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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 Group Return

Doing Business As

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

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

D Employer identification number
32-0007056

E Telephone number
(614) 544-4052

G Gross receipts $ 497,103,384

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 | **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)	3	212
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	115
5	Total number of employees (Part V, line 2a)	5	4,280
6	Total number of volunteers (estimate if necessary)	6	763
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	33,047
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-556,405

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	16,179,656	19,449,285
9	Program service revenue (Part VIII, line 2g)	391,747,244	428,016,452
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,047,144	3,886,203
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,451,241	41,443,929
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	437,330,997	492,795,869
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,032,133	10,953,089
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)	246,227,165	288,641,533
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,974		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	187,826,336	197,744,122
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	444,085,634	497,338,744
19	Revenue less expenses Subtract line 18 from line 12	-6,754,637	-4,542,875

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	408,040,448	472,685,906
21	Total liabilities (Part X, line 26)	105,659,469	122,581,630
22	Net assets or fund balances Subtract line 21 from line 20	302,380,979	350,104,276

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

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 ☐ Termin-ated ☐ Amended return ☐ Applica-tion pending

Please use IRS label or print or type. See Specific Instruc-tions

C Name of organization
OhioHealth Corporation Group Return

Doing Business As

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

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

D Employer identification number
32-0007056

E Telephone number
(614) 544-4052

G Gross receipts $ 497,103,384.

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

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	212
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	115
5	Total number of employees (Part V, line 2a)	5	4280
6	Total number of volunteers (estimate if necessary)	6	763
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	33,047.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-556,405.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,179,656.	19,449,285.
9	Program service revenue (Part VIII, line 2g)	391,747,244.	428,016,452.
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16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,974.		
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18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	444,085,634.	497,338,744.
19	Revenue less expenses. Subtract line 18 from line 12	-6,754,637.	-4,542,875.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	408,040,448.	472,685,906.
21	Total liabilities (Part X, line 26)	105,659,469.	122,581,630.
22	Net assets or fund balances. Subtract line 21 from line 20	302,380,979.	350,104,276.

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 — Date 5/3/11

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

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 $ 415,480,386 including grants of $ 10,953,089) (Revenue $ 463,872,837)

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** ▶ $ 415,480,386

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	Yes	
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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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	624		
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	4,280		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
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	212		
b	Enter the number of voting members that are independent	1b	115		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No
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 . . . . . ▶	10,184,657	20,643,921	4,456,286

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 ▶309

			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
Premier Health Services Inc 8111 Timberlodge Suite C Dayton, OH 49458	Emergency Room Doctor Services	4,976,658
Athena Health Inc 311 Arsenal Street Watertown, MA 02472	Health Care Billing Services	3,110,268
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	2,764,050
Ohio Womens Health Partners 8600 State Route 656 Sunbury, OH 430748372	OB/GYN Teaching & Coverage Services	2,459,062
Amerisource Corporation 1200 E 5th Avenue Columbus, OH 43219	Pharmaceuptical Distribution Services	2,357,567
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 ▶160		

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	441,269				
	b	Membership dues					
	c	Fundraising events	82,374				
	d	Related organizations	348,691				
	e	Government grants (contributions)	649,620				
	f	All other contributions, gifts, grants, and similar amounts not included above	17,927,331				
	g	Noncash contributions included in lines 1a-1f $ 1,968,423					
	h	**Total.** Add lines 1a-1f		19,449,285			
Program Service Revenue			Business Code				
	2a	Health & Medical Svcs	900,099	427,148,083	427,148,083		
	b	Investment Income	621,990	868,369	865,587	2,782	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		428,016,452			
	3	Investment income (including dividends, interest and other similar amounts)		3,425,282		29,665	3,395,617
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	380,033 /				
	b	Less rental expenses	158,606 /				
	c	Rental income or (loss)	221,427 /				
	d	Net rental income or (loss)		221,427			221,427
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	615,985 / 391,369				
	b	Less cost or other basis and sales expenses	/ 546,433				
	c	Gain or (loss)	615,985 / -155,064				
	d	Net gain or (loss)		460,921			460,921
Other Revenue	8a	Gross income from fundraising events (not including $ 82,374 of contributions reported on line 1c) See Part IV, line 18	a 68,430				
	b	Less direct expenses	b 49,309				
	c	Net income or (loss) from fundraising events		19,121			19,121
	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 8,896,781				
	b	Less cost of goods sold	b 3,553,167				
	c	Net income or (loss) from sales of inventory		5,343,614			5,343,614
		Miscellaneous Revenue	Business Code				
	11a	Intercompany Admin	900,099	27,829,890	27,829,890		
	b	Research Revenue	900,099	934,731	934,731		
	c	Department Services	900,099	448,393	448,393		
	d	All other revenue		6,646,753	6,646,153	600	
	e	**Total.** Add lines 11a–11d		35,859,767			
	12	**Total revenue.** See Instructions		492,795,869	463,872,837	33,047	9,440,700

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	10,884,289	10,884,289		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	68,800	68,800		
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	5,145,313	4,300,731	719,608	124,974
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	240,166,286	196,752,302	43,413,984	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,797,282	6,414,484	1,382,798	
9	Other employee benefits	21,003,695	17,278,823	3,724,872	
10	Payroll taxes	14,528,957	11,952,339	2,576,618	
11	Fees for services (non-employees)				
a	Management				
b	Legal	290,854	239,273	51,581	
c	Accounting	130,104	107,031	23,073	
d	Lobbying	21,443	17,640	3,803	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	189,986	156,293	33,693	
g	Other	53,574,521	44,073,419	9,501,102	
12	Advertising and promotion	662,936	545,368	117,568	
13	Office expenses	49,491,119	40,714,181	8,776,938	
14	Information technology	966,761	795,312	171,449	
15	Royalties				
16	Occupancy	13,100,733	10,777,400	2,323,333	
17	Travel	1,990,035	1,637,115	352,920	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,131,148	930,546	200,602	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,865,776	13,874,737	2,991,039	
23	Insurance	4,072,398	3,350,184	722,214	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	29,106,835	29,106,835		0
b	Repair & Maintenance	2,640,832	2,172,497	468,335	0
c	Dues and Licenses	978,519	804,985	173,534	0
d	Medicaid Tax Expense	895,961	737,068	158,893	0
e	Income Taxes (UBI)	9,038	7,435	1,603	0
f	All other expenses	21,625,123	17,781,299	3,843,824	
25	**Total functional expenses.** Add lines 1 through 24f	497,338,744	415,480,386	81,733,384	124,974
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		57,351,166	2	24,938,163
	3	Pledges and grants receivable, net		5,078,516	3	7,298,459
	4	Accounts receivable, net		52,990,111	4	48,785,210
	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		2,012,803	7	2,990,436
	8	Inventories for sale or use		5,884,944	8	5,749,554
	9	Prepaid expenses and deferred charges		3,944,115	9	5,249,691
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 263,997,095			
	b	Less accumulated depreciation	10b 155,746,971	109,525,937	10c	108,250,124
	11	Investments—publicly traded securities		112,381,961	11	144,776,537
	12	Investments—other securities See Part IV, line 11		26,897,579	12	23,526,892
	13	Investments—program-related See Part IV, line 11		1,393,792	13	7,369,768
	14	Intangible assets		830,769	14	789,065
	15	Other assets See Part IV, line 11		29,748,755	15	92,962,007
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		408,040,448	16	472,685,906
Liabilities	17	Accounts payable and accrued expenses		43,294,224	17	47,218,052
	18	Grants payable			18	
	19	Deferred revenue		8,067,863	19	7,178,913
	20	Tax-exempt bond liabilities		44,614,891	20	43,902,052
	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		1,474,758	23	795,304
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,207,733	25	23,487,309
	26	**Total liabilities.** Add lines 17 through 25		105,659,469	26	122,581,630
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		253,992,020	27	296,165,651
	28	Temporarily restricted net assets		31,978,094	28	39,954,196
	29	Permanently restricted net assets		16,410,865	29	13,984,429
		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		302,380,979	33	350,104,276
	34	Total liabilities and net assets/fund balances		408,040,448	34	472,685,906

