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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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) 180 East Broad Street 33rd Floor

Room/suite

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 $ 523,316,143

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) ☐ 501(c) ( ) ◀ (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**	206
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	113
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	4,477
6	Total number of volunteers (estimate if necessary)	**6**	756
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	24,770
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-540,185

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	19,449,285	14,973,900
	9 Program service revenue (Part VIII, line 2g)	428,016,452	452,354,351
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,886,203	4,831,876
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,443,929	46,937,006
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,795,869	519,097,133
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,953,089	12,854,305
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,641,533	334,012,869
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶3,376,274		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	197,744,122	193,797,838
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	497,338,744	540,665,012
	19 Revenue less expenses Subtract line 18 from line 12	-4,542,875	-21,567,879

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	472,685,906	529,949,944
	21 Total liabilities (Part X, line 26)	122,581,630	127,463,699
	22 Net assets or fund balances Subtract line 21 from line 20	350,104,276	402,486,245

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: 2012-05-14

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Mary E Rauschenberg	Mary E Rauschenberg		☐	

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ 250 East Fifth Street Suite 1900
Cincinnati, OH 45202

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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 460,641,760 including grants of $ 12,854,305) (Revenue $ 493,928,258)

In fiscal year 2011 (July 1, 2010, through June 30, 2011), 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 $205 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 by 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** ▶ $ 460,641,760

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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 lines 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**	Yes	
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	607		
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	4,477		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	206		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	113		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .			3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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 A 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								10,283,744	20,059,023	5,217,931

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 ▶ 348

			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 or individual 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	5,091,751
Athena Health Inc 311 Arsenal Street Watertown, MA 02472	Health Care Billing Services	2,866,226
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	2,298,237
Ohio Womens Health Partners 8600 State Route 656 Sunbury, OH 430748372	OB/GYN Teaching & Coverage Services	2,230,272
GE Healthcare IITS US Corp PO Box 277478 Atlanta, GA 30384	IT Consulting Services	1,902,986

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 ▶ 166

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	216,360				
	b Membership dues 1b					
	c Fundraising events 1c	182,761				
	d Related organizations . . . 1d	182,537				
	e Government grants (contributions) 1e	579,226				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	13,813,016				
	g Noncash contributions included in lines 1a-1f $	269,539				
	h **Total.** Add lines 1a-1f . . . . . ▶		14,973,900			
Program Service Revenue		Business Code				
	2a Health & Medical Svcs	900099	450,360,589	450,360,589		
	b Investment Income	621990	1,993,762	1,997,651	-3,889	
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		452,354,351			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,113,399		28,659	3,084,740
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	330,006				
	b Less rental expenses	250,220				
	c Rental income or (loss)	79,786				
	d Net rental income or (loss) . . . . . ▶		79,786			79,786
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	1,911,323 / 92,118				
	b Less cost or other basis and sales expenses	284,964				
	c Gain or (loss)	1,911,323 / -192,846				
	d Net gain or (loss) . . . . . ▶		1,718,477			1,718,477
Other Revenue	8a Gross income from fundraising events (not including $ 182,761 of contributions reported on line 1c) See Part IV, line 18 . . . a	221,073				
	b Less direct expenses . . . b	113,430				
	c Net income or (loss) from fundraising events . . ▶		107,643			107,643
	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	8,749,955				
	b Less cost of goods sold . . b	3,570,396				
	c Net income or (loss) from sales of inventory . . ▶		5,179,559			5,179,559
	Miscellaneous Revenue	Business Code				
	11a Intercompany Admin	900099	33,369,159	33,369,159		
	b Research Revenue	900099	1,022,813	1,022,813		
	c Department Services	900099	262,433	262,433		
	d All other revenue		6,915,613	6,915,613		
	e **Total.** Add lines 11a–11d . . . . . ▶		41,570,018			
	12 **Total revenue.** See Instructions . . . ▶		519,097,133	493,928,258	24,770	10,170,205

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	12,758,505	12,758,505		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	95,800	95,800		
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	9,493,703	5,427,894	3,196,987	868,822
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	919,672		919,672	
7	Other salaries and wages	275,105,945	234,408,335	39,234,637	1,462,973
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,491,534	7,142,809	1,313,893	34,832
9	Other employee benefits	24,071,431	20,248,126	3,625,130	198,175
10	Payroll taxes	15,930,584	13,400,303	2,405,512	124,769
a	Fees for services (non-employees) Management				
b	Legal	308,889	259,828	49,061	
c	Accounting	40,707	34,241	6,466	
d	Lobbying	22,458	18,891	3,567	
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	179,271	150,797	28,474	
g	Other	36,867,975	31,012,173	5,469,537	386,265
12	Advertising and promotion	1,502,187	1,263,592	130,458	108,137
13	Office expenses	50,994,661	42,895,094	8,069,135	30,432
14	Information technology	1,121,925	943,728	178,197	
15	Royalties				
16	Occupancy	14,099,087	11,859,706	2,211,055	28,326
17	Travel	2,002,081	1,790,990	195,582	15,509
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,100			87,100
20	Interest	1,079,750	908,251	171,499	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,107,961	13,549,507	2,551,298	7,156
23	Insurance	4,937,355	4,153,146	784,088	121
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Bad Debt	25,943,758	25,943,758		
b	Intercompany Expense	20,576,542	17,320,044	3,256,498	
c	Repair & Maintenance	3,483,984	2,918,909	551,156	13,919
d	Medicaid/Medicare Taxes	1,862,683	1,564,654	298,029	
e	Income Taxes (UBI)	9,586	8,063	1,523	
f	All other expenses	12,569,878	10,564,616	1,995,524	9,738
25	**Total functional expenses.** Add lines 1 through 24f	540,665,012	460,641,760	76,646,978	3,376,274
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		24,938,163	2	36,408,280
	3	Pledges and grants receivable, net		7,298,459	3	6,530,752
	4	Accounts receivable, net		48,785,210	4	54,531,205
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	119,952
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		2,990,436	7	3,583,056
	8	Inventories for sale or use		5,749,554	8	5,272,943
	9	Prepaid expenses and deferred charges		5,249,691	9	3,985,301
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 277,010,790			
	b	Less accumulated depreciation	10b 162,479,020	108,250,124	10c	114,531,770
	11	Investments—publicly traded securities		144,776,537	11	138,886,787
	12	Investments—other securities See Part IV, line 11		23,526,892	12	38,666,737
	13	Investments—program-related See Part IV, line 11		7,369,768	13	7,359,125
	14	Intangible assets		789,065	14	597,963
	15	Other assets See Part IV, line 11		92,962,007	15	119,476,073
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		472,685,906	16	529,949,944
Liabilities	17	Accounts payable and accrued expenses		47,218,052	17	55,402,037
	18	Grants payable			18	
	19	Deferred revenue		7,178,913	19	5,398,508
	20	Tax-exempt bond liabilities		43,902,052	20	42,337,649
	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		795,304	23	294,551
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		23,487,309	25	24,030,954
	26	**Total liabilities.** Add lines 17 through 25		122,581,630	26	127,463,699
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		296,165,651	27	350,090,496
	28	Temporarily restricted net assets		39,954,196	28	37,972,409
	29	Permanently restricted net assets		13,984,429	29	14,423,340
		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		350,104,276	33	402,486,245
	34	Total liabilities and net assets/fund balances		472,685,906	34	529,949,944

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	519,097,133
2	Total expenses (must equal Part IX, column (A), line 25)	2	540,665,012
3	Revenue less expenses Subtract line 2 from line 1	3	-21,567,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	350,104,276
5	Other changes in net assets or fund balances (explain in Schedule O)	5	73,949,848
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	402,486,245

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

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 described in **section 170(b)(1)(A)(i).**

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		22,458
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			22,458
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

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	42,000,827	38,990,557	46,755,972		
b Contributions	325,956	996,038	430,999		
c Investment earnings or losses	5,824,551	4,015,246	-5,396,453		
d Grants or scholarships	92,800	24,850	0		
e Other expenditures for facilities and programs	6,656,908	1,288,068	2,757,845		
f Administrative expenses	726,786	688,096	42,116		
g End of year balance	40,674,840	42,000,827	38,990,557		

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

- a Board designated or quasi-endowment ▶ 41 000 %
- b Permanent endowment ▶ 35 000 %
- c Term endowment ▶ 24 000 %

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		7,599,663		7,599,663
b Buildings		116,720,218	62,188,994	54,531,224
c Leasehold improvements				
d Equipment		95,514,891	70,649,477	24,865,414
e Other		57,176,018	29,640,549	27,535,469
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				114,531,770

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Investments in Portfolio	38,666,737	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	38,666,737	

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
(1) Due from Affiliates - Loans and Notes	90,871,646
(2) Investment in Subsidiaries and Joint Ventures	14,766,857
(3) Goodwill (Unamortized)	10,511,559
(4) Other	3,326,011
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	119,476,073

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to Affiliates - Loans and Notes	13,113,738
Deferred Long Term Liabilities	4,904,637
Other	3,800,523
Pension Liability	2,212,056
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	24,030,954

2. Fin 48 (ASC 740) 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 (ASC740)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

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

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

- **a** ☐ Mail solicitations
- **b** ☐ 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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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 Candy Cane Ball (event type)	(b) Event #2 High Heels & High Hopes (event type)	(c) Other Events 10 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	148,037	61,589	194,208	403,834
	2 Less Charitable contributions	28,250	29,875	124,636	182,761
	3 Gross income (line 1 minus line 2)	119,787	31,714	69,572	221,073
Direct Expenses	4 Cash prizes			665	665
	5 Non-cash prizes			224	224
	6 Rent/facility costs		2,355	2,816	5,171
	7 Food and beverages	26,887	6,180	4,221	37,288
	8 Entertainment	3,000	3,225		6,225
	9 Other direct expenses	5,993	9,944	47,920	63,857
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				113,430
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				107,643

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

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

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☑ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			13,270,599	2,000,568	11,270,031	5 100 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			36,107,171	20,549,104	15,558,067	7 030 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			49,377,770	22,549,672	26,828,098	12 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			430,969	33,317	397,652	0 180 %
f Health professions education (from Worksheet 5)			128,365	1,500	126,865	0 060 %
g Subsidized health services (from Worksheet 6)			849,392		849,392	0 380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,500		2,500	0 %
j **Total** Other Benefits			1,411,226	34,817	1,376,409	0 620 %
k **Total.** Add lines 7d and 7j			50,788,996	22,584,489	28,204,507	12 750 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,256,213		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	81,375,774		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,899,445		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,523,671		
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	
b	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 1 Ohio Employee Health Partnership	Workers Compensation Services	2 330 %		13 960 %
2 2 Marion Area Health Center	Outpatient Surgery Center	35 040 %		20 510 %
3 3 Marion Ancillary Services	Occupational Health & Imaging	54 890 %		35 330 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 4

	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)
1	Marion General Hospital 1000 McKinley Park Drive Marion, OH 433026399	X						X		
2	Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 433262020	X				X		X		
3	Doctors Hospital at Nelsonville 1950 Mount Saint Marys Drive Nelsonville, OH 457641280	X				X		X		
4	Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410	X						X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **115**

	Name and address	Type of Facility (Describe)
1	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
2	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
3	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
4	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) System wide community benefit of $205 million reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The portion of total community benefit of $28 million reported in Schedule H reflects all community benefit as provided by the members of the Group exemption that operate hospitals Accordingly, for purposes of Schedule H calculation of % of total expense in line 7, column f, total functional expenses less bad debt has been recalculated to reflect only those members operating Grady Memorial Hospital, Marion General Hospital, Hardin Memorial Hospital, and Doctors Hospital in Nelsonville

Identifier	ReturnReference	Explanation
		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 not qualified for charity at the time of billing If the account is deemed uncollectible, the balance is written off to bad debt 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Signs are posted at multiple entry points and all 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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 The following demographic information was obtained from Claritas 2011 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 34 9 Of this area's current year estimated population 73 2% are White Alone, 16 4% are Black or African American Alone, 3 7% are Asian Alone, 4 1% are Hispanic, and 2 5% are other races The number of households in this area is estimated to be 595,482 The number of households in the United States is estimated to be 116,862,305 The average household income in the Columbus area is estimated to be $68,995 for the current year, while the average household income for the United States is estimated to be $67,529 for the same time frame For this area, 65 1% of the population is estimated to be employed and age 16 and over for the current year For the United States, 59 4% of the population is estimated to be employed and age 16 and over for the current year Currently, it is estimated that 36 3% 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 7% had earned a Bachelor's Degree or greater

Identifier	ReturnReference	Explanation
		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 - 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 $204,866,000 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

Identifier	ReturnReference	Explanation
		Part VI, Line 7 OhioHealth Corporation operates general acute care hospitals as well as outpatient facilities In addition, OhioHealth Corporation is the parent organization and sole voting member of several rural community hospitals, organizations providing multidisciplinary home care and rehabilitation, medical research, fundraising in support of the system hospitals, medical facility property management, physician foundations, all serving in OhioHealth "systemness" to improve the health of those we serve

