary)	1713
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	381,374.
	b	Net unrelated business taxable income from Form 990-T, line 34	324,167.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,489,050.	10,881,785.
	9	Program service revenue (Part VIII, line 2g)	1,589,457,519.	1,676,111,885.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,558,452.	34,866,395.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,983,809.	245,586,076.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,794,371,926.	1,967,446,141.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	863,272,250.	871,362,922.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	836,301,446.	874,521,344.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,699,573,696.	1,745,934,266.
	19	Revenue less expenses Subtract line 18 from line 12	94,798,230.	221,511,875.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,013,939,378.	2,349,906,280.
	21	Total liabilities (Part X, line 26)	1,042,978,445.	1,169,765,395.
	22	Net assets or fund balances. Subtract line 21 from line 20	970,960,933.	1,180,140,885.

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

Michael W. Louge
Signature of officer

5/3/11
Date

Michael W. Louge, Executive VP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date 4/29/11

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions)

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

EIN ▶

Phone no. ▶ 513-784-7100

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