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 Group Return

Employer identification number
32-0007056

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 Group Return	32-0007056

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		21,443
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
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			21,443
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

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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 Group Return

Employer identification number
32-0007056

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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	38,990,557	46,755,972			
b Contributions	996,038	430,999			
c Investment earnings or losses	4,015,246	-5,396,453			
d Grants or scholarships	24,850	0			
e Other expenditures for facilities and programs	1,288,068	2,757,845			
f Administrative expenses	688,096	42,116			
g End of year balance	42,000,827	38,990,557			

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

- a Board designated or quasi-endowment ▶ **34.000 %**
- b Permanent endowment ▶ **33.000 %**
- c Term endowment ▶ **33.000 %**

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,607,887		7,607,887
b Buildings		112,810,301	59,183,370	53,626,931
c Leasehold improvements				
d Equipment		88,388,807	67,205,399	21,183,408
e Other		55,190,100	29,358,202	25,831,898
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				108,250,124

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

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

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

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

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

(a) Description	(b) Book value
Goodwill (Unamortized)	10,031,452
Due from Affiliate - Loans and Notes	65,191,856
Other	3,013,923
Investment in Subsidiaries	14,724,776
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	92,962,007

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Pension Liability	4,946,756
Deferred Long Term Liabilities	4,794,598
Other	1,794,024
Due to Affiliates - Loans and Notes	11,951,931
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	23,487,309

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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ 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 Group Return

Employer identification number
32-0007056

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

		(a) Event #1 Mistletoe Ball (event type)	(b) Event #2 Gala (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	46,980	49,627	54,197	150,804
	2 Less Charitable contributions	35,861	16,177	30,336	82,374
	3 Gross income (line 1 minus line 2)	11,119	33,450	23,861	68,430
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes			3,975	3,975
	6 Rent/facility costs		750	9,040	9,790
	7 Food and beverages		8,058	4,187	12,245
	8 Entertainment		3,333		3,333
	9 Other direct expenses	11,119	2,657	6,190	19,966
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				49,309
	11 Net income summary Combine lines 3, column d, and line 10 ▶				19,121

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

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

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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 Group Return

Employer identification number
32-0007056

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			19,182,795	1,375,327	17,807,468	3 800 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			41,280,933	23,784,881	17,496,052	3 740 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			60,463,728	25,160,208	35,303,520	7 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			518,363	49,577	468,786	0 100 %
f Health professions education (from Worksheet 5)			332,315	13,760	318,555	0 070 %
g Subsidized health services (from Worksheet 6)			636,554		636,554	0 140 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			5,100	120	4,980	0 %
j **Total** Other Benefits			1,492,332	63,457	1,428,875	0 310 %
k **Total.** Add lines 7d and 7j			61,956,060	25,223,665	36,732,395	7 850 %

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			1,740		1,740	0 %
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			1,740		1,740	

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	12,592,347		
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	120,091,173
6	Enter Medicare allowable costs of care relating to payments on line 5	6	120,872,438
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-781,265
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	Ohio Employee Health Partnership	Workers Compensation Services	2 330 %		13 960 %
2	Marion Area Health Center	Outpatient Surgery Center	35 040 %		20 510 %
3	Marion Ancillary Services	Occupational Health & Imaging	54 890 %		35 330 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410	X						X		
Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 433262020	X				X		X		
Doctors Hospital at Nelsonville 1950 Mount Saint Marys Drive Nelsonville, OH 457641280	X				X		X		
Marion General Hospital 1000 McKinley Park Drive Marion, OH 433026399	X						X		
Kobacker House 3595 Olentangy River Road Columbus, OH 432143440									In-Patient Hospice
Marion Area Health Center 1050 Delaware Avenue Marion, OH 43302									Outpatient Services
Marion Ancillary Services 1040 Delaware Avenue Marion, OH 43302									Occupational Health & Imaging Services
Employed Physician Practices Various Various, OH 43215									85 Physician Practice Offices

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

Part VI, Line 5 Community-building activities include programs that address the root causes of health problems, such as poverty, homelessness, and environmental problems Hardin Memorial Hospital extends resources and volunteer hours to Habitat for Humanity to improve the living conditions, and ultimately the health, of members of the community in which it serves

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

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

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: 32-0007056
Name: OhioHealth Corporation Group Return

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

Part I, Line 6a The community benefit report for all entities included in this return is included in the OhioHealth Corporation's consolidated community benefit report

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

Part I, Line 7 For the cost of charity care and unreimbursed Medicaid, a cost-to-charge ratio was used that was derived from Worksheet 2 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 $29,106,835

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 facilities 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 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 generate revenue to 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 Group Return

Employer identification number
32-0007056

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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
West Ohio Conference32 Westly Blvd Worthington, OH 43085	314420544	Section 501(c)(3)	10,000				To provide charity healthcare
OhioHealth Corporation - Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518	314394942	Section 501(c)(3)		986,838	FMV	Contributed Plant, Property & Equipment	General Support
OhioHealth Corporation - Doctors Hospital5100 West Broad Street Columbus, OH 432281607	314394942	Section 501(c)(3)		7,278,110	FMV	Contributed Plant, Property & Equipment	General Support
OhioHealth Corporation - Grant Medical Center111 South Grant Avenue Columbus, OH 432154701	314394942	Section 501(c)(3)		1,339,335	FMV	Contributed Plant, Property & Equipment	General Support
OhioHealth Corporation - Corporate180 East Broad Street 33rd Floor Columbus, OH 432153707	314394942	Section 501(c)(3)		211,100	FMV	Contributed Plant, Property & Equipment	General Support
OhioHealth Corporation - Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908	314394942	Section 501(c)(3)		868,743	FMV	Contributed Plant, Property & Equipment	General Support
Grady Memorial Hospital561 West Central Avenue Delaware, OH 430151410	203750671	Section 501(c)(3)		185,163	FMV	Contributed Plant, Property & Equipment	General Support