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	OH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) OhioHealth Corporatation - Dublin Methodist Hospital7500 Hospital Drive Dublin,OH 430168518	31-4394942	Section 501(c)(3)		95,367	FMV	Contributed Plant, Property & Equipment	General Support
(2) OhioHealth Corporation - Doctors Hospital5100 West Broad Street Columbus,OH 432281607	31-4394942	Section 501(c)(3)		827,152	FMV	Contributed Plant, Property & Equipment	General Support
(3) OhioHealth Corporation - Grant Medical Center111 South Grant Avenue Columbus,OH 432154701	31-4394942	Section 501(c)(3)		642,193	FMV	Contributed Plant, Property & Equipment	General Support
(4) OhioHealth Corporation - Riverside Methodist Hospital 3535 Olentangy River Road Columbus,OH 432143908	31-4394942	Section 501(c)(3)		11,051,256	FMV	Contributed Plant, Property & Equipment	General Support
(5) Grady Memorial Hospital 561 West Central Avenue Delaware,OH 430151410	20-3750671	Section 501(c)(3)		142,537	FMV	Contributed Plant, Property & Equipment	General Support

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

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
(1) Ann and Fred Kull Scholarship Endowment	21	14,500			
(2) Elsie Cole Fisher Memorial Endowment	7	7,000			
(3) Riverside Nursing Scholarship Endowment Fund	4	6,000			
(4) Rose M Williams Nursing Scholarship Endowment Fund	3	15,000			
(5) Riverside Volunteer Board	12	12,000			

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 Grants of property, plant, and equipment are made to related organizations within the OhioHealth system for necessary general support of the respective hospitals These fixed assets are monitored pursuant to fixed asset management policies

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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 to offset the cost of temporary housing The full amount was treated as taxable compensation reported on the individuals' W-2 Gregory A Long - $12,000 Hugh A Thornhill - $12,000
	Part I, Lines 4a-b	The following individual listed in Form 990, Part VII received severance payments Dale P Anderson, M D - $436,338 55 Ronald J Bachman - $263,820 18 Deborah L Blackwell, DO - $59,773 87 Sean Gleeson, M D - $141,629 44 Vicki J Lewis - $90,145 04 Steven L Swart - $76,615 47 The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan David P Blom - $1,297,808 Michael S Bernstein - $122,367 Steven J Garlock - $21,307 Robert J Gilbert - $48,609 Bruce P Hagen - $131,577 Cheryl L Herbert-Sinden - $8,193 Michael W Louge - $331,741 Stephen E Markovich, M D - $91,471 Robert P Millen - $210,245 Karen J Morrison - $73,543 Frank T Pandora II, Esq - $251,659 Penelope A Proctor, Esq - $5,984 Michael L Reichfield - $93,825 Mark R Seckinger - $555 Bruce Vanderhoff, M D - $117,366 Vinson M Yates - $54,615 Hugh A Thornhill - $0 Ronald J Bachman - $0 Steven L Swart - $0 These arrangements are an industry standard and are unfunded Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits Amounts for these arrangements are included in the deferred compensation amount
	Part I, Line 7	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities In addition, one time bonuses may be awarded to recognize exemplary performance All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons)

Additional Data Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Anderson Craig MD	(I)	0	0	0	0	0	0	0
	(II)	104,124	3,754	16,578	19,065	17,924	161,445	0
Blackwell Deborah L DO	(I)	0	0	0	0	0	0	0
	(II)	199,409	52,248	63,787	20,584	17,125	353,153	0
Blom David P	(I)	0	0	0	0	0	0	0
	(II)	866,676	770,740	29,685	1,330,400	17,024	3,014,525	0
Colwell Dean L DO	(I)	0	0	0	0	0	0	0
	(II)	260,550	83,606	27,311	31,329	15,522	418,318	0
deVillers Rebecca DO	(I)	71,589	8,685	6,898	10,698	18,325	116,195	0
	(II)	72,000	0	0	0	0	72,000	0
George Peter B MD	(I)	644,157	220,760	48,362	21,400	18,825	953,504	0
	(II)	112,499	0	0	578	0	113,077	0
Harmon Thomas L MD	(I)	0	0	0	0	0	0	0
	(II)	160,872	10,000	78	196	40	171,186	0
Herbert-Sinden Cheryl L	(I)	0	0	0	0	0	0	0
	(II)	235,403	100,000	21,888	41,850	16,548	415,689	0
Innes Jeffrey T MD	(I)	403,062	95,644	16,578	33,581	40	548,905	0
	(II)	60,000	0	0	0	0	60,000	0
Krantz Carl A Jr MD	(I)	141,821	16,471	34,634	27,665	40	220,631	0
	(II)	174,250	0	0	0	0	174,250	0
Markovich Stephen E MD	(I)	0	0	0	0	0	0	0
	(II)	337,378	110,000	21,949	118,829	20,522	608,678	0
Mestemaker Amy L MD	(I)	166,281	5,174	16,950	14,501	17,625	220,531	0
	(II)	0	0	0	0	0	0	0
Morrison Karen J	(I)	0	0	0	0	0	0	0
	(II)	262,366	112,000	21,285	98,053	20,185	513,889	0
Reichfield Michael L	(I)	0	0	0	0	0	0	0
	(II)	301,412	132,000	23,035	113,507	23,482	593,436	0
Santanello Steven A DO	(I)	74,125	0	0	0	0	74,125	0
	(II)	326,517	0	11,291	22,925	1,928	362,661	0
Smith Rita J RN	(I)	0	0	0	0	0	0	0
	(II)	134,152	16,119	1,498	27,079	6,986	185,834	0
VanLaningham Nathan	(I)	0	0	0	0	0	0	0
	(II)	203,443	70,400	19,601	18,674	16,695	328,813	0
Walters Robert W	(I)	0	0	0	0	0	0	0
	(II)	205,422	69,000	20,404	21,505	17,825	334,156	0
Fuller Raymond MD	(I)	10,073	0	0	0	0	10,073	0
	(II)	341,332	0	9,293	1,616	16,955	369,196	0
Louge Michael W	(I)	0	0	0	0	0	0	0
	(II)	578,770	270,000	14,785	354,152	19,982	1,237,689	0
Thornhill Hugh A	(I)	0	0	0	0	0	0	0
	(II)	181,657	50,000	14,562	0	12,792	259,011	0
Bernstein Michael S	(I)	0	0	0	0	0	0	0
	(II)	403,596	166,000	15,646	139,851	21,233	746,326	0
Millen Robert P	(I)	0	0	0	0	0	0	0
	(II)	559,150	257,000	19,850	231,630	23,685	1,091,315	0
Bjerke Craig A	(I)	0	0	0	0	0	0	0
	(II)	198,788	60,200	2,929	14,090	18,098	294,105	0
Ansel Gary MD	(I)	738,154	177,727	49,374	16,971	16,695	998,921	0
	(II)	174,720	42,566	0	774	0	218,060	0
Bell Jeffrey G MD	(I)	0	0	0	0	0	0	0
	(II)	317,848	8,605	12,916	28,172	13,312	380,853	0
Caulin-Glaser Terri MD	(I)	0	0	0	0	0	0	0
	(II)	293,712	81,576	23,075	36,352	13,312	448,027	0
Gingrich Curtis L MD	(I)	0	0	0	0	0	0	0
	(II)	177,145	19,710	404	15,930	18,025	231,214	0
Niles John P	(I)	0	0	0	0	0	0	0
	(II)	192,467	33,867	21,092	32,128	17,867	297,421	0
Paul Douglas B DO	(I)	271,047	17,849	16,778	337	11,390	317,401	0
	(II)	0	0	0	0	0	0	0
Poll Wayne L MD	(I)	0	0	0	0	0	0	0
	(II)	217,891	8,599	407	11,944	16,695	255,536	0
Yakubov Steve MD	(I)	685,527	232,505	47,640	20,427	16,695	1,002,794	0
	(II)	174,720	43,680	0	843	0	219,243	0
Sanders John W	(I)	0	0	0	0	0	0	0
	(II)	270,197	118,818	24,634	5	36,836	450,490	0
Seckinger Mark R	(I)	0	0	0	0	0	0	0
	(II)	175,445	55,000	19,524	31,412	13,702	295,083	0
Thornhill Larry W	(I)	0	0	0	0	0	0	0
	(II)	257,676	46,000	21,663	0	14,384	339,723	0
Snyder Ron P	(I)	136,727	38,677	258	0	23,902	199,564	0
	(II)	0	0	0	0	0	0	0
Gilbert Robert J	(I)	0	0	0	0	0	0	0
	(II)	253,318	82,000	24,459	78,028	18,248	456,053	0
Swart Steven L	(I)	0	0	0	0	0	0	0
	(II)	147,268	0	89,811	12,106	17,575	266,760	0
Lehmuth Richard L	(I)	0	0	0	0	0	0	0
	(II)	213,068	65,000	2,868	14,700	6,986	302,622	0
Bunyard Stephen P	(I)	0	0	0	0	0	0	0
	(II)	194,803	73,920	20,989	18,369	7,586	315,667	0
Floyd Phyllis G MD	(I)	0	0	0	0	0	0	0
	(II)	286,935	139,670	23,002	19,612	15,711	484,930	0
Foley Denise E	(I)	0	0	0	0	0	0	0
	(II)	172,999	63,060	19,389	23,702	20,891	300,041	0
Meldrum Terri W Esq	(I)	0	0	0	0	0	0	0
	(II)	161,356	47,000	2,477	16,520	17,015	244,368	0
Tomaszewski James A	(I)	0	0	0	0	0	0	0
	(II)	266,688	93,430	24,542	20,820	3,965	409,445	0
Garlock Steven J	(I)	0	0	0	0	0	0	0
	(II)	258,903	95,000	23,886	59,902	18,302	455,993	0
Brown Steven R	(I)	19,162	0	44	204	81	19,491	0
	(II)	159,192	32,824	2,561	18,024	16,784	229,385	0
O'Sullivan Michael D	(I)	0	0	0	0	0	0	0
	(II)	204,885	67,725	21,444	27,202	14,924	336,180	0
Nelson Patrick W	(I)	150,864	18,562	74	11,549	21,825	202,874	0
	(II)	0	0	0	0	0	0	0
Pettrey Lisa J	(I)	0	0	0	0	0	0	0
	(II)	144,846	37,392	5,380	15,307	19,825	222,750	0
Hooper Joseph	(I)	0	0	0	0	0	0	0
	(II)	182,049	51,330	4,028	21,475	13,378	272,260	0
Wallis Eric	(I)	0	0	0	0	0	0	0
	(II)	141,055	18,715	2,442	3,309	16,330	181,851	0
Kovack Thomas J DO	(I)	1,118,666	438,825	16,578	18,108	18,622	1,610,799	0
	(II)	0	0	0	0	0	0	0
Cassandra James C DO	(I)	616,906	387,797	16,578	14,986	20,962	1,057,229	0
	(II)	0	0	0	0	0	0	0
Silver Mitchell J DO	(I)	736,479	194,386	47,289	18,927	18,825	1,015,906	0
	(II)	0	0	0	0	0	0	0
Botti Charles F Jr MD	(I)	736,713	181,353	49,152	17,163	18,325	1,002,706	0
	(II)	0	0	0	0	0	0	0
Chapekis Anthony T MD	(I)	713,092	194,807	31,570	17,150	16,695	973,314	0
	(II)	0	0	0	0	0	0	0
Anderson Dale P MD	(I)	0	0	0	0	0	0	0
	(II)	0	0	437,562	0	10,745	448,307	0
Entry Timothy L	(I)	0	0	0	0	0	0	0
	(II)	131,825	0	2,418	6,731	12,213	153,187	0
Gleeson Sean MD	(I)	0	0	0	0	0	0	0
	(II)	0	0	141,629	919	0	142,548	0
Hagen Bruce P	(I)	0	0	0	0	0	0	0
	(II)	431,778	169,000	31,605	153,273	15,548	801,204	0
Vanderhoff Bruce MD	(I)	0	0	0	0	0	0	0
	(II)	402,343	159,000	39,992	140,097	18,555	759,987	0
Pandora Frank T II Esq	(I)	0	0	0	0	0	0	0
	(II)	341,283	147,000	27,693	294,014	15,096	825,086	0
Schuda Marian K MD	(I)	0	0	0	0	0	0	0
	(II)	264,129	28,042	5,771	24,535	16,497	338,974	0
Yates Vinson M	(I)	0	0	0	0	0	0	0
	(II)	255,095	89,525	23,771	81,501	21,685	471,577	0
Bachman Ronald J	(I)	0	0	0	0	0	0	0
	(II)	0	0	265,208	5,856	0	271,064	0
Lewis Vicki J	(I)	0	0	0	0	0	0	0
	(II)	6,798	0	104,921	1,581	9,997	123,297	0
Proctor Penelope A Esq	(I)	0	0	0	0	0	0	0
	(II)	211,265	75,000	21,430	43,180	7,586	358,461	0
Laterro Anita A	(I)	0	0	0	0	0	0	0
	(II)	143,024	40,500	3,291	17,463	21,225	225,503	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) Douglas Paul Retention Loan		X	50,000	21,350		No	Yes		Yes	
(2) Thomas Kovack Retention Loan		X	75,000	42,694		No	Yes		Yes	
(3) James Cassandra Retention Loan		X	50,000	31,739		No	Yes		Yes	
(4) Thomas Kovack Physician Student Loans		X	90,000	18,000		No	Yes		Yes	
(5) James Cassandra Physician Student Loans		X	90,000	6,169		No	Yes		Yes	
Total . . . . . ▶ $				119,952						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
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
Cardinal Health	Director or Org - Director of OHF (Lisa George) is an Officer	4,044,953	Payments - Goods or services provided to OhioHealth Group Entities Continued from relationship between interested person and organization - Lisa George, a Director of OhioHealth Foundation, is an Officer of Cardinal Health Tara M Abraham, a Director of OhioHealth Foundation, is the sister of Lisa George		No
Boston Scientific	Director of Org - A Director of OHRI (Gary Ansel) is an interested person	104,742	Payments - Goods or services provided to OhioHealth Group entities		No
Bard Inc	Director of Org - A Director of OHRI (Gary Ansel) is an interested person	109,810	Payments - Goods or services provided to OhioHealth Group entities		No
Gordon Flesch Co	Director of Org - a Director of OHF (Thomas G Flesch) is an Officer	104,965	Payments - Goods or Services provided to OhioHealth Group entities		No
American Electric Power	Director of Org - A Dir/Off of OHF and GMH (Thomas Hoaglin) is a Director	1,252,805	Payments - Electricity provided to OhioHealth Group entities		No
Dublin Building Systems	Director of Org - Son of Dir of OHF (Vic Irelan) is a more than 35% owner	119,686	Payments - Goods or services provided to OhioHealth Group entities		No
Time Warner Cable	Director of Org - A Director of GMH (Donna James) is a Director	418,589	Payments - Goods or services provided to OhioHealth Group entities		No
Dawson Personnel	Director of Org - A Dir of OHF (Larry J Lilly) son-in-law is a Principle	2,958,266	Payments - Goods or services provided to OhioHealth Group entities		No
Marion Ancillary Services	Director/Key Employee of Org - Directors/Key Employee of MGH are Directors	225,931	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Director and Key Employee of Org - Dirs of Marion General Hospital (Kathy Masters, John Sanders) are Directors A Key employee of Marion General Hospital (Joe Hooper) is a Director		No
Ohio Hospital Association Insurance Solutions	Director of Org - A Dir/Off of GRMCFI & OHRI (Frank Pandora) is a Director	565,114	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Director of Org - Greg Morrison, husband of Dir/Off of OHF (Karen Morrison), is a Director		No
Karen Smith	Director of Org - Daughter of Marion General Hospital Director (Judy Titus)	54,336	Comp/Ben - Daughter is employed at Marion General Hospital and receives compensation		No
Jacqueline Thornberry	Director of Org - Sister of Marion General Hospital Director (Judy Titus)	101,020	Comp/Ben - Sister is employed at Marion General Hospital and receives compensation		No