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

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

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
Rose M Williams Nursing Scholarship	3	15,000			
Gordon Taylor, MD & Jean G Taylor, RN Scholarship	2	5,000			
Elsie Cole Fisher Scholarship	7	7,000			
Kull Scholarship	16	16,000			

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 Committees have been established to oversee the scholarship application & selection processes

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ 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 Group Return

Employer identification number
32-0007056

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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	Housing allowance or residence for personal use For key executives, OhioHealth provides a temporary housing allowance, administered by Human Resources, if relocation is required in order to accept employment with OhioHealth As part of a relocation package, the following individuals received a cash payment, including a tax gross-up, to offset the cost of temporary housing The full amount, including the gross-up, was treated as taxable compensation reported on the individuals' W-2 Tim L Entry - $ 11,257 70 John W Sanders - $ 10,445 58 Robert W Walters - $ 11,918 92 OhioHealth provides a non-taxable housing allowance to employed ministers for expenses meeting the requirements of Section 107 of the Internal Revenue Code The following individual received a non-taxable housing allowance Keith Vesper - $ 40,946
	Part I, Line 1b	Housing allowance or residence for personal use OhioHealth does not have a formal written policy regarding the housing allowance for employed ministers, but follows the requirements outlined in Section 107 of the Internal Revenue Code
	Part I, Line 4a	The following individuals listed in Form 990, Part VII received severance payments Dale P Anderson - $113,266 94 Ronald J Bachman - $533,276 10 Donald E Draime - $11,179 60 Jerry Feyh - $74,315 40 Sean Gleeson - $58,250 80 James Stuccio - $199,828 59 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 Steven J Garlock - $24,791 Robert J Gilbert - $48,218 Bruce P Hagen - $126,728 Cheryl L Herbert-Sinden - $6,466 Robert P Millen - $193,176 Karen J Morrison - $60,685 Penelope A Proctor - $5,509 Michael L Reichfield - $87,435 Mark R Seckinger - $322 Steven L Swart - $3,884 Bruce Vanderhoff - $102,805 James Stuccio - $0 Ronald J Bachman - $0 Dale P Anderson - $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 there 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:
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Name: OhioHealth Corporation Group Return

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Blackwell Deborah L DO	(I)	0	0	0	0	0	0	0
	(II)	248,015	50,000	4,199	17,783	16,695	336,692	0
Blom David P	(I)	0	0	0	0	0	0	0
	(II)	891,942	524,426	29,685	836,383	19,401	2,301,837	0
Colwell Dean L DO	(I)	0	0	0	0	0	0	0
	(II)	269,190	81,660	27,206	20,943	15,003	414,002	0
Connors Karen H	(I)	0	0	0	0	0	0	0
	(II)	365,674	138,534	21,988	126,556	22,227	674,979	0
Harmon Thomas L MD	(I)	2,100	0	0	0	0	2,100	0
	(II)	144,072	10,000	78	193	40	154,383	0
Herbert-Sinden Cheryl L	(I)	0	0	0	0	0	0	0
	(II)	222,520	90,477	21,479	29,473	19,727	383,676	0
Innes Jeffrey T MD	(I)	343,326	146,030	17,118	18,275	40	524,789	0
	(II)	60,000	0	0	0	0	60,000	0
Krantz Carl A Jr MD	(I)	151,996	13,637	57,211	23,276	40	246,160	0
	(II)	162,325	0	0	0	0	162,325	0
Mestemaker Amy L MD	(I)	174,310	5,474	16,964	14,824	19,584	231,156	0
	(II)	0	0	0	0	0	0	0
Morrison Karen J	(I)	0	0	0	0	0	0	0
	(II)	259,232	80,526	4,222	82,287	20,685	446,952	0
Poll Wayne L MD	(I)	0	0	0	0	0	0	0
	(II)	345,274	5,251	464	12,250	16,812	380,051	0
Reichfield Michael L	(I)	0	0	0	0	0	0	0
	(II)	325,979	124,769	6,436	104,585	23,352	585,121	0
Santanello Steven A DO	(I)	21,850	0	0	0	0	21,850	0
	(II)	393,106	80,740	6,079	22,446	2,175	504,546	0
Smith Rita J RN	(I)	0	0	0	0	0	0	0
	(II)	137,716	14,507	1,503	26,672	7,196	187,594	0
VanLaningham Nathan	(I)	0	0	0	0	0	0	0
	(II)	207,841	72,000	19,544	18,293	16,695	334,373	0
Walters Robert W	(I)	0	0	0	0	0	0	0
	(II)	171,146	67,832	33,693	0	13,493	286,164	0
Fuller Ray MD	(I)	13,430	0	0	0	0	13,430	0
	(II)	339,965	15,000	78	0	16,380	371,423	0
Louge Michael W	(I)	0	0	0	0	0	0	0
	(II)	594,442	259,070	12,505	331,089	18,352	1,215,458	0
Vanderhoff Bruce MD	(I)	0	0	0	0	0	0	0
	(II)	350,603	131,625	5,055	122,676	18,555	628,514	0
Anderson Dale P	(I)	0	0	0	0	0	0	0
	(II)	408,005	175,430	146,345	14,700	26,589	771,069	0
Bernstein Michael S	(I)	0	0	0	0	0	0	0
	(II)	415,126	158,326	5,657	134,625	21,212	734,946	0
Millen Robert P	(I)	0	0	0	0	0	0	0
	(II)	572,935	246,405	19,850	214,122	23,685	1,076,997	0
Ansel Gary MD	(I)	742,570	105,972	41,168	0	19,352	909,062	0
	(II)	146,960	34,943	688	0	0	182,591	0
Bell Jeffrey MD	(I)	0	0	0	0	0	0	0
	(II)	340,583	8,141	1,976	24,645	17,133	392,478	0
Caulin-Glaser Terri MD	(I)	0	0	0	0	0	0	0
	(II)	301,139	81,580	23,015	21,605	13,313	440,652	0
Gingrich Curt MD	(I)	43,318	0	100	893	4,755	49,066	0
	(II)	136,662	4,548	364	13,854	12,950	168,378	0
Niles John	(I)	0	0	0	0	0	0	0
	(II)	197,698	36,410	21,051	19,914	18,825	293,898	0
Yakubov Steve MD	(I)	688,679	196,256	40,879	0	19,865	945,679	0
	(II)	171,479	34,943	745	0	0	207,167	0
Anderson Craig MD	(I)	0	0	0	0	0	0	0
	(II)	137,986	3,635	78	13,390	23,333	178,422	0
deVillers Rebecca DO	(I)	93,666	0	7,395	8,573	19,501	129,135	0
	(II)	72,000	0	0	0	0	72,000	0
George Peter MD	(I)	644,088	156,392	41,624	3,322	21,491	866,917	0
	(II)	78,906	0	0	1,578	0	80,484	0
Sanders John W	(I)	0	0	0	0	0	0	0
	(II)	97,252	60,000	13,435	0	40	170,727	0
Seckinger Mark R	(I)	0	0	0	0	0	0	0
	(II)	181,235	54,600	19,885	28,606	13,573	297,899	0
Snyder Ron P	(I)	133,915	36,594	258	0	726	171,493	0
	(II)	0	0	0	0	0	0	0
Gilbert Robert J	(I)	0	0	0	0	0	0	0
	(II)	261,474	83,832	23,179	72,511	17,848	458,844	0
Ayub Hafiz DO	(I)	238,544	650	0	11,250	6,982	257,426	0
	(II)	0	0	0	0	0	0	0
Swart Steven L	(I)	0	0	0	0	0	0	0
	(II)	227,414	60,480	24,441	21,906	18,025	352,266	0
Vesper Rev Keith R	(I)	0	0	0	0	0	0	0
	(II)	128,858	48,500	3,664	17,229	58,042	256,293	0
Lewis Vicki	(I)	0	0	0	0	0	0	0
	(II)	165,950	43,640	3,971	22,043	18,895	254,499	0
Lehmuth Richard	(I)	0	0	0	0	0	0	0
	(II)	216,170	50,000	3,053	0	4,246	273,469	0
Draime Eric	(I)	142,714	24,477	22,584	9,700	17,630	217,105	0
	(II)	0	0	0	0	0	0	0
Bjerke Craig A	(I)	0	0	0	0	0	0	0
	(II)	202,039	68,000	2,572	13,716	18,848	305,175	0
Entry Tim	(I)	0	0	0	0	0	0	0
	(II)	170,231	62,500	15,111	0	14,552	262,394	0
Meldrum Terri W Esq	(I)	0	0	0	0	0	0	0
	(II)	162,896	50,000	2,415	16,083	17,016	248,410	0
Bunyard Stephen P	(I)	0	0	0	0	0	0	0
	(II)	160,157	46,960	12,593	15,825	7,586	243,121	0
Floyd Phyllis G	(I)	0	0	0	0	0	0	0
	(II)	303,935	60,870	16,889	0	23,582	405,276	0
Foley Denise E	(I)	0	0	0	0	0	0	0
	(II)	181,550	60,060	19,359	18,524	17,591	297,084	0
Tomaszewski James A	(I)	0	0	0	0	0	0	0
	(II)	277,814	46,000	24,508	20,359	2,415	371,096	0
Garlock Steven J	(I)	0	0	0	0	0	0	0
	(II)	267,678	110,373	24,225	59,063	18,302	479,641	0
Brown Steven	(I)	132,585	12,800	103	3,528	2,645	151,661	0
	(II)	0	0	0	0	0	0	0
Sperling Ron	(I)	0	0	0	0	0	0	0
	(II)	222,600	0	0	0	0	222,600	0
Feyh Jerry	(I)	0	0	0	0	0	0	0
	(II)	107,914	44,000	85,507	9,839	18,367	265,627	0
Newberry Lewis J	(I)	126,416	0	11,539	3,375	15,716	157,046	0
	(II)	0	0	0	0	0	0	0
Laterro Anita A	(I)	0	0	0	0	0	0	0
	(II)	148,874	40,500	3,294	17,019	20,107	229,794	0
O'Sullivan Michael D	(I)	0	0	0	0	0	0	0
	(II)	214,662	142,730	25,312	21,596	3,693	407,993	0
Nelson Patrick W	(I)	151,019	17,282	72	9,172	21,405	198,950	0
	(II)	0	0	0	0	0	0	0
Pettrey Lisa J	(I)	0	0	0	0	0	0	0
	(II)	150,693	38,300	2,557	14,864	19,825	226,239	0
Hooper Joseph	(I)	0	0	0	0	0	0	0
	(II)	185,048	46,960	3,231	20,522	16,695	272,456	0
Kovack Thomas J MD	(I)	541,069	736,190	16,681	17,719	17,284	1,328,943	0
	(II)	0	0	0	0	0	0	0
Cassandra James C MD	(I)	539,085	443,472	16,578	14,700	25,071	1,038,906	0
	(II)	0	0	0	0	0	0	0
Botti Charles F Jr MD	(I)	737,403	158,356	41,624	0	20,828	958,211	0
	(II)	0	0	0	0	0	0	0
Silver Mitch MD	(I)	753,138	148,675	25,124	0	20,991	947,928	0
	(II)	0	0	0	0	0	0	0
Tugaoen John F MD	(I)	683,217	143,862	41,624	4,900	19,185	892,788	0
	(II)	0	0	0	0	0	0	0
Gleeson Sean MD	(I)	0	0	0	0	0	0	0
	(II)	272,192	96,980	76,390	17,719	16,749	480,030	0
Hagen Bruce P	(I)	0	0	0	0	0	0	0
	(II)	444,114	160,941	27,541	147,940	17,853	798,389	0
Stuccio James	(I)	0	0	0	0	0	0	0
	(II)	13,657	0	200,879	12,590	1,166	228,292	0
Pandora Frank T II Esq	(I)	0	0	0	0	0	0	0
	(II)	350,881	146,231	28,114	279,989	18,352	823,567	0
Schuda Marian K MD	(I)	0	0	0	0	0	0	0
	(II)	271,892	26,130	5,720	24,014	16,497	344,253	0
Yates Vinson M	(I)	0	0	0	0	0	0	0
	(II)	227,433	75,000	3,881	26,367	19,825	352,506	0
Bachman Ronald J	(I)	0	0	0	0	0	0	0
	(II)	13,365	0	546,384	9,284	30	569,063	0
Proctor Penny	(I)	0	0	0	0	0	0	0
	(II)	217,377	73,090	20,030	36,066	7,586	354,149	0
Dever Mary Beth	(I)	113,029	9,250	1,949	4,428	5,567	134,223	0
	(II)	0	0	0	0	0	0	0

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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.**

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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) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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) Sharing of organization's revenues? No
See Additional Data Table					