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**
Betty Jo Medley	Director of Org - Sister of Marion General Hospital Dir (Beverly S Young)	18,980	Comp/Ben - Sister is employed at Marion General Hospital and receives compensation		No
Heart Property LLC	Director of Org - Entity more than 35% owned by Director (Peter George, MD)	1,287,037	Payments - Goods or services provided to OhioHealth Group Entities		No
Medical Group of Ohio	Directors of Org - Directors of GMH & OHF are Directors	528,909	Payments - Goods or services to OhioHealth Group entities Continued from relationship between interested person and organization - Directors of Org - A Director of GMH & OHF (Jeffrey T Innes, M D) and Directors of OHF (Carl A Krantz Jr , M D , Larry J Lilly, M D , and Steven A Santanello, D O) are Directors		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		755	Sale of comparable prop
5 Clothing and household goods	X		11,292	Sale of comparable prop
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	5,374	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				
16 Real estate—Commercial				
17 Real estate—Other	X	7	3,758	Sale of comparable prop
18 Collectibles				
19 Food inventory	X	2	126	Cost/selling price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Other)	X	56	5,698	Cost/selling price
26 Other ▶ (Hardware)	X	1	60,000	Cost/selling price
27 Other ▶ (Equipment)	X	1	40,000	Cost/selling price
28 Other ▶ (Hospital PP&E)	X	1	142,537	Cost/selling price

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

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

Part II

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

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	The number reported in column (b) for Hospital PP&E represents the number of contributors All other column (b) amounts represents the number of items contributed
Third Party Use	Part I, Line 32b	The Huntington Investment Company is used to sell the publicly traded securities gifts received by the Foundation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135054912

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Many of the persons listed in Part VII have a "business relationship" with each other by virtue of sitting on related OhioHealth entity boards Lisa George, a Director of OhioHealth Foundation, and Tara M Abraham, a Director of OhioHealth Foundation, have a family relationship David P Blom, Director of Grady Memorial Hospital, and Randy Wilcox, Vice Chairman of Grady Memorial Hospital, have a business relationship Steve Cox, Chairman of DHCN Board, and Bernita Crawford, Treasurer of DHCN Board, have a business relationship Julie Mercker, a Director of OhioHealth Foundation, and George W McCloy, a Director of OhioHealth Foundation, have a family relationship Michael J Endres, Treasurer of Grady Memorial Hospital, and John P McConnell, Director of Grady Memorial Hospital, have a business 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 and Hardin Memorial Hospital Foundation, has a business relationship with other members of the Hardin Memorial Hospital board of directors

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 OhioHealth 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 2010 base salary fell below the middle of the market and his 2010 total compensation (which includes annual incentive and all benefits) was estimated to approximate the 87th percentile The organization's performance for FY 6/30/2011 was at the 87th 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
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 14,167,754 Net Assets Released from Restriction used for PP&E 12,854,479 Intercompany Transactions 61,299,939 Changes in Other Unrestricted Net Assets 583,799 Changes in Temporary Restricted Net Assets -15,080,255 Changes in Permanently Restricted Net Assets 124,132 Total to Form 990, Part XI, Line 5 73,949,848

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

Identifier	Return Reference	Explanation
	From 990, Part IV, Line 24a	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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135054912

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

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
(1) Grant Anesthesia Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 20-1501295	Practice Management Services	OH	-8,197,127	1,163,347	GrantRiverside Medical Care Foundation
(2) Orthopedic Trauma Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 56-2294320	Practice Management Services	OH	-1,977,431	306,448	GrantRiverside Medical Care Foundation
(3) Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	8,361,022	-260,259	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 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	Yes	

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	(k) Percentage ownership
(1) OhioHealth Sleep Services LLC 6185 Huntley Road Suite B Columbus, OH43229 20-1547399	Physician Practice	OH	N/A									
(2) Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH43231 20-8074623	Medical Services	OH	N/A									
(3) Marion Ancillary Services LLC 1040 Delaware Avenue Marion, OH43302 31-1704991	Outpatient Services	OH	N/A	Related	860,954	1,717,295		No			No	55 000 %
(4) Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH43215 31-1472667	Medical Services	OH	N/A									
(5) ESWL Real Estate & Equipment Limited Partnership 100 West Third Avenue Suite 350 Columbus, OH43201 31-1138732	Equipment Rental	OH	N/A									
(6) Marion Area Health Center 1050 Delaware Avenue Marion, OH43302 31-1639538	Outpatient Surgery Center	OH	N/A	Related	844,496	721,633		No			No	63 000 %
(7) Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH43215 26-0765486	Endoscopy Services	OH	N/A									

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	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	Related	860,954	1,717,295		No			No	55 000 %
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 1050 Delaware Avenue Marion, OH43302 31-1639538	Outpatient Surgery Center	OH	N/A	Related	844,496	721,633		No			No	63 000 %
Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH43215 26-0765486	Endoscopy Services	OH	N/A									

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			
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 ($)	(d) Method of determining amount involved
(1)	OhioHealth Corporation	Q	30,892,923	Actual dollars transferred
(2)	OhioHealth Corporation	R	6,371,089	Actual dollars transferred
(3)	Hospital Properties Inc	J	637,159	Market rent
(4)	HardinCare Inc	D	263,067	Loan balance
(5)	Healthworks	P	7,291,977	Actual dollars transferred
(6)	Grady Anesthesia Services	P	2,240,714	Actual dollars transferred
(7)	Intel Health Services	O	581,742	Actual dollars transferred
(8)	Marion Ancillary Services	P	225,931	Actual dollars transferred
(9)	Marion Area Health Center	P	80,031	Actual dollars transferred
(10)	HardinCare Inc	A	45,988	Interest payments

CONSOLIDATED FINANCIAL STATEMENTS

OhioHealth Corporation
Years Ended June 30, 2011 and 2010
With Report of Independent Auditors

OhioHealth Corporation

Consolidated Financial Statements

Years Ended June 30, 2011 and 2010

Contents

plante moran

Plante & Moran, PLLC
Suite 600
65 E State St
Columbus OH 43215
Tel 614 849 3000
Fax 614 221 3535
plantemoran com

Independent Auditor's Report

To the Board of Directors
OhioHealth Corporation

We have audited the accompanying consolidated balance sheet of OhioHealth Corporation (the "Corporation") as of June 30, 2011 and 2010 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These consolidated financial statements are the responsibility of the Corporation's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of OhioHealth Corporation at June 30, 2011 and 2010 and the consolidated results of its operations and changes in net assets and cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America

In accordance with *Government Auditing Standards*, we have also issued a report dated September 27, 2011 on our consideration of OhioHealth Corporation internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grants The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit

Plante & Moran, PLLC

September 27, 2011

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2011	2010
	(In Thousands)	
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 190,241**	$ 129,171
Patient Accounts Receivable, Less Allowances for Doubtful Accounts ($121,163 in 2011, $111,547 in 2010)	**227,865**	212,663
Other Receivables	**27,780**	18,110
Inventories	**29,418**	31,172
Other Current Assets	**30,272**	32,019
Total Current Assets	**505,576**	423,135
Property and Equipment, Less Accumulated Depreciation *(Note 3)*	**752,690**	740,316
Assets Limited As To Use *(Note 4)*		
Funds Held by Trustee	**36,637**	31,280
Unrestricted Foundation Investments	**46,386**	34,508
Funds Designated for Future Expansion	**1,817,261**	1,345,594
Funds Internally Designated as Endowments	**12,760**	11,130
Total Assets Limited As To Use	**1,913,044**	1,422,512
Other Assets		
Interest Rate Swap Asset *(Note 7)*	**3,277**	1,459
Other	**80,442**	81,224
Total Other Assets	**83,719**	82,683
Restricted Assets		
Restricted Foundation Investments *(Note 4)*	**45,864**	46,640
Restricted Pledges and Tax Levy Receivable	**6,531**	7,298
Total Restricted Assets	**52,395**	53,938
Total Assets	**$ 3,307,424**	$ 2,722,584

OhioHealth Corporation

Consolidated Balance Sheets

	June 30	
	2011	**2010**
	(In Thousands)	
Liabilities and Net Assets		
Current Liabilities		
Line of Credit *(Note 6)*	**$ 260**	$ -
Current Portion of Long-Term Debt *(Note 6)*	**12,411**	12,195
Accounts Payable	**92,685**	85,471
Wages and Benefits Payable	**148,835**	139,374
Estimated Third-Party Settlements *(Note 2)*	**28,141**	16,813
Accrued Interest Payable	**1,898**	1,752
Other Current Liabilities	**69,290**	64,763
Total Current Liabilities	**353,520**	320,368
Long-Term Liabilities		
Long-Term Debt, Net of Unamortized Bond Premium and Discount *(Note 6)*	**716,473**	608,807
Accrued Malpractice, Pension and Other *(Note 5)*	**198,155**	241,537
Interest Rate Swap Liability *(Note 7)*	**23,287**	28,733
Total Long-Term Liabilities	**937,915**	879,077
Net Assets		
Unrestricted Net Assets	**1,963,594**	1,469,201
Temporarily Restricted Net Assets	**37,972**	39,954
Permanently Restricted Net Assets	**14,423**	13,984
Total Net Assets	**2,015,989**	1,523,139
Total Liabilities and Net Assets	**$ 3,307,424**	$ 2,722,584

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2011	2010
	(In Thousands)	
Operating Revenues		
Net Patient Service Revenues *(Note 9)*	**$ 2,262,216**	$ 2,130,995
Operating Income from Equity Ventures	**8,475**	6,052
Other Revenues	**57,738**	50,520
Total Operating Revenues	**2,328,429**	2,187,567
Operating Expenses		
Salaries and Wages	**938,504**	861,177
Employee Benefits	**210,271**	192,264
Drugs and Supplies	**360,426**	347,159
Purchased Services	**243,159**	242,646
Bad Debt	**105,067**	107,901
Depreciation and Amortization	**109,244**	106,977
Interest	**14,455**	13,684
Other	**152,674**	153,446
Total Operating Expenses	**2,133,800**	2,025,254
Net Operating Income	**194,629**	162,313
Nonoperating Income (Loss)		
Interest Income, Dividends and Realized Gains *(Note 4)*	**62,001**	36,620
Change in Net Unrealized Gains on Trading Securities *(Note 4)*	**147,929**	98,106
Loss on Advance Refunding of Debt *(Note 6)*	**(959)**	-
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**7,132**	(10,786)
Nonoperating Income from Equity Ventures	**1,643**	2,236
Contributions and Other	**596**	4,472
Total Nonoperating Income	**218,342**	130,648
Net Income (restated for 2010)	**$ 412,971**	$ 292,961

(Continued on following page)