Additional Data

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

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**
					No
American Electric Power	Director of Org - Dirs of GMH & OHF (Hoaglin & Walker) are Dir/Offs	1,183,553	Payments - Electricity provided to OhioHealth Corporation Continued from relationship between interested person and organization - Thomas E Hoaglin, a Director and Officer of Grady Memorial Hospital and a Director of OhioHealth Foundation, is a Director of American Electric Power Kevin Walker, a Director of Grady Memorial Hospital, is an employee and officer of American Electric Power		No
Time Warner Cable	Director of Org - A Director of Grady Mem Hosp (Donna James) is a Director	389,467	Payments - Goods and services to OhioHealth Group entities		No
Dawson Personnel	Director of Org - A Dir of OHF (Larry J Lilly) son-in-law is a Principle	2,470,660	Payments - Goods and services to OhioHealth Group entities		No
Delaware County	Director of Org - A Dir of Grady Fnd (Deborah Martin) is Co Administrator	150,817	Payments - Goods and services to OhioHealth Group entities		No
Marion Ancillary Services	Director of Org - A Dir of Marion Gen Hosp (Kathy Masters) is a Director	570,832	Payments - Goods and services to OhioHealth Group entities		No
Jacqueline Thornberry	Director of Org - Sister of Marion General Hospital Director (Judy Titus)	87,824	Comp/Ben - Sister is employed at Marion General Hospital and receives compensation		No
Karen Smith	Director of Org - Daughter of Marion General Hospital Director (Judy Titus)	49,816	Comp/Ben - Daughter is employed at Marion General Hospital and receives compensation		No
Rebecca Tyne	Director of Org - Wife of OHF Dir (Michael Tyne) provides services to GMH	26,697	Comp/Ben - Wife provides independent contractor services at Grady Memorial Hospital and receives compensation		No
Betty Jo Medley	Director of Org - Sister of Marion General Hospital Dir (Beverly S Young)	19,970	Comp/Ben - Sister is employed at Marion General Hospital and receives compensation		No
Meghan Vesper	Director of Org - Daughter of Drs Hosp Nelsonville Director (Keith Vesper)	13,227	Comp/Ben - Daughter is employed at Homereach and receives compensation		No
Medical Group of Ohio	Director of Org - A Dir of GMH & OHF (Jeffrey T Innes, MD) is a Dir	359,737	Payments - Goods and services to OhioHealth Group Entities		No
Ohio Hospital Association Insurance Solutions	A Dir/Off of an OhioHealth Group entity (Frank T Pandora, II Esq) is a Dir	596,473	Payments - Goods or services provided to OhioHealth Group entities		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.

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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	X		180	Sale of comparable prop
5	Clothing and household goods	X		8,569	Sale of comparable prop
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	13,657	Cost/selling price
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	1,727,280	Sale of comparable prop
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	4	684	Sale of comparable prop
19	Food inventory	X	8	607	Cost/selling price
20	Drugs and medical supplies	X	5	6,570	Cost/selling price
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Gift Cert)	X	383	10,413	Cost/selling price
26	Other ▸ (Svcs/tickets)	X	106	15,300	Cost/selling price
27	Other ▸ (Hospital PP&E)	X	4	185,163	Cost/selling price
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	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	The Huntington Investment Company is used to sell the publicly traded securities gifts received by the Foundation

Additional Data

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Software Version:
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Name: OhioHealth Corporation Group Return

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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.

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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 Lisa George, a Director of OhioHealth Foundation, and Tara M Abraham, a Director of OhioHealth Foundation, have a family relationship George W McCloy, a Director of OhioHealth Foundation, and Juli Mercker, a Director of OhioHealth Foundation, have a family relationship Douglas T Anderson, a Director of OhioHealth Foundation, and Kerri Anderson, a Director of OhioHealth Foundation, have a family relationship Douglas T Anderson, a Director of OhioHealth Foundation, and Vic Irelan, a Director of OhioHealth Foundation, have a business relationship Scott Barrett, a Director of Hardin Memorial Hospital (Health) Foundation, has a business relationship with other members of the Hardin Memorial Hospital board of directors Vicki Lewis and David J Folkwein have a business relationship

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section 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 Each entity within Group is a wholly owned or controlled subsidiary of OhioHealth, and requires the approval of OhioHealth for major financial transactions Due to the administrative burden of providing copies to all OhioHealth Corporation Group board members, copies will not automatically be provided to the members of the boards of each Group member entity Any board member requesting a copy will be provided a copy in full compliance with public inspection requirements

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The 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 positions, 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
		Schedule K The entities in the obligated group are reported in two separate 990s and the outstanding balances and liabilities are therefore reported on the balance sheets for both 990s, however, per the Form 990, Schedule K instructions, bonds are being reported in total in the Corporate 990

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		Compensation paid by related organization is primarily for executives employed full time by OhioHealth Corporation and may include the top management official and top financial official for each entity filing in the Group 990

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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.

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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
Grant Anesthesia Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 452153707 20-1501295	Practice Management Services	OH	-6,865,051	1,267,824	GrantRiverside Medical Care Foundation
Orthopedic Trauma Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 56-2294320	Practice Management Services	OH	-2,070,509	247,078	GrantRiverside Medical Care Foundation
Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	9,231,385	33,983	Marion General Hospital

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
Hospital Properties Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1206071	Property Management	OH	Section 501(c)(2)	N/A	OhioHealth Corporation
Grady Memorial Hospital Volunteers 561 West Central Avenue Delaware, OH 430151489 31-0938287	Fund Raising	OH	Section 501(c)(3)	Schedule A, Line 3	Grady Memorial Hospital

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 6185 Huntley Road Suite B Columbus, OH43229 20-1547399	Physician Practice	OH	N/A								
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH43231 20-8074623	Medical Services	OH	N/A								
Marion Ancillary Services LLC 1040 Delaware Avenue Marion, OH43302 31-1704991	Outpatient Services	OH	N/A	N/A	386,636	752,376		No			No
Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH43215 31-1472667	Medical Services	OH	N/A								
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	N/A	660,941	998,001		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	No
c	Gift, grant, or capital contribution from other organization(s)	**1c**	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**	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	No
n	Sharing of paid employees	**1n**	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: 32-0007056
Name: OhioHealth Corporation Group Return

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	OhioHealth Corporation	Q	49,978,398
(2)	OhioHealth Corporation	R	4,975,580
(3)	Hospital Properties Inc	J	106,511
(4)	Hospital Properties Inc	Q	2,476,441
(5)	HardinCare Inc	A	55,303
(6)	HardinCare Inc	D	310,665
(7)	Intel Health Services	O	603,852
(8)	Healthworks Inc	P	5,928,285
(9)	Grady Anesthesia Services Inc	P	1,462,575
(10)	Marion Ancillary Services LLC	P	207,836
(11)	Marion Area Health Center	P	114,233

Additional Data

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

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 Chairman OHF	1 00	X		X				0	0	0
Wilcox Randy Vice-Chair OHF-Ex Off	1 00	X		X				0	0	0
Foreman Ivery D Esq Sec/Treas OHF	1 00	X		X				0	0	0
Abraham Tara M Board OHF	1 00	X						0	0	0
Anderson Douglas T Board OHF	1 00	X						0	0	0
Anderson Kerii Board OHF (end 6/10)	1 00	X						0	0	0
Anderson Thomas M DO Board OHF	1 00	X						0	26,100	40
Berwanger Joseph M Board OHF	1 00	X						0	0	0
Bing Arthur GH MD Board OHF	1 00	X						0	0	0
Blackwell Deborah L DO Board OHF	1 00	X						0	302,214	34,478
Blom David P Board OHF-Ex-officio	1 00	X						0	1,446,053	855,784
Blosser T Laurence MD Board OHF-Ex-officio	1 00	X						0	86,032	40
Bokor Karen Board OHF	1 00	X						0	0	0
Bonner Victoria A Board OHF	1 00	X						0	0	0
Borgess Mary Pat MD Board OHF	1 00	X						0	5,372	40
Bright David Board OHF	1 00	X						0	0	0
Brown Mark S MD Board OHF (end 6/10)	1 00	X						0	2,557	40
Butler William Board OHF	1 00	X						0	0	0
Cadwallader Patricia S Board OHF	1 00	X						0	0	0
Coley-Malir Bonnie Board OHF	1 00	X						0	0	0
Colwell Dean L DO Board OHF	1 00	X						0	378,056	35,946
Connors Karen H Board OHF-Ex-officio	1 00	X						0	526,196	148,783
DiMarco Ann M Board OHF	1 00	X						0	0	0
Edwards David A Sr Board OHF	1 00	X						0	0	0
Englefield Cynthia Board OHF	1 00	X						0	0	0

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			
Feyh Dennis Board OHF	1 00	X						0	0	0
Flesch Thomas G Board OHF	1 00	X						0	0	0
Frazier Kenneth R Board OHF	1 00	X						0	0	0
Gallagher-Allred Charlette - Board OHF	1 00	X						0	0	0
Geese Ronald L Board OHF	1 00	X						0	0	0
George Lisa Board OHF	1 00	X						0	0	0
Gibney Jack T Board OHF	1 00	X						0	0	0
Gutheil Page DO Board OHF	1 00	X						0	0	0
Hagen Bruce P Board OHF-Ex-officio	1 00	X						0	0	0
Harmon Thomas L MD Board OHF	1 00	X						2,100	154,150	233
Herbert-Sinden Cheryl L Board OHF	1 00	X						0	334,476	49,200
Hidaka Yoshihiro Board OHF	1 00	X						0	0	0
Hilliard Kirk L DO Board OHF (end 9/09)	1 00	X						0	0	0
Hoaglin Thomas E Board OHF-Ex-officio	1 00	X						0	0	0
Hoover Ted Board OHF	1 00	X						0	0	0
Innes Jeffrey T MD Board OHF-Ex-officio	1 00	X						506,474	60,000	18,315
Irelan Vic Board OHF	1 00	X						0	0	0
Kennebeck Kevin Board OHF	1 00	X						0	0	0
Kerwood Charles A III Board OHF (end 6/10)	1 00	X						0	0	0
Kraner William C Board OHF	1 00	X						0	0	0
Krantz Carl A Jr MD Board OHF	1 00	X						222,844	162,325	23,316
Lane Robert R Board OHF (end 6/10)	1 00	X						0	0	0
Levey Michael S MD Board OHF (end 6/10)	1 00	X						0	0	0
Lilly Larry J MD Board OHF	1 00	X						0	117,418	3,239
McCloy George W Board OHF	1 00	X						0	0	0

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			
Menning Michael E Board OHF	1 00	X						0	0	0
Mercker Juli Board OHF	1 00	X						0	0	0
Mestemaker Amy L MD Board OHF-Ex-officio	1 00	X						196,748	0	34,408
Morrison Karen J Pres/BD OHF-Ex-officio	40 00	X		X				0	343,980	102,972
Patterson David T Board OHF	1 00	X						0	0	0
Pfening Fred D Jr Board OHF	1 00	X						0	0	0
Poll Wayne L MD Board OHF (end 6/10)	1 00	X						0	350,989	29,062
Ragan Virginia D Board OHF	1 00	X						0	0	0
Reichfield Michael L Board OHF-Ex-officio	1 00	X						0	457,184	127,937
Reis Thomas J Board OHF	1 00	X						0	0	0
Sanese Ralph Jr Board OHF	1 00	X						0	0	0
Santanello Steven A DO Board OHF	1 00	X						21,850	479,925	24,621
Schuda Marian K MD Board OHF	1 00	X						0	0	0
Sims Richard L Board OHF	1 00	X						0	0	0
Smith Eric D Board OHF	1 00	X						0	0	0
Smith Rita J RN Board OHF	1 00	X						0	153,726	33,868
Swiatek Valerie B Board OHF	1 00	X						0	0	0
Tamborelle Suzi Board OHF	1 00	X						0	0	0
Terapak Richard G Esq Board OHF	1 00	X						0	0	0
Topinka Marcus A MD Board OHF-Ex-officio	1 00	X						0	4,000	0
Tordoff Sharon A Board OHF	1 00	X						0	0	0
Tyne Michael D Board OHF (end 2/10)	1 00	X						0	0	0
VanLaningham Nathan Board OHF-Ex-officio	1 00	X						0	299,385	34,988
Vincent Donald J MD Board OHF	1 00	X						0	0	0
Vornbrock Page Board OHF	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wallace Tracy Board OHF (end 2/10)	1 00	X						0	0	0
Walters Robert W Board OHF-Ex-officio	1 00	X						0	272,671	13,493
Weiler Alan R Board OHF	1 00	X						0	0	0
Weiler Robert J Jr Board OHF	1 00	X						0	0	0
White Willis S Jr Board OHF	1 00	X						0	0	0
Wood Robert S II Board OHF	1 00	X						0	0	0
Wylie Marjorie A Board OHF	1 00	X						0	0	0
Yates Vinson M Board OHF-Ex-officio	1 00	X						0	0	0
Zieg Michael B Board OHF	1 00	X						0	0	0
Hodges Ralph E Chairman Grady Fnd	1 00	X		X				0	0	0
Abood Walt Board Grady Fnd-end 1/10	1 00	X						0	0	0
Folkwein David J Board Grady Fnd	1 00	X						0	0	0
Fuller Ray MD Board Grady Fnd	1 00	X						13,430	355,043	16,380
Gordon Linda Board Grady Fnd	1 00	X						0	0	0
Hendershot Bobbie Board Grady Fnd	1 00	X						0	0	0
Jones Daniel W Board Grady Fnd	1 00	X						0	0	0
Lehr Jay PhD Board Grady Fnd-end 6/10	1 00	X						0	0	0
Martin Deborah Board Grady Fnd	1 00	X						0	0	0
Michaelson Judy Board Grady Fnd	1 00	X						0	0	0
Morrison Karen J Pres/BD Grady Fnd-Ex-off	40 00	X		X				0	0	0
Louge Michael W Chairman/VP BD GRMCFI	1 00	X		X				0	866,017	349,441
Hagen Bruce P Chairman GRMCFI-end 6/10	1 00	X		X				0	0	0
Thornhill Hugh Pres BD GRMCFI-strt 6/10	1 00	X		X				0	0	0
Vanderhoff Bruce MD Interim Pres BD GRMCFI	1 00	X		X				0	487,283	141,231
Anderson Dale P Pres BD GRMCFI-end 10/09	40 00	X		X				0	729,780	41,289