OhioHealth Corporation

Consolidated Statements of Operations
and Changes in Net Assets
(continued)

	Year Ended June 30	
	2011	2010
	(In Thousands)	
Unrestricted Net Assets		
Net Income	**$ 412,971**	$ 292,961
Change in Net Unrealized Gains on Alternative Investments *(Note 4)*	**13,173**	5,074
Net Assets Released from Restrictions used for Purchase of Property and Equipment	**12,855**	10,604
Pension-Related Changes other than Net Periodic Pension Cost	**62,623**	(51,761)
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**132**	132
Other	**(7,361)**	(2,759)
Increase in Unrestricted Net Assets	**494,393**	254,251
Temporarily Restricted Net Assets		
Investment Income	**681**	856
Tax Levy Contributions	**12**	248
Change in Net Unrealized Gains and Losses on Investments *(Note 4)*	**2,373**	3,064
Net Assets Released from Restrictions	**(17,930)**	(16,055)
Contributions and Other	**12,882**	19,863
(Decrease) Increase in Temporarily Restricted Net Assets	**(1,982)**	7,976
Permanently Restricted Net Assets		
Contributions and Other	**439**	(2,427)
Increase (Decrease) in Permanently Restricted Net Assets	**439**	(2,427)
Increase in Net Assets	**492,850**	259,800
Net Assets at Beginning of Year	**1,523,139**	1,259,391
Effect of Change in Accounting for Noncontrolling Interests *(Note 2)*	**-**	3,948
Net Assets at Beginning of Year (restated for 2010)	**-**	1,263,339
Net Assets at End of Year	**$ 2,015,989**	$ 1,523,139

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2011	2010
	(In Thousands)	
Operating Activities		
Increase in Net Assets	**$ 492,850**	$ 259,800
Adjustments to Reconcile Increase in Net Assets to Cash Provided by Operating Activities		
Depreciation	**108,623**	103,267
Amortization	**621**	3,710
Bad Debt Expense	**105,067**	107,901
Contributions	**(11,967)**	(13,150)
Loss on Advance Refunding of Debt	**959**	-
Gain on Disposition of Assets	**(2,896)**	(3,207)
Interest Income, Dividends and Realized Gains	**(62,682)**	(37,476)
Change in Net Unrealized Gains on Investments	**(163,475)**	(106,244)
Pension-Related Changes other than Net Periodic Pension Cost	**(62,623)**	51,761
Change in Fair Value of Interest Rate Swaps	**(7,264)**	10,654
Cash (Used for) Provided by Operating Assets and Liabilities		
Patient Accounts Receivable	**(120,269)**	(110,179)
Inventories, Other Receivables and Other Assets	**(6,967)**	(28,522)
Estimated Third-Party Settlements	**11,328**	4,428
Accounts Payable, Accrued Interest Payable and Other Current Liabilities	**14,783**	33,977
Wages and Benefits Payable	**9,461**	(1,693)
Accrued Malpractice and Other	**19,241**	(3,292)
Net Cash Provided by Operating Activities	**324,790**	271,735
Investing Activities		
Additions to Property and Equipment, Net	**(122,676)**	(97,631)
Increase in Assets Limited As To Use and Restricted Assets	**(250,865)**	(274,510)
Net Cash Used for Investing Activities	**(373,541)**	(372,141)
Financing Activities		
Proceeds from Long-Term Debt Obligations	**321,169**	-
Refunding of Long-Term Debt Obligations	**(183,740)**	-
Principal Payments on Long-Term Debt Obligations	**(27,608)**	(10,738)
Net Cash Provided by (Used For) Financing Activities	**109,821**	(10,738)
Increase (Decrease) in Cash and Cash Equivalents	**61,070**	(111,144)
Cash and Cash Equivalents at Beginning of Year	**129,171**	240,315
Cash and Cash Equivalents at End of Year	**$ 190,241**	$ 129,171

See accompanying notes

1. Organization

OhioHealth Corporation (OhioHealth or the Corporation) is a nonprofit corporation organized under the laws of the State of Ohio The sole member of OhioHealth is the West Ohio Conference of The United Methodist Church OhioHealth operates general acute care hospitals including Grant Medical Center (Grant), Riverside Methodist Hospital (Riverside), and Doctors Hospital (Doctors) each in Columbus, Ohio, and the Dublin Methodist Hospital in Dublin, Ohio OhioHealth also operates several outpatient facilities OhioHealth is the parent organization and sole voting member of Grady Memorial Hospital (Grady), Marion General Hospital, Inc (Marion), Hardin Memorial Hospital (Hardin), HomeReach and Subsidiary (HomeReach), and Doctors Health Corporation of Nelsonville (Nelsonville) In addition, OhioHealth is the parent organization and sole corporate member of OhioHealth Star Corporation (OhioHealth Star), Intel Health Services Insurance Co , Ltd , OhioHealth Foundation, Inc , OhioHealth Research Institute, and Hospital Properties, Inc , and is the beneficial owner of all of the issued and outstanding shares of Grant/Riverside Medical Care Foundation, D B A OhioHealth Medical Specialty Foundation

Grady, an Ohio nonprofit corporation, is the parent organization and sole voting member of GM Health Services Inc GM Health Services, Inc is the sole member of Healthworks, Inc Healthworks, Inc , is the sole member of Grady Anesthesia Services, Inc

Nelsonville and Marion are Ohio nonprofit corporations OhioHealth Corporation is the sole member of Nelsonville and Marion

Hardin, an Ohio nonprofit corporation, is the sole voting member of Hardin Memorial Hospital Foundation HardinCare, Inc is a wholly owned subsidiary of Hardin Hardin is also the sole voting member of Hardin Physician Foundation, Inc (the Physician Foundation) The Physician Foundation is an Ohio professional association, which employs physicians qualified and licensed to practice medicine in the state of Ohio The Physician Foundation provides Hardin with physicians to render medical education services in addition to operating several clinics

HomeReach, an Ohio nonprofit corporation, is the parent and sole voting member of HomeReach HomeCare Nursing Agency (HomeCare) HomeReach operates as a multidisciplinary home care business, which includes hospice services, IV therapy, respiratory therapy and durable medical equipment HomeCare operates as a certified home health agency and provides skilled nursing, home health aide and various rehabilitation services

OhioHealth Star is an Ohio for-profit corporation OhioHealth Star has several operating divisions and wholly-owned subsidiaries

1. Organization (continued)

Intel Health Services Insurance Co , Ltd, is a wholly-owned for-profit captive insurance corporation

OhioHealth Foundation, Inc is an Ohio nonprofit corporation that conducts fund-raising activities for the benefit and support of Grant, Riverside, Doctors, Dublin, Grady, and HomeReach

OhioHealth Research Institute is a nonprofit corporation that supports medical research at OhioHealth's hospitals

Hospital Properties, Inc is a nonprofit corporation that maintains properties related to the operations of the Corporation

Grant/Riverside Medical Care Foundation, Inc, D B A OhioHealth Medical Specialty Foundation, is a nonprofit corporation that employs physicians who practice at Corporation hospitals This entity has been expanded with an additional line of business (called the Medical Specialty Foundation) to execute the Corporation's strategy to employ certain office based physicians and specialties

2. Significant Accounting Policies

The significant accounting policies used in the consolidated financial statements are summarized below

Principles of Consolidation

The consolidated financial statements include the accounts of OhioHealth and its subsidiaries (the Corporation) All significant intercompany balances and transactions have been eliminated

Cash Equivalents

The Corporation considers investments, classified as current assets, with a maturity of three months or less when purchased to be cash equivalents

2. Significant Accounting Policies (continued)

Accounts Receivable

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

Third-Party Reimbursement

The Corporation is a provider of services under contractual arrangements with the Medicare and Medicaid programs In addition, the Corporation has other third-party reimbursement arrangements Net patient service revenues include amounts estimated to be reimbursable by these programs under the provisions of various payment formulas Amounts received by the Corporation for treatment of patients covered by such programs are generally less than the established billing rates The differences between established billing rates and amounts received are deducted in arriving at net patient service revenues

Amounts earned under the Medicare and Medicaid contractual arrangements are subject to audit by appropriate government authorities or their agents Adequate provision has been made in the financial statements for any adjustments that may result from such audits At June 30, 2011, final determinations have not been made for all entities for 2005 and 2008 through 2011 for Medicare and 2006 through 2011 for Medicaid The amounts reported on the financial statements represent estimated settlements outstanding at June 30, 2011 and 2010 Gains related to prior year settlement and other reserve estimates resulted in an increase to net operating income in 2011 and 2010 of approximately $11,745,000 and $8,942,000, respectively Medicare, Medicaid and Anthem represented 61% of charges at established rates for the years ended June 30, 2011 and 2010

The Medicare program has initiated a Recovery Audit Contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 can be reviewed by contractors for validity, accuracy and proper documentation A demonstration project completed in several other states resulted in the identification of potential significant overpayments The RAC program began for Ohio hospitals in the fall of 2009 and the Corporation received several audit requests throughout the year The Corporation is unable to determine the existence or the extent of the liability for overpayments or underpayments identified in ongoing audits, but so far the audits have resulted in insignificant adjustments through June 30, 2011

2. Significant Accounting Policies (continued)

Third-Party Reimbursement (continued)

In the health care industry, laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation The Corporation believes that it is in substantial compliance with all applicable laws and regulations Compliance with health care industry laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs As a result, there is a less than probable but greater than remote possibility as described in the accounting standards regarding the recognition of contingencies, that recorded estimates will change by a material amount in the near term

Inventories

Inventories are determined by physical count and are valued at the lower of cost or market Inventories, generally consisting of surgical supplies, are accounted for using a weighted-average costing method All other inventory costs are determined on the first-in, first-out method

Property and Equipment

Additions to property and equipment have been recorded at cost, or at fair market value if acquired by gift The carrying amounts of assets sold, retired, or otherwise disposed of and the related allowances for depreciation are eliminated from the accounts and any resulting gain or loss is included in other operating revenue (expense) as a gain (loss) on disposition of assets Depreciation of property and equipment is provided by annual charges to expense on a straight-line basis over the estimated useful lives of the assets Equipment under capital leases is depreciated over the shorter of the estimated useful lives or lease terms The estimated useful lives of buildings and improvements vary generally from 10 to 40 years and the estimated useful lives of equipment vary generally from 3 to 10 years

Assets Limited As To Use and Restricted Foundation Investments

Assets limited as to use consists of funds held by trustee, unrestricted foundation investments, funds internally designated for future expansion and replacement, and funds internally designated as endowments Funds held by trustee are principally for debt service and payment of malpractice and general patient liability losses Earnings on these funds are included in investment income Restricted foundation investments consist of assets whose use by the Corporation has been restricted by the donor Funds internally designated as endowments have been designated by the Board of Directors which also has the ability to use such funds for other purposes at its discretion

2. Significant Accounting Policies (continued)

Assets Limited As To Use and Restricted Foundation Investments (continued)

All investments in equity and debt securities, with the exception of alternative investments, are designated as trading securities and are recorded at fair value based upon quoted market prices Alternative investments are designated as available for sale securities and recorded at estimated fair market value The fair value of certain alternative investments has been estimated by the investment manager in the absence of readily ascertainable market values Investment income or loss (including realized gains and losses on the sale of investments, losses on investments deemed to be other-than-temporary for alternative investments, interest, and dividends) is included in net income unless the income is restricted by donor or law Unrealized gains and losses on trading securities are included in net income Unrealized gains and losses on available for sale securities are excluded from net income

Equity Investments

Investments in jointly owned companies and other investees in which the Corporation has an equity basis interest and does not exercise significant influence, are carried at cost, adjusted for the entities proportionate share of their undistributed earnings or losses These investments ($22,188,000 and $23,795,000 as of June 30, 2011 and 2010, respectively) are included in other assets in the accompanying balance sheets (see Note 11)

Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value

Cash and Cash Equivalents – The carrying amount approximates fair value because of the short maturity of those instruments

Investments – Fair values, which are the amounts reported in the consolidated balance sheets, are based on quoted market prices Certain alternative investments are recorded at estimated fair market value, which have been estimated by the investment manager in the absence of readily ascertainable market values

Accounts Receivable, Estimated Third-Party Settlements, Accounts Payable and Accrued Liabilities – The carrying amount reported in the consolidated balance sheets for accounts receivable, estimated third-party settlements, accounts payable and accrued liabilities approximates its fair value

2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments (continued)

Interest Rate Swap – The fair value of the interest rate swap agreements are based on a mark to market calculation of the value of the interest rate swap contract

Long-Term Debt – The carrying amounts of variable rate long-term debt and capital lease obligations approximate their fair values due to the nature of the obligations The fair value of fixed rate long-term debt is estimated using comparable issues in the security market

Malpractice and General Patient Liability Contingencies

Because of the nature of its operations, the Corporation is, at all times, subject to pending and threatened legal actions which arise in the normal course of its activities Malpractice and general patient liability claims for incidents which may give rise to litigation have been asserted against the Corporation by various claimants The claims are in various stages of processing and some may ultimately be brought to trial There are also known incidents that have occurred through June 30, 2011 and June 30, 2010, respectively, that may result in the assertion of additional claims At June 30, 2011 and June 30, 2010, an estimate of these contingent losses has been accrued to the extent they fall within the limits of the Corporation's self-insurance program or exceed the limits of its insurance coverage There may be other claims from unreported incidents arising from services provided to patients The reserve for medical malpractice at June 30, 2011 and 2010 includes amounts for claims and related legal expenses for these unreported incidents The reserve was actuarially determined by combining the Corporation's historical experience and industry data