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
Schuda Marian K MD Sec GRMCFI-end 6/10	1 00	X		X				0	0	0
Pandora Frank T II Esq Assist Sec BD GRMCFI	1 00	X		X				0	0	0
Blom David P BD GRMCFI	1 00	X						0	0	0
Bernstein Michael S BD GRMCFI	1 00	X						0	579,109	155,837
Gleeson Sean MD BD GRMCFI-end 11/09	1 00	X						0	0	0
Millen Robert P BD GRMCFI	1 00	X						0	839,190	237,807
Snow Rick Chairman OHRI	1 00	X		X				6,930	74,360	40
Vanderhoff Bruce MD SR VP CMO/ViceChair OHRI	40 00	X		X				0	0	0
Bjerke Craig A Secretary/Treasurer OHRI	1 00	X		X				0	0	0
Ansel Gary MD Board OHRI	1 00	X						889,710	182,591	19,352
Bell Jeffrey MD Board OHRI	1 00	X						0	350,700	41,778
Caulin-Glaser Terri MD Board OHRI	1 00	X						0	405,734	34,918
Gingrich Curt MD Board OHRI	1 00	X						43,418	141,574	32,452
Niles John Board OHRI-Ex-officio	1 00	X						0	255,159	38,739
Poll Wayne L MD Board OHRI	1 00	X						0	0	0
Santanello Steven A DO Board OHRI	1 00	X						0	0	0
Yakubov Steve MD Board OHRI	1 00	X						925,814	207,167	19,865
Hoaglin Thomas E Chairman GMH	1 00	X		X				0	0	0
Wilcox Randy Vice-Chairman GMH	1 00	X		X				0	0	0
Hondros Linda Secretary GMH	1 00	X		X				0	0	0
Endres Michael J Treasurer GMH	1 00	X		X				0	0	0
Abbott Lawrence C Board GMH-Ex-officio	1 00	X						0	0	0
Anderson Craig MD Board GMH-EX-officio	1 00	X						0	141,699	36,723
Auseon John DO Board GMH	1 00	X						0	0	0
Blom David P Board GMH-Ex-officio	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
deVillers Rebecca DO Board GMH-Ex-officio	1 00	X						101,061	72,000	28,074
Dewire Rev Dr Norman Board GMH-Ex-officio	1 00	X						0	0	0
George Peter MD Board GMH-Ex-officio	1 00	X						842,104	78,906	26,391
Innes Jeffrey T MD BD GMH-Ex-offic end 6/10	1 00	X						0	0	0
James Donna Board GMH	1 00	X						0	0	0
McConnell John P Board GMH	1 00	X						0	0	0
McCullough Steve Board GMH-Ex-officio	1 00	X						0	0	0
Ough Bishop Bruce R Board GMH-Ex-officio	1 00	X						0	0	0
Parrott Rex A BD GMH-Ex-offic end 6/10	1 00	X						0	0	0
Rasmussen Steve Board GMH	1 00	X						0	0	0
Scott Bradley N Board GMH-Ex-officio	1 00	X						0	0	0
Stevens Rev Dr Deborah Board GMH	1 00	X						0	0	0
Walker Kevin Board GMH (end 12/09)	1 00	X						0	0	0
Parrott Rex A Chairman MGH	1 00	X		X				0	0	0
Sims Gary K Vice-Chairman MGH	1 00	X		X				0	0	0
Masters Kathy Secretary - MGH	1 00	X		X				0	0	0
Gates Daryl R Treasurer - MGH	1 00	X		X				0	0	0
Bailey David G MD Board Member - MGH	1 00	X						0	0	0
Barney James S PhD Board Member - MGH	1 00	X						0	0	0
Bazzoli James M MD Board Member - MGH	1 00	X						0	0	0
Danner Edward R II Board Member - MGH	1 00	X						0	0	0
Davis Mark E MD Board -MGH -Ex-officio	1 00	X						0	0	0
Fritz Aaron M DO BD -MGH -Ex-off end 8/09	1 00	X						0	0	0
Gruber BJ Lt Board Member - MGH	1 00	X						0	0	0
Millen Robert P Board Member - MGH	1 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ogle Rev Winifred C Board Member - MGH	1 00	X						0	0	0
Reasoner Gregory A Board Member - MGH	1 00	X						0	0	0
Sanders John W Pres/CEO/BD MGH-Ex-offic	40 00	X		X				0	170,687	40
Titus Judy Board Member - MGH	1 00	X						0	0	0
Vale Jose L MD Board Member - MGH	1 00	X						0	0	0
Young Beverly S Board Member - MGH	1 00	X						0	0	0
McCullough Steve Chairman HMH	1 00	X		X				0	0	0
Radway Rob Vice-Chairman HMH	1 00	X		X				0	0	0
Govekar Michele Secretary HMH	1 00	X		X				0	0	0
Jennings Matthew Treasurer HMH	1 00	X		X				0	0	0
Abdulkarim M Saadallah BD HMH-Ex-offi end 12/09	1 00	X						0	0	0
Barrett Scott Board HMH	1 00	X						0	0	0
Brooks Nathan Board HMH	1 00	X						0	0	0
Furbush William Board HMH	1 00	X						0	0	0
Heilman Max Board HMH	1 00	X						0	0	0
Hruschka Judith MD Board HMH-Ex-officio	1 00	X						0	0	0
Johnson Katherine E MD Board HMH	1 00	X						0	0	0
Schwemer John Board HMH	1 00	X						0	0	0
Seckinger Mark R Pres/CEO & BD HMH-Ex-off	40 00	X		X				0	255,720	42,179
Temple Rob Board HMH	1 00	X						0	0	0
Thornhill Larry BD HMH-Ex-of start 11/09	1 00	X						0	34,628	9,730
Snyder Ron P CFO/President HHF Board	1 00	X		X				170,767	0	726
Barrett Scott Board HHF	1 00	X						0	0	0
Dixon Charles Board HHF	1 00	X						0	0	0
Heilman Sharon Board HHF	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Royer Mariann Board HHF	1 00	X						0	0	0
Smith Linda Board HHF	1 00	X						0	0	0
Watkins Howard Jr Board HHF	1 00	X						0	0	0
Johnson Katherine E MD Chairman HPF Board	1 00	X		X				0	0	0
Seckinger Mark R Pres/CEO & Sec HPF Board	1 00	X		X				0	0	0
Abdulkarim M Saadallah Board HPF (end 12/09)	1 00	X						0	0	0
Govekar Michele Board HPF	1 00	X						0	0	0
Jennings Matthew Board HPF	1 00	X						0	0	0
McCullough Steve Board HPF	1 00	X						0	0	0
Radway Rob Board HPF	1 00	X						0	0	0
Snider Mark Chairman DHCN	1 00	X		X				0	0	0
Cox Steve Treasurer DHCN	1 00	X		X				0	0	0
Blackwell Deborah L DO Board DHCN	1 00	X						0	0	0
Blom David P Board DHCN-Ex-officio	1 00	X						0	0	0
Cardaras Van Board DHCN	1 00	X						0	0	0
Gilbert Robert J Board DHCN	1 00	X						0	368,485	90,359
Ayub Hafiz DO Board DHCN-Ex-officio	1 00	X						239,194	0	18,232
Holtel Joseph MD Board DHCN	1 00	X						0	0	0
Swart Steven L CEO/Board Ex-offic DHCN	40 00	X		X				0	312,335	39,931
Vesper Rev Keith R Board DHCN	1 00	X						0	181,022	75,271
Herbert-Sinden Cheryl L Chairman HRC	1 00	X		X				0	0	0
Lewis Vicki Vice-Chair HRC-end 12/09	1 00	X		X				0	213,561	40,938
Bjerke Craig A Secretary/Treasurer HRC	1 00	X		X				0	0	0
Walters Robert W Pres/BD HRC (start 2/09)	40 00	X		X				0	0	0
Gallagher-Allred Charlette - Board HRC	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lehmuth Richard Board HRC	1 00	X						0	269,223	4,246
Packard Sue Board HRC	1 00	X						103,849	0	13,127
Vanderhoff Bruce MD Board HRC	1 00	X						0	0	0
Herbert-Sinden Cheryl L Chairman HRHC	1 00	X		X				0	0	0
Lewis Vicki ViceChair HRHC-end 12/09	1 00	X		X				0	0	0
Bjerke Craig A Secretary/Treasurer HRHC	1 00	X		X				0	0	0
Walters Robert W Pres/BD HRHC-start 2/09	40 00	X		X				0	0	0
Gallagher-Allred Charlette - Board HRHC	1 00	X						0	0	0
Lehmuth Richard Board HRCH	1 00	X						0	0	0
Packard Sue Board HRCH	1 00	X						0	0	0
Vanderhoff Bruce MD Board HRCH	1 00	X						0	0	0
Seckinger Mark R Pres/CEO & BD HHF-Ex-off	40 00	X		X				0	0	0
Bennington Sue Sec Grady Fnd-Ex-officio	1 00			X				106,447	0	18,527
Draime Eric Trea Grady Fnd-end 12/09	1 00			X				189,775	0	27,330
Bjerke Craig A Treas BD GRMCFI	1 00			X				0	272,611	32,564
Entry Tim Treas/VP GRMCFI-end 6/10	40 00			X				0	247,842	14,552
Meldrum Terri W Esq Sec BD GRMCFI	1 00			X				0	215,311	33,099
Louge Michael W Exec VP & CFO OHF	40 00			X				0	0	0
Louge Michael W Exec VP & CFO Grady Fnd	40 00			X				0	0	0
Louge Michael W Exec VP & CFO GRMCFI	40 00			X				0	0	0
Bunyard Stephen P Interim VP Oper OHMSF	40 00			X				0	219,710	23,411
Floyd Phyllis G VP Phy OHMSF	40 00			X				0	381,694	23,582
Foley Denise E VP Bus Dev OHMSF	40 00			X				0	260,969	36,115
Kenwood Russ Interim VP Oper OHMSF	40 00			X				0	0	0
Tkach David Interim VP Fin OHMSF	40 00			X				0	0	0

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			
Tomaszewski James A Interim VP Cardio OHMSF	40 00			X				0	348,322	22,774
Louge Michael W Exec VP & CFO OHRI	40 00			X				0	0	0
Garlock Steven J Pres GMH	40 00			X				0	402,276	77,365
Louge Michael W Exec VP & CFO Grady	40 00			X				0	0	0
Brown Steven CFO MGH	40 00			X				145,488	0	6,173
Sperling Ron Intrm CFO MGH (end 1/10)	40 00			X				0	222,600	0
Feyh Jerry CFO MGH (end 7/09)	40 00			X				0	237,421	28,206
Snyder Ron P CFO HMH	40 00			X				0	0	0
Snyder Ron P CFO HPF	40 00			X				0	0	0
Newberry Lewis J CFO & COO (end 12/09)	40 00			X				137,955	0	19,091
Louge Michael W Exec VP & CFO HRC	40 00			X				0	0	0
Louge Michael W Exec VP & CFO HRHC	40 00			X				0	0	0
Laterro Anita A VP Phillanthropy OHF	40 00				X			0	192,668	37,126
O'Sullivan Michael D SR VP & CDO OHF	40 00				X			0	382,704	25,289
Nelson Patrick W Practice Admin MOCVC	40 00				X			168,373	0	30,577
Pettrey Lisa J VP Oper & CNO GMH	40 00				X			0	191,550	34,689
Hooper Joseph VP Oper MGH	40 00				X			0	235,239	37,217
Kovack Thomas J MD Phys Ortho Surgery	40 00					X		1,293,940	0	35,003
Cassandra James C MD Phys Hand & Ortho Surg	40 00					X		999,135	0	39,771
Botti Charles F Jr MD Phys Cardiology	40 00					X		937,383	0	20,828
Silver Mitch MD Phys Cardiology	40 00					X		926,937	0	20,991
Tugaoen John F MD Phys Cardiology	40 00					X		868,703	0	24,085
Gleeson Sean MD Former Treasurer GRMCFI	0 00						X	0	445,562	34,468
Hagen Bruce P Former Pres BD GRMCFI	0 00						X	0	632,596	165,793
Stuccio James Fmr Chair/Pres GRMCFI-end 12/08	0 00						X	0	214,536	13,756

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
Pandora Frank T II Esq Former Secretary OHRI	0 00						X	0	525,226	298,341
Schuda Marian K MD Former Chairman OHRI	0 00						X	0	303,742	40,511
Yates Vinson M Former Treasurer OHRI	0 00						X	0	306,314	46,192
Bachman Ronald J Fmr Pres MGH (end 12/08)	0 00						X	0	559,749	9,314
Proctor Penny Fmr Secretary HRC/HRHC	0 00						X	0	310,497	43,652
Dever Mary Beth Fmr Sec SOMC Med Care Fd	0 00						X	124,228	0	9,995

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	29,106,835	29,106,835		0
Repair & Maintenance	2,640,832	2,172,497	468,335	0
Dues and Licenses	978,519	804,985	173,534	0
Medicaid Tax Expense	895,961	737,068	158,893	0
Income Taxes (UBI)	9,038	7,435	1,603	0