The Corporation established a trust for the purpose of setting aside assets for the payment of claims based on actuarial funding recommendations Under the trust agreements, the trust assets can only be used for payment of malpractice losses, related expenses and the cost of administering the trust

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity, the income from which is expendable to support health care services When a donor restriction expires, temporarily restricted net assets used for non-capital expenditures are reclassified to unrestricted net assets and are included in net income The release of restrictions on temporarily restricted net assets restricted for the purchase of property and equipment are excluded from net income and are reported as an increase in unrestricted net assets

2. Significant Accounting Policies (continued)

Federal Income Taxes

OhioHealth and substantially all of its subsidiaries are tax-exempt organizations as defined under various sections of the Internal Revenue Code With respect to the taxable corporations, income taxes are insignificant in fiscal 2011 and 2010 The Corporation files all applicable federal, state and local income tax returns Fiscal years 2008 through 2011 are subject to audit by appropriate government authorities or their agents

Charity Care and Benefits to the Community (unaudited)

The Corporation provides medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, the Corporation not only utilizes generally recognized poverty income levels of the communities it serves, but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Because the Corporation does not expect to receive payment of amounts determined to qualify as charity care, these amounts are not included in net patient service revenues Charity care, measured at established rates (gross revenues) amounted to approximately $360,542,000 (6 0% of total charges) and $324,996,000 (6 0% of total charges) for the years ended June 30, 2011 and 2010, respectively

In addition, the Corporation provides community services intended to benefit the underserved and enhance the health status of the communities it serves These services include 24 hour a day emergency rooms, community health screenings, forums for various support groups, health education classes, speakers and publications, hospice and medical research The Corporation has been able to achieve a greater impact in the community by partnering financial and human resources with other organizations These expenditures include a commitment to the project to reduce infant mortality, pastoral care service, various civic sponsorships, and other community partnership programs

The Corporation's total benefit to the community includes the cost of charity care (net of assistance received from the Hospital Care Assurance Program), unpaid cost of Medicaid, and medical education programs as well as those programs discussed above The Corporation's benefit to the community was approximately $204,866,000 and $190,965,000 for the years ended June 30, 2011 and 2010, respectively These amounts include the net cost of charity care of approximately $84,719,000 and $81,195,000 In addition, the unpaid cost of Medicare of approximately $62,905,000 and $39,113,000, respectively, was provided as an uncompensated service to the community

2. Significant Accounting Policies (continued)

Hospital Care Assurance Program

The Hospital Care Assurance Program (HCAP) provides financial assistance to hospitals for care provided to the indigent Under HCAP, hospitals are assessed amounts, which are matched with federal funds and subsequently redistributed to the hospitals The Corporation recognized approximately $35,879,000 and $32,327,000 in net HCAP distributions for the years ended June 30, 2011 and 2010, respectively, recorded as a component of net income

Operating Activities

The Corporation's primary purpose is to provide diversified health care services to the community As such, activities related to the ongoing operations of the Corporation are classified as operating revenues Operating revenues include those generated from direct patient care, related support services, system service fee revenue, income (loss) from equity ventures in core business patient service facilities, gains (losses) on the disposition of assets, and sundry revenues related to the operations of the Corporation Nonoperating income (expense) includes investment income and losses, unless the income or loss is restricted by the donor, change in net unrealized gains (losses) on trading securities, realized losses deemed other than temporary on alternative investments, loss on advanced refunding of debt, change in fair value of interest rate swaps, income from non-core business equity ventures and unrestricted contributions Excluded from the performance indicator (net income) are change in net unrealized gains and losses on alternative investments, net assets released from restrictions used for purchase of property and equipment, and change in pension-related changes other than net periodic pension cost

The Corporation provides general health care services to residents within its geographic location Expenses related to providing these services for 2011 and 2010 include health care expenses of approximately $1,794,885,000 and $1,666,088,000 respectively, and general and administrative expenses of approximately $338,915,000 and $359,166,000, respectively

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

2. Significant Accounting Policies (continued)

Net Patient Service Revenues

The Corporation has agreements with third-party payers that provide for payments to the Corporation at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including adjustments made to estimated third-party settlements on prior year cost reports Third-party settlements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

Conditional Asset Retirement Obligations

Financial accounting standards clarified when an entity is required to recognize a liability for a conditional asset retirement obligation Management has considered the standards, specifically as it relates to its legal obligation to perform asset retirement activities on its existing properties Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Corporation may settle the obligations is unknown and cannot be estimated As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of June 30, 2011 and 2010

Noncontrolling Interests in Consolidated Financial Statements

During the year ended June 30, 2011, the Corporation changed the accounting for noncontrolling interests in consolidated joint ventures as required by Accounting Standards Update (ASU) 2010-07 Not-for-Profit Entities (Topic 958) Not-for-Profit Entities Mergers and Acquisitions As required, this standard has been applied to the fiscal years ended June 30, 2011 and 2010 for comparability purposes and requires changes to the previously reported net income and net assets The financial statements for 2010 have been retrospectively restated to apply the new presentation requirements for the noncontrolling interest

On the statement of operations, the noncontrolling interest previously was recorded as a reduction of net income Net income includes $5,767,000 and $4,772,000 for the years ended June 30, 2011 and 2010, respectively, attributable to noncontrolling interest Previously reported net income for the year ended June 30, 2010 was $288,189,000

2. Significant Accounting Policies (continued)

Noncontrolling Interests in Consolidated Financial Statements (continued)

On the balance sheet, the statement requires that the noncontrolling interest which was formerly reported as a long-term liability be reported as a component of net assets Therefore, the June 30, 2011 and 2010 net assets of the Corporation include $2,928,000 and $5,063,000, respectively, of noncontrolling interest

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 27, 2011, which is the date the financial statements were issued

Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform with the 2011 presentation

New Accounting Pronouncement

During 2011, the Financial Accounting Standards Board (FASB) adopted Accounting Standards Update (ASU) 2011-07 Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities establishing accounting and disclosures for healthcare entities recognize significant amounts of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay The amendments in the ASU change the presentation of the statement of operations and add new disclosures that are not required under current Generally Accepted Accounting Principles for entities within the scope of this Update The provision for bad debts associated with patient service revenue for certain entities is required to be presented on a separate line as a deduction from patient service revenue (net of contractual allowances and discounts) in the statement of operations The ASU is effective for the Organization for the year ending June 30, 2013

3. Property and Equipment

Property and equipment is summarized as follows

	June 30	
	2011	2010
	(In Thousands)	
Land and land improvements	$ 74,782	$ 75,244
Buildings and fixed equipment	993,850	976,161
Equipment	543,030	612,455
Construction-in-progress	47,622	39,385
	1,659,284	1,703,245
Accumulated depreciation	(906,594)	(962,929)
	$ 752,690	$ 740,316

Title to certain land and buildings of the Corporation is held by various governmental agencies pursuant to lease agreements in connection with the issuance of tax-exempt revenue bonds Since the terms of the leases are essentially equivalent to a purchase, such assets are included in property and equipment and are subject to depreciation over the lesser of the related estimated useful lives of the assets or lease term The lease obligations have been recorded as long-term obligations

4. Assets Limited As To Use and Restricted Foundation Investments

Investment income is comprised of the following

	Year ended June 30	
	2011	2010
	(In Thousands)	
Income		
Interest and dividend income	$ 34,306	$ 30,568
Net realized gains on sales of trading securities	27,695	6,052
Change in net unrealized gains on trading securities	147,929	98,106
	$ 209,930	$ 134,726
Other changes in net assets		
Change in net unrealized gains on alternative investments	$ 13,173	$ 5,074
Change in net unrealized gains on investments	2,373	3,064
	$ 15,546	$ 8,138

4. Assets Limited As To Use and Restricted Foundation Investments (continued)

The Corporation is exposed to changes in fair value of foreign currency due to changes in foreign currency exchange rates As of June 30, 2011 and 2010, the Corporation has recorded unrealized gains (losses) on foreign currency in net assets of $3,780,000 and $2,392,000, respectively All realized gains and losses on foreign currency are included in the statement of operations The Corporation has not recorded significant realized gains or losses on foreign currency

The following is a description of the aggregate carrying amount of investments by major type of investment carried at fair value

	June 30	
	2011	2010
	(In Thousands)	
Money markets and short-term investments	$ 82,479	$ 28,382
U S Government obligations	511,663	363,188
Common stocks	316,831	262,211
Corporate bonds	305,605	228,925
Limited partnerships	250,895	184,891
Foreign equities and other	165,459	106,095
Asset backed and collateralized mortgage obligations (CMO)	108,696	147,581
Alternative investments	217,280	147,879
	$ 1,958,908	$ 1,469,152

Of the above amounts, $1,913,044,000 and $1,422,512,000 are classified as assets limited as to use at June 30, 2011 and 2010, respectively $45,864,000 and $46,640,000 are classified as restricted foundation investments for the same respective periods in the Corporation's consolidated financial statements

Other-Than-Temporary Declines in Investments

OhioHealth evaluates its available-for-sale holdings for other-than-temporary declines in fair value below cost basis If an investment is determined to have an other-than-temporary decline in fair value, the unrealized losses for the investment are realized in nonoperating income

The Corporation records all of its investments in equity and debt securities, with the exception of alternative investments, as trading securities Alternative investments remain classified as available-for-sale securities Unrealized losses on alternative investments were $1,267,000 and $6,432,000 as of June 30, 2011 and 2010, respectively

4. Assets Limited As To Use and Restricted Foundation Investments (continued)

Other-Than-Temporary Declines in Investments (continued)

The following table documents OhioHealth's investments' gross unrealized losses and fair value, aggregated by investment category, at June 30, 2011 (in thousands)

	Loss Position for Less than 12 Months		Loss Position for 12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Alternative investments	$ -	$ -	$76,907	$(1,267)	$76,907	$(1,267)

The following table documents OhioHealth's investments' gross unrealized losses and fair value, aggregated by investment category, at June 30, 2010 (in thousands)

	Loss Position for Less than 12 Months		Loss Position for 12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Alternative investments	$428	$(172)	$80,310	$(6,260)	$80,738	$(6,432)

For the fiscal years ended June 30, 2011 and 2010, existing impairments are temporary and no adjustments to the cost basis are deemed necessary due to the long term nature of the alternative investments In addition, OhioHealth has the intent and ability to retain investments for a period of time sufficient to allow for the anticipated recovery in market value

In order to evaluate the realizable value of its investments, OhioHealth evaluates the available facts and circumstances, including the investment intent of OhioHealth, estimated twelve month target prices, and the nature of the investment This evaluation requires significant judgment including determinations involving the estimation of the outcome of future events, and also consists of an accumulation of factors about general market conditions which reflect prospects for the economy as a whole, the specific industries, and/or the specific securities under consideration These factors are considered by management in determining whether the security still has earnings potential in the near future, and whether the security has an anticipated recovery in market value

5. Pension Plans

Within the Corporation there are separate non-contributory defined benefit pension plans for employees who meet certain requirements as to age and length of service The following table provides a reconciliation of the changes in the Plans' projected benefit obligations and fair value of assets for the years ended June 30, 2011 and 2010, and a statement of the funded status as of June 30, 2011 and 2010

	June 30	
	2011	**2010**
	(In Thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 426,309**	$ 330,667
Service cost	**26,721**	19,934
Interest cost	**23,909**	23,144
Actuarial (gains) losses	**(20,201)**	72,246
Benefits paid	**(24,361)**	(19,682)
Projected benefit obligation at end of year	**432,377**	426,309
Change in plan assets		
Fair value of plan assets at beginning of year	**271,599**	218,342
Actual return on plan assets	**53,422**	30,545
Contributions	**35,147**	42,394
Benefits paid	**(24,361)**	(19,682)
Fair value of plan assets at end of year	**335,807**	271,599
Funded status of the plan at end of year	**$ (96,570)**	$ (154,710)

5. Pension Plans (continued)

For the years ended June 30, 2011 and 2010, the Plans' accumulated benefit obligation was $380,035,000 and $372,288,000 respectively

	Year ended June 30	
	2011	**2010**
Components of net periodic pension expense	**(In Thousands)**	
Service cost	**$ 26,721**	$ 19,934
Interest cost	**23,909**	23,144
Expected return on plan assets	**(21,444)**	(17,186)
Net amortization	**733**	50
Net loss recognition	**10,119**	6,986
Pension expense	**$ 40,038**	$ 32,928

The estimated net loss and prior service cost for the defined benefit pension plan that will be amortized from net assets into net periodic benefit cost over the next fiscal year is $5,780,000

The amount of net loss and prior service cost that has not been amortized into net periodic benefit cost was $112,296,000 and $174,416,000 for the years ended June 30, 2011 and 2010, respectively The amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets are shown in the following table

	Year ended June 30	
	2011	**2010**
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	**(In Thousands)**	
Transition asset or (obligation)	**$ (1,204)**	$ (1,444)
Accumulated prior service credit (cost)	**(3,934)**	(3,670)
Actuarial gains (losses)	**(107,158)**	(169,302)
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	**(112,296)**	(174,416)
Cumulative employer contributions in excess of net periodic pension cost	**15,726**	19,706
Funded status of the plan at end of year	**$ (96,570)**	$ (154,710)

5. Pension Plans (continued)

The assumptions used in the measurement of the Corporation's benefit obligation are shown in the following table

	2011	2010
Assumptions - used to determine the benefit obligation as of June 30		
Discount rate	**5.86%**	5 50%-5 75%
Rate of compensation increase	**3.00%-4.20%**	3 00%-4 30%

	2011	2010
Assumptions - used to determine net periodic pension expense for the year ended		
Discount rate	**5.50%-5.75%**	7 20%-7 25%
Expected return on plan assets	**6.50%-7.70%**	6 50%-7 70%
Rate of compensation increase	**3.00%-4.30%**	3 00%-4 90%

Asset Allocation

OhioHealth's weighted–average asset allocations and mix by asset category are as follows

	June 30			
	2011	2010	Target Range	Target
Domestic and international securities	**57%**	58%	30%-60%	45%
Fixed income	**35%**	42%	30%-50%	40%
Alternatives	**5%**	0%	5%-25%	15%
Cash equivalents	**3%**	0%	0%-5%	0%
	100%	100%		100%

OhioHealth monitors the allocation of assets on a monthly basis and utilizes a third-party investment advisor OhioHealth's policy is to rebalance the asset allocations periodically as deemed necessary to maintain optimal target ranges The expected long-term rate of return on assets assumption is estimated based on expected plan returns due to specific asset allocations, and comparing this to the historical return on plan assets

Future Contributions

Contributions made to the Plans in fiscal year 2011 were in excess of required amounts Estimated contributions to be made by OhioHealth into the Plans during fiscal year 2012 are $46,000,000 based on current actuarial assumptions

5. Pension Plans (continued)

Future Benefit Payments

The benefits expected to be paid by the Plans over the next ten years, as estimated based on the same assumptions used to measure the Corporation benefit obligation at the end of the year, are as follows

2012	$ 23.967.000
2013	26.573.000
2014	24.521.000
2015	28.951.000
2016	29.457.000
2017-2021	203.932.000

Retirement Savings Plan

The Corporation has multiple 403(b) retirement savings plans (the Retirement Plans) which include the OhioHealth Retirement Savings Plan, the Nelsonville Hospital Retirement Savings Plan, the Marion General Hospital Retirement Savings Plan, and the Hardin Memorial Hospital Retirement Savings Plan All eligible employees who meet certain requirements as to age and length of service are eligible for the employer matching contribution, which is 50% of employee contributions ranging from 2% to 3% of the employee's salary Expenses incurred in connection with the Retirement Plans were approximately $11,146,000 and $10,521,000 for the years ended June 30, 2011 and 2010, respectively

5. Pension Plans (continued)

The fair values of the Corporation's pension plan assets at June 30, 2011, by major asset categories, are as follows

Fair Value Measurements at June 30, 2011 (In Thousands)

Asset category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money markets and short-term investments	$ 12.121	$ -	$ -	$ 12.121
U.S. Government obligations				
Agency backed bonds	-	8.382	-	8.382
Treasury bonds and notes	65.050	-	-	65.050
Common stocks				
Equities–capital equipment	17.788	-	-	17.788
Equities–consumer goods	16.663	-	-	16.663
Equities–energy	12.588	-	-	12.588
Equities–finance	11.152	-	-	11.152
Equities–services	13.126	-	-	13.126
Equities–information technology	17.845	-	-	17.845
Equities–other	2.135	-	-	2.135
Corporate bonds				
Fixed income-non-convertible	260	37.370	-	37.630
Private placement	-	283	-	283
Asset backed and CMO				
Fixed income – CMO REMIC CMBS	-	2.054	-	2.054
Limited partnerships				
Commingled international equity	20	50.894	-	50.914
Foreign equities and other				
Equity mutual funds	44.624	-	-	44.624
Government bonds – non US	-	5.219	-	5.219
Municipal bonds	-	2.319	-	2.319
Alternative investments	-	15.914	-	15.914
Total	**$ 213,372**	**$ 122,435**	$ -	**$ 335,807**

The above table presents information about the pension plan assets measured at fair value at June 30, 2011 and the valuation techniques used by the Corporation to determine those fair values (see Note 8)

5. Pension Plans (continued)

The fair values of the Corporation's pension plan assets at June 30, 2010, by major asset categories, are as follows

Fair Value Measurements at June 30, 2010 (In Thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset category				
Money markets and short-term investments	$ 14,842	$ -	$ -	$ 14,842
U.S. Government obligations				
Agency backed bonds	-	8,966	-	8,966
Treasury bonds and notes	54,839	-	-	54,839
Common stocks				
Equities–capital equipment	18,790	-	-	18,790
Equities–consumer goods	15,237	-	-	15,237
Equities–energy	9,381	-	-	9,381
Equities–finance	11,164	-	-	11,164
Equities–services	11,515	-	-	11,515
Equities–other	30,500	-	-	30,500
Corporate bonds				
Fixed income-non-convertible	-	44,624	-	44,624
Private placement	-	471	-	471
Asset backed and CMO				
Fixed income – CMO REMIC CMBS	-	1,735	-	1,735
Limited partnerships				
Commingled international equity	-	15,656	-	15,656
Foreign equities and other				
Equity mutual funds	32,790	-	-	32,790
Government bonds – non US	-	317	-	317
Municipal bonds	-	772	-	772
Total	**$ 199,058**	**$ 72,541**	**$ -**	**$ 271,599**

The above table presents information about the pension plan assets measured at fair value at June 30, 2010 and the valuation techniques used by the Corporation to determine those fair values (see Note 8)

6. Long-Term Obligations and Notes Payable

Long-term debt and notes payable consist of the following

Series	Description	Principal Maturities Ranges	June 30, 2011 Interest Rate	Outstanding Principal June 30 (in thousands) 2011	2010
2011A	Fixed Rate Hospital Facilities Revenue Bonds	From $125,000 on November 15, 2027 to $19,280,000 on November 15, 2041 the final maturity	4.98%	$ **130,025**	-
2011B	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender July 2, 2012	From $10,000 on November 15, 2016 to $7,105,000 on November 15, 2033 the final maturity	2.00%	**61,205**	-
2011C	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender June 3, 2013	From $10,000 on November 15, 2016 to $7,110,000 on November 15, 2033 the final maturity	0.54%	**61,240**	-
2011D	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender August 1, 2016	From $20,000 on November 15, 2016 to $7,115,000 on November 15, 2033 the final maturity	4.00%	**61,295**	-
2009A&B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $17,950,000 on November 15, 2039 to $24,350,000 on November 15, 2037 maturing on November 15, 2041	0.05%	**165,800**	165,800
2008A	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	Defeased June 23, 2011		-	186,700
2003C-1	Fixed Rate Hospital Facilities Refunding Revenue Bonds	From $3,730,000 on May 15, 2014 to $10,355,000 on May 15, 2030 maturing on May 15, 2033	5.03%	**86,350**	87,435
2003C-2	Fixed Rate Hospital Facilities Refunding Revenue Bonds	From $4,965,000 on May 15, 2019 to $7,590,000 on May 15, 2023 maturing on May 15, 2024	5.13%	**33,145**	33,145
2003D	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $225,000 on July 1, 2011 to $455,000 on July 1, 2029 the final maturity	0.06%	**12,125**	12,555
1998A	Fixed Rate Hospital Facilities Revenue Bonds	$2,775,000 on December 1, 2011 the final maturity	5.60%	**2,775**	2,775
1998B	Variable Rate Demand Hospital Facilities Revenue Bonds	From $1,285,000 on December 1, 2011 to $2,765,000 on December 1, 2028 the final maturity	0.08%	**34,875**	36,100
1996A	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	From $1,780,000 on December 1, 2011 to $3,355,000 on June 1, 2021 maturing on December 1, 2021	0.06%	**48,375**	52,690
1996B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $820,000 on December 1, 2011 to $1,220,000 on December 1, 2020 the final maturity	0.06%	**19,320**	20,915
1996C	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	$1,115,000 on December 1, 2011 the final maturity	0.06%	**1,115**	3,225
	Lines of Credit Draw	N/A	2.628%	**260**	13,336
	Other	Various installments	Various	**3,668**	5,611
		Total obligations		**721,573**	620,287
		Unamortized net premium and discount		**7,571**	715
				729,144	621,002
		Less current portion of debt		**12,671**	12,195
		Long-term portion of debt		**$ 716,473**	$ 608,807

6. Long-Term Obligations and Notes Payable (continued)

OhioHealth and certain subsidiaries have entered into a Master Trust Indenture and formed the OhioHealth Obligated Group to accomplish common financing plans The Obligated Group consists of the Corporation, which operates Grant, Riverside, Doctors and the Dublin facilities, and the following nonprofit corporations of which the Corporation is the sole corporate member Grady, Marion, Hardin and Nelsonville Pursuant to this Master Trust Indenture, each member of the OhioHealth Obligated Group is jointly and severally obligated with respect to all of the Bond obligations The terms of the OhioHealth Obligated Group's Master Trust Indenture require the OhioHealth Obligated Group members to, among other things, comply with certain financial ratios and restrict additional encumbrances

In June 2011, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $313,765,000 Revenue and Refunding Revenue Bonds consisting of $130,025,000 Hospital Facilities Revenue Bonds, Series 2011A, $61,205,000 Hospital Facilities Refunding Revenue Bonds, Series 2011B, $61,240,000 Hospital Facilities Refunding Revenue Bonds, Series 2011C, and $61,295,000 Hospital Facilities Refunding Revenue Bonds, Series 2011D The Series 2011 Bond proceeds were used to finance and refinance, including through reimbursement of prior capital expenditures, the acquisition, construction, installation and equipping of certain hospital facilities owned and/or operated by the Corporation and its affiliates, to refund the Series 2008A Bonds in the amount of $186,700,000, to pay off a line of credit which had been used to finance the termination of the 2006 swap in 2009, and to pay the costs of issuance relating to this financing The Corporation recorded a defeasance loss related to the refunding of Series 2008A Bonds of $959,000 in June 2011

The OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011B of $61,205,000, while subject to a long-term amortization period, the bonds are also subject to mandatory tenders in connection with the remarketing date of July 2, 2012 To the extent that bonds are subject to a mandatory tender, under the terms of the debt, within 12 months after June 30, 2011, the principal amount of such bonds will be classified as a current obligation in the consolidated balance sheets on July 1, 2011 To address the possibility that a material amount of these bonds would be tendered to the Corporation, steps have been taken to provide various sources of liquidity in such event, including maintaining unrestricted assets as a source of self-liquidity

In addition, the OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011C of $61,240,000 and Series 2011D of $61,295,000 are also subject to a mandatory tender to the Corporation on certain remarketing dates, June 3, 2013 and August 1, 2016, respectively The Corporation has taken steps to provide various sources of liquidity as the remarketing dates occur

6. Long-Term Obligations and Notes Payable (continued)

In February 2009, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $82,900,000 Demand Hospital Facilities Refunding Revenue Bonds, Series 2009A and $82,900,000 Demand Hospital Facilities Refunding Revenue Bonds, Series 2009B The Series 2009A&B Bonds were issued as variable rate demand securities These Series 2009A&B Bonds were secured by a Standby Bond Purchase Agreement (Liquidity Facility) with an expiration date of February 24, 2014

The owners of the 2009A&B Bonds have the option to demand payment of their outstanding bond OhioHealth has entered into a remarketing agreement that requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 2009A&B Bonds cannot be remarketed, the Standby Bond Purchase Agreement provides that the liquidity provider will make payment for the 2009A&B Bonds tendered OhioHealth has an obligation to make payments to the liquidity facility provider in equal quarterly principal installments, the first such installment being payable on the first quarterly business day following the first anniversary of the draw on the facility, such that the draw is paid in full no later than the fifth anniversary of the draw

In August 2008, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $186,700,000 of Demand Hospital Facilities Refunding Revenue Bonds, Series 2008A These bonds were issued as variable rate demand securities The Series 2008A Bonds were secured by a Standby Bond Purchase Agreement (Liquidity Facility) and were defeased with the issuance of the Series 2011 Bonds

In November 2003, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $150,375,000, Hospital Facilities Refunding Revenue Bonds, Series 2003C-1, 2003C-2 and Series 2003D The 2003D Bonds are secured by a letter of credit with an expiration date of January 31, 2015 The OhioHealth Obligated Group has obtained financial guaranty insurance from MBIA Insurance Corporation for the 2003 C-1 Bonds to guarantee the payment of principal and interest when due

The owners of the 2003D Bonds have the option to demand payment of their outstanding bonds OhioHealth has entered into a remarketing agreement that requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 2003D Bonds cannot be remarketed, the letter of credit provides that the letter of credit bank will make payment for the 2003D Bonds tendered The OhioHealth Obligated Group has an obligation to make payments to the letter of credit bank for unremarketed bonds over a period of five years from the date of a draw on the letter of credit with no principal being due in the first year

6. Long-Term Obligations and Notes Payable (continued)

In November 1998, the County of Franklin, Ohio issued on behalf of the Doctors OhioHealth Obligated Group $117,900,000 of County of Franklin, Ohio Hospital Facilities Revenue Bonds, Senior Series 1998A (1998A Bonds) and $46,500,000 of County of Franklin, Ohio Variable Rate Demand Hospital Facilities Revenue Bonds, Subordinate Series 1998B (1998B Bonds) The 1998A Bonds are secured by the gross revenues and a mortgage on certain properties of the Obligated Group In addition, Doctors OhioHealth Corporation has obtained a letter of credit from a bank expiring on December 16, 2013, to guarantee payment of the 1998B Bonds outstanding principal plus 45 days accrued interest The letter of credit also guarantees payment for any unremarketed bonds resulting from tender drawings Doctors OhioHealth Corporation's obligation to reimburse the letter of credit bank for draws against the letter of credit is guaranteed by OhioHealth

The 1998B Bonds are subordinate to the 1998A Bonds As such, except for draws on the letter of credit, payments on the 1998B Bonds cannot be made, nor any reimbursement to the letter of credit bank for draws on the letter of credit, unless sufficient funds have been deposited to the payment accounts for the 1998A Bonds

The owners of the 1998B Bonds have the option to demand payment of their outstanding bonds Doctors OhioHealth Corporation has entered into a remarketing agreement that requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 1998B Bonds cannot be remarketed, the letter of credit provides that the letter of credit bank will make payment for the 1998B Bonds tendered Doctors OhioHealth Corporation has an obligation to make payment to the letter of credit bank for unremarketed bonds by the expiration date of the letter of credit, plus any accrued interest

In November 1996, the County of Franklin, Ohio on behalf of the OhioHealth Obligated Group issued $168,000,000 County of Franklin, Ohio Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds, Series 1996 A, B and C (1996 Bonds) The OhioHealth Obligated Group has obtained letters of credit from a bank expiring on January 31, 2015, to guarantee payment of the 1996 Bonds outstanding principal plus accrued interest The letters of credit also guarantee payment for any unremarketed bonds resulting from tender drawings The owners of the 1996 Bonds have the option to demand payment of their outstanding bonds OhioHealth has entered into a Remarketing Agreement which requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 1996 Bonds cannot be remarketed, the letters of credit provide that the letter of credit bank will make payment for the 1996 Bonds tendered The OhioHealth Obligated Group has an obligation to make payment to the letter of credit bank for unremarketed bonds over a period of five years from the date of a draw on the letter of credit with no principal being due in the first year

6. Long-Term Obligations and Notes Payable (continued)

Interest costs incurred on the above debt obligations and line of credit agreements in 2011 and 2010 were approximately $14,589,000 and $14,298,000, respectively At June 30, 2011 and June 30, 2010, the Corporation capitalized interest costs of approximately $134,000 and $614,000, respectively, as part of the cost of various construction projects Interest paid on the above debt obligations and line of credit agreements was approximately $14,443,000 and $14,358,000 for the years ended June 30, 2011 and 2010, respectively

The carrying amounts of variable rate long-term debt and capital lease obligations approximate their fair values The fair value of fixed rate long-term debt is estimated using comparable issues in the security market The fair values of the long-term borrowings at June 30, 2011 and 2010 were approximately $729,457,000 and $609,760,000, respectively

Long-term obligation scheduled principal payments, excluding the lines of credit draw, over the next five years are

2012	$ 12,411,000
2013	14,294,000
2014	14,001,000
2015	13,868,000
2016	14,354,000

At June 30, 2011, the Corporation had unsecured revolving lines of credit with banks aggregating $70,000,000 These lines of credit provide for various interest rates and payment term options selected by the Corporation The $50,000,000 line of credit expires on December 1, 2012 and the $20,000,000 line of credit expires on February 17, 2013 The borrowings against these lines of credit were $13,336,000 at June 30, 2010

At June 30, 2011, one of the Corporation's joint ventures had an unsecured revolving line of credit with PNC Bank, National Association totaling $500,000 This line of credit is at an interest rate equal to Daily LIBOR plus 250 basis points The $500,000 line of credit expires on June 22, 2012 The borrowing against this line of credit was $260,000 at June 30, 2011

During fiscal year 2002, the Corporation entered into a tax-exempt synthetic lease with a third party for construction of a parking deck on the Riverside campus in the amount of $15,620,000 This transaction had been recorded as an operating lease in the Corporation's consolidated financial statements In August 2011, the Corporation terminated the synthetic lease by purchasing the parking deck, partially funded with proceeds of the Series 2011A Bonds

7. Derivatives and Hedging Activities

The Corporation's objectives with respect to its use of derivative instruments include managing the risk of increased debt service resulting from rising long-term interest rates, the risk of decreased surplus returns resulting from falling short-term interest rates, and the management of the risk of an increase in the fair value of outstanding fixed rate obligations resulting from declining market interest rates Consistent with its interest rate risk management objectives, the Corporation entered into various interest rate swap agreements with a total outstanding notional amount of $184,650,000 at June 30, 2011 and June 30, 2010

The following table summarized the Corporation's interest rate swap agreements

				Notional Amount at June 30	
Swap Type	**Expiration Date**	**Corporation Receives**	**Corporation Pays**	**2011**	**2010**
				(In Thousands)	
Fixed Payor	11 14 2031	75% of 1 month LIBOR	4 17%	**$67,250**	$67.250
Fixed Payor	10 17 2031	75% of 1 month LIBOR	4 17%	**67,400**	67.400
Fixed Payor	11 15 2041	62% of 1 month LIBOR + 0 31%	2 414%	**50,000**	50.000

As of June 30, the fair value of derivatives held was as follows (in thousands)

	Derivatives at June 30	
	2011	**2010**
Derivatives not designated as hedging instruments		
Asset derivatives interest rate swaps	**$ 3,277**	$ 1.459
(Liability) derivatives interest rate swaps	**(23,287)**	(28.733)

For the year ended June 30, the amounts of gain or loss recognized in the income statement attributable to derivative instruments and their locations in the consolidated statement of operations are as follows

Amount of gain or loss recognized on interest rate swap agreements held (in thousands)

	Amount of Gain (Loss) Recognized		
	Year ended June 30		Reported in Consolidated
	2011	**2010**	**Statement of Operations as:**
Interest expense	**$ (6,332)**	$ (6.318)	Interest expense
Change in fair value of interest swap agreements	**7,132**	(10.786)	Nonoperating investment income
Total gain (loss)	**$ 800**	$ (17.104)	

8. Assets and Liabilities Measured at Fair Value

The following tables present information about the Corporation's assets and liabilities measured at fair value on a recurring basis at June 30, 2011 and June 30, 2010, and the valuation techniques used by the Corporation to determine those fair values

As a basis for considering market participant assumptions in fair value measurements, accounting standards establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participants assumptions (unobservable inputs classified within Level 3 of the hierarchy)

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Corporation has the ability to access

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability Level 3 inputs are estimated by the investment manager in the absence of readily ascertainable market values

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation The Corporation's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability

8. Assets and Liabilities Measured at Fair Value (continued)

Fair Value Measurements at June 30, 2011 (In Thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset category				
Money markets and short-term investments (see Note 4)	82,479	-	-	82,479
U.S. Government obligations				
Agency backed bonds	-	250,115	-	250,115
Treasury bonds and notes	261,548	-	-	261,548
Common stocks				
Equities–capital equipment	35,184	-	-	35,184
Equities–consumer goods	60,683	-	-	60,683
Equities–energy	36,277	-	-	36,277
Equities–finance	49,286	-	-	49,286
Equities–services	36,893	-	-	36,893
Equities–information technology	59,432			59,432
Equities–other	39,076	-	-	39,076
Corporate bonds				
Fixed income-non-convertible	-	302,787	-	302,787
Private placement	-	2,818	-	2,818
Asset backed and CMO				
Auto loan	-	19,855	-	19,855
Credit card	-	9,407	-	9,407
Fixed income–asset backed-other	-	18,719	-	18,719
Fixed income – CMO REMIC CMBS	-	60,715	-	60,715
Limited partnerships				
Commingled international equity	-	250,895	-	250,895
Foreign equities and other				
Equity mutual funds	147,326	-	-	147,326
Government bonds – non U S	-	3,219	-	3,219
Municipal bonds	-	14,914	-	14,914
Alternative investments	-	179,227	38,053	217,280
Swap asset	-	3,277	-	3,277
Total assets	**$ 808,184**	**$ 1,115,948**	**$ 38,053**	**$ 1,962,185**
Liabilities				
Swap liability	$ -	$ 23,287	$ -	$ 23,287

8. Assets and Liabilities Measured at Fair Value (continued)

Fair Value Measurements at June 30, 2010 (In Thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset category				
Money markets and short-term investments (see Note 4)	28.382	-	-	28.382
U.S. Government obligations				
Agency backed bonds	-	116.489	-	116.489
Treasury bonds and notes	246.699	-	-	246.699
Common stocks				
Equities–capital equipment	21.243	-	-	21.243
Equities–consumer goods	62.923	-	-	62.923
Equities–energy	29.159	-	-	29.159
Equities–finance	36.194	-	-	36.194
Equities–services	29.104	-	-	29.104
Equities–information technology	34.279	-	-	34.279
Equities–other	49.309	-	-	49.309
Corporate bonds				
Fixed income-non-convertible	-	196.745	-	196.745
Private placement	-	32.180	-	32.180
Asset backed and CMO				
Auto loan	-	11.181	-	11.181
Credit card	-	3.755	-	3.755
Equipment leases	-	120	-	120
Fixed income–asset backed-other	-	6.606	-	6.606
Home equity loan	-	2.229	-	2.229
Fixed income – CMO REMIC CMBS	-	123.690	-	123.690
Limited partnerships				
Commingled international equity	-	184.891	-	184.891
Foreign equities and other				
Equity mutual funds	98.509	-	-	98.509
Government bonds – non U S	-	3.795	-	3.795
Municipal bonds	-	3.791	-	3.791
Alternative investments	-	120.521	27.358	147.879
Swap asset	-	1.459	-	1.459
Total assets	**$ 635,801**	**$ 807,452**	**$ 27,358**	**$ 1,470,611**
Liabilities				
Swap liability	$ -	$ 28.733	$ -	$ 28.733

8. Assets and Liabilities Measured at Fair Value (continued)

The fair value of the Level 2 fixed income securities and commingled international equity funds at June 30, 2011 and June 30, 2010 was determined primarily based on quoted market prices from the Corporation's custodial bank and the administrators of the funds

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis (in thousands)

	Year ended June 30	
	2011	**2010**
Beginning Balance at July 1	**$ 27,358**	$ 66,626
Total realized gains (losses) included in net income	**86**	(585)
Total unrealized gains included in unrestricted net assets	**6,231**	665
Total realized and unrealized gains in restricted assets	**101**	16
Purchases, sales, calls and maturities		
Purchases and capital calls	**4,277**	14,016
Transfers out of Level 3	-	(53,380)
Ending Balance at June 30	**$ 38,053**	$ 27,358

The fair value of alternative investments at June 30, 2011 was determined primarily based on Level 3 inputs Realized gains and losses on alternative investments are included in nonoperating income on the income statement Changes in unrealized gains and losses on alternative investments are excluded from net income Changes in both realized and unrealized gains and losses on restricted assets are excluded from net income Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs

Transfers out of Level 3 into Level 2 in fiscal year 2010 were made due to the expiration of the lockup period in a hedge fund of funds during which redemptions were prohibited These funds have the ability to be redeemed in the near term at net asset value per share (or its equivalent)

Alternative investments are recorded at estimated fair market value, which have been estimated by the investment manager in the absence of readily ascertainable market values

8. Assets and Liabilities Measured at Fair Value (continued)

Investments in Entities that Calculate Net Asset Value per Share

The Corporation holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company See Note 4

At June 30, 2011 and 2010, respectively, the fair value, unfunded commitments, and redemption rules of those investments is as follows

	Investments Held at June 30, 2011 (In Thousands)			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Multi-strategy hedge fund	$ 76.285	N A	Quarterly	60 days
Multi-strategy hedge fund	113.918	N A	Semi annual	95 days
Real estate funds	4.772	75	Not redeemable	N A
Private equity funds	22.305	16.253	Not redeemable	N A
Total	$ 217.280	$ 16.328		

	Investments Held at June 30, 2010 (In Thousands)			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Multi-strategy hedge fund	$ 64.380	N A	Quarterly	60 days
Multi-strategy hedge fund	67.141	N A	Semi annual	95 days
Real estate funds	2.162	2.725	Not redeemable	N A
Private equity funds	14.196	18.296	Not redeemable	N A
Total	$ 147.879	$ 21.021		

The multi-strategy hedge fund class invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility The hedge funds' composite portfolio for this class includes investments in two separate hedge fund of funds The fair values of the investments in this class have been estimated using the net asset value per share of the investments

The real estate funds class includes one real estate fund that invests in U S university student housing The fair values of the investments in this class have been estimated using the net asset value of the company's ownership interest in partners' capital

8. Assets and Liabilities Measured at Fair Value (continued)

Investments in Entities that Calculate Net Asset Value per Share (continued)

The private equity funds class includes two private equity funds One invests primarily in domestic energy companies and the other invests in European and Asian private companies across a range of industries The fair values of the investments in this class have been estimated using the net asset value of the company's ownership interest in partners' capital

Disclosures Regarding Redemption Only Upon Liquidation

The investments in the real estate and private equity classes above can never be redeemed with the funds Distributions from each fund will be received only as the underlying investments of the funds are liquidated It is estimated that the underlying assets of the fund will be liquidated over the next 7 to 12 years

9. Net Patient Service Revenues

	Year ended June 30	
	2011	2010
	(In Thousands)	
Charges at established rates	$ 5,966,193	$ 5,373,026
Deductions		
Governmental	2,239,749	1,925,998
HCAP receipts	(35,879)	(32,327)
Non-governmental	1,139,565	1,023,364
Charity care	360,542	324,996
Total deductions	3,703,977	3,242,031
Net patient service revenues	$ 2,262,216	$ 2,130,995

10. Commitments

The Corporation purchases laundry services under a long-term agreement expiring in 2022 The service provider is an entity in which OhioHealth is a 50% equity owner Total expenses incurred under this contract were approximately $6,611,000 and $6,310,000 for the years ended June 30, 2011 and 2010, respectively

10. Commitments (continued)

The Corporation leases various equipment and facilities under operating lease arrangements Total rental expense for the years ended June 30, 2011 and 2010 was $55,625,000 and $55,941,000, respectively Minimum non-cancelable operating lease payments over the next five years are as follows 2012—$31,722,000, 2013—$25,266,000, 2014—$19,968,000, 2015—$14,508,000, 2016—$11,884,000 and thereafter—$43,156,000

11. Equity Investments

Summarized unaudited financial information reported by unconsolidated entities accounted for on the equity method for the years ended June 30, 2011 and 2010 follows

	2011	2010
	(In Thousands)	
Total assets	$ 78,591	$ 90.299
Total liabilities	$ 43,029	$ 52.373
Net revenues	$ 183,516	$ 180.421
Net earnings	$ 24,457	$ 24.898
OhioHealth's equity share	1% - 55%	1% - 55%
OhioHealth's share of income	$ 10,118	$ 8.288

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 Craig MD Board OHF-Ex-officio	1 00	X						0	124,456	36,989
Anderson Douglas T Board OHF	1 00	X						0	0	0
Anderson Thomas M DO Board OHF (end 11/10)	1 00	X						0	23,950	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 (end 8/10)	1 00	X						0	315,444	37,709
Blom David P Board OHF-Ex-officio	1 00	X						0	1,667,101	1,347,424
Blosser T Laurence MD Board OHF-Ex-officio	1 00	X						0	21,935	40
Bokor Karen Board OHF	1 00	X						0	0	0
Borgess Mary Pat MD Board OHF	1 00	X						0	0	0
Bright David Board OHF	1 00	X						0	0	0
Buckley Donna Board OHF	1 00	X						0	0	0
Butler William Board OHF	1 00	X						0	0	0
Cadwallader Patricia S Board OHF	1 00	X						0	0	0
Chester-Alexander Cecily Board OHF	1 00	X						0	0	0
Coley-Mair Bonnie Board OHF	1 00	X						0	0	0
Colwell Dean L DO Board OHF	1 00	X						0	371,467	46,851
Conner Jack G Board OHF	1 00	X						0	0	0
Cunningham Jane Watson Board OHF	1 00	X						0	0	0
deVillers Rebecca DO Board OHF-Ex-officio	1 00	X						87,172	72,000	29,023
DiMarco Ann M 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			
Edwards David A Sr Board OHF (end 7/10)	1 00	X						0	0	0
Englefield Cynthia Board OHF	1 00	X						0	0	0
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
George Peter B MD Board OHF-Ex-officio	1 00	X						913,279	112,499	40,803
Gibney Jack T Board OHF	1 00	X						0	0	0
Gutheil Page DO Board OHF	1 00	X						0	0	87
Hagen Bruce P Board OHF-Ex-officio	1 00	X						0	0	0
Harmon Thomas L MD Board OHF	1 00	X						0	170,950	236
Herbert-Sinden Cheryl L Board OHF-Ex-officio	1 00	X						0	357,291	58,398
Hidaka Yoshihiro Board OHF	1 00	X						0	0	0
Hoaglin Thomas E Board OHF-Ex-officio	1 00	X						0	0	0
Hood Clifton R DO Board OHF-Ex-officio	1 00	X						1,225	40,000	30
Hoover Ted Board OHF	1 00	X						0	0	0
Innes Jeffrey T MD Board OHF-Ex-officio	1 00	X						515,284	60,000	33,621
Irelan Vic Board OHF	1 00	X						0	0	0
Kennebeck Kevin Board OHF (end 1/11)	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						192,926	174,250	27,705
Lilly Larry J MD Board OHF	1 00	X						0	95,218	3,326
Markovich Stephen E MD Board OHF-Ex-officio	1 00	X						0	469,327	139,351

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			
McCloy George W Board OHF	1 00	X						0	0	0
Menning Michael E Board OHF	1 00	X						0	0	0
Mercker Julie Board OHF	1 00	X						0	0	0
Mestemaker Amy L MD Board OHF-Ex-officio	1 00	X						188,405	0	32,126
Morrison Karen J Pres/BD OHF-Ex-officio	40 00	X		X				0	395,651	118,238
Music William Board OHF	1 00	X						0	0	0
Patterson David T Board OHF	1 00	X						0	0	0
Pfening Fred D Jr Board OHF (end 9/10)	1 00	X						0	0	0
Ragan Ginni D Board OHF	1 00	X						0	0	0
Reichfield Michael L Board OHF-Ex-officio	1 00	X						0	456,447	136,989
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 (end 11/10)	1 00	X						74,125	337,808	24,853
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 C Board OHF	1 00	X						0	0	0
Smith Rita J RN Board OHF	1 00	X						0	151,769	34,065
Sperling Ron Board OHF-Ex-officio	1 00	X						0	0	0
Strohmaier Deb Board OHF	1 00	X						0	0	0
Swiatek Valerie B Board OHF	1 00	X						0	0	0
Tamborelle Suzi Board OHF	1 00	X						0	0	0
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
VanLaningham Nathan Bd OHF-Ex-off (end 1/11)	1 00	X						0	293,444	35,369

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			
Vincent Donald J MD Board OHF (end 7/11)	1 00	X						0	0	0
Vornbrock Page Board OHF	1 00	X						0	0	0
Walters Robert W Board OHF-Ex-officio	1 00	X						0	294,826	39,330
Weiler Alan R Board OHF	1 00	X						0	0	0
Weiler Robert J Jr Board OHF	1 00	X						0	0	0
Westwater Leah 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
Folkwein David J Board Grady Fnd	1 00	X						0	0	0
Fuller Raymond MD Board Grady Fnd	1 00	X						10,073	350,625	18,571
Gordon Linda Board Grady Fnd	1 00	X						0	0	0
Hendershot Bobbie Board Grady Fnd (end 12/10)	1 00	X						0	0	0
Jones Daniel W Board Grady Fnd	1 00	X						0	0	0
Martin Deborah Board Grady Fnd	1 00	X						0	0	0
Michaelson Judy Board Grady Fnd	1 00	X						0	0	0
Morrison Karen J Pres/BD Grady Fnd-Ex-off	40 00	X		X				0	0	0
Louge Michael W Chairman/VC BD GRMCFI	1 00	X		X				0	863,555	374,134
Thornhill Hugh A Pres BD GRMCFI (strt 6/10)	40 00	X		X				0	246,219	12,792
Pandora Frank T II Esq Assist Sec BD GRMCFI	1 00	X		X				0	0	0
Bernstein Michael S BD GRMCFI	1 00	X						0	585,242	161,084
Blom David P BD GRMCFI	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			
Millen Robert P BD GRMCFI	1 00	X						0	836,000	255,315
Vanderhoff Bruce MD BD GRMCFI	1 00	X						0	0	0
Snow Richard J DO Chairman OHRI	1 00	X		X				6,930	85,347	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	261,917	32,188
Ansel Gary MD Board OHRI	1 00	X						965,255	217,286	34,440
Bell Jeffrey G MD Board OHRI	1 00	X						0	339,369	41,484
Caulin-Glaser Terri MD Board OHRI	1 00	X						0	398,363	49,664
Gingrich Curtis L MD Board OHRI	1 00	X						0	197,259	33,955
Niles John P Board OHRI-Ex-officio	1 00	X						0	247,426	49,995
Paul Douglas B DO Board OHRI	1 00	X						305,674	0	11,727
Poll Wayne L MD Board OHRI	1 00	X						0	226,897	28,639
Santanello Steven A DO Board OHRI (end 11/10)	1 00	X						0	0	0
Yakubov Steve MD Board OHRI	1 00	X						965,672	218,400	37,965
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	0	0
Auseon John DO Board GMH	1 00	X						0	0	0
Blom David P Board GMH-Ex-officio	1 00	X						0	0	0
Crane Tanny Board GMH	1 00	X						0	0	0
deVillers Rebecca DO Bd GMH-Ex-off (end 12/10)	1 00	X						0	0	0
Dewire Rev Dr Norman E Board GMH-Ex-officio	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			
George Peter B MD Board GMH-Ex-officio	1 00	X						0	0	0
Hood Clifton R DO Board GMH-Ex-officio	1 00	X						0	0	0
James Donna Board GMH	1 00	X						0	0	0
McCullough Steve Board GMH-Ex-officio	1 00	X						0	0	0
McConnell John P Board GMH	1 00	X						0	0	0
Ough Bishop Bruce R Board GMH-Ex-officio	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
Sims Gary K Board GMH-Ex-officio	1 00	X						0	0	0
Stevens Rev Dr Deborah Board GMH	1 00	X						0	0	0
Sims Gary K Chairman MGH	1 00	X		X				0	0	0
Ogle Rev Winifred C Vice-Chairman MGH	1 00	X		X				0	0	0
Masters Kathy S 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						10,155	0	0
Gruber BJ Lt Board Member - MGH	1 00	X						0	0	0
Lause Lew Board Member - MGH	1 00	X						475	0	0
Millen Robert P Board Member - MGH	1 00	X						0	0	0
Reasoner Gregory A Bd Mbr - MGH (end 12/10)	1 00	X						0	0	0
Sanders John W Pres/CEO/BD MGH-Ex-off	40 00	X		X				0	413,649	36,841
Sanner Robert O 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

(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			
Titus Judy Board Member - MGH	1 00	X						662	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
Barrett Scott Board HMH	1 00	X						0	0	0
Brooks Nathan Board HMH	1 00	X						0	0	0
France Mandy 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	249,969	45,114
Temple Rob Board HMH	1 00	X						0	0	0
Thornhill Larry W Board HMH-Ex-officio	1 00	X						0	325,339	14,384
Snyder Ron P CFO/President HHF Board	40 00	X		X				175,662	0	23,902
Barrett Scott Board HHF	1 00	X						0	0	0
Heilman Sharon Board HHF	1 00	X						0	0	0
Royer Mariann Board HHF	1 00	X						0	0	0
Seckinger Mark R Pres/CEO & BD HHF-Ex-off	40 00	X		X				0	0	0
Smith Linda Board HHF	1 00	X						0	0	0
Johnson Katherine E MD Chairman HPF Board	1 00	X		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			
Seckinger Mark R Pres/CEO & Sec HPF-Ex-off	40 00	X		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
Cox Steve Chairman DHCN	1 00	X		X				0	0	0
Cardaras Van Vice-Chairman DHCN	1 00	X		X				0	0	0
Crawford Bernita Treasurer DHCN	1 00	X		X				0	0	0
Thornhill Larry W Intrm Pres/Sec DHCN-Ex-off	1 00	X		X				0	0	0
Blom David P Board DHCN-Ex-officio	1 00	X						0	0	0
Brooks Stuart Board DHCN	1 00	X						0	0	0
Drozek David DO Board DHCN-Ex-officio	1 00	X						0	0	0
Gilbert Robert J Board DHCN	1 00	X						0	359,777	96,276
Holtel Joseph DO Board DHCN	1 00	X						0	0	0
Swart Steven L CEO/Bd Exof DHCN (end 8/10)	40 00	X		X				0	237,079	29,681
Herbert-Sinden Cheryl L Chairman HRC	1 00	X		X				0	0	0
Bjerke Craig A Secretary/Treasurer HRC	1 00	X		X				0	0	0
Walters Robert W Pres/BD HRC	40 00	X		X				0	0	0
Evert Barbara MD Board HRC	1 00	X						0	0	0
Gallagher-Allred Charlette - Board HRC	1 00	X						0	0	0
Lehmuth Richard L Board HRC	1 00	X						0	280,936	21,686
Packard Sue A Board HRC	1 00	X						98,845	0	25,843
Vanderhoff Bruce MD Board HRC (end 5/11)	1 00	X						0	0	0
Herbert-Sinden Cheryl L Chairman HRHC	1 00	X		X				0	0	0
Bjerke Craig A Secretary/Treasurer HRHC	1 00	X		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			
Walters Robert W Pres/BD HRHC	40 00	X		X				0	0	0
Evert Barbara MD Board HRHC	1 00	X						0	0	0
Gallagher-Allred Charlette - Board HRHC	1 00	X						0	0	0
Lehmuth Richard L Board HRHC	1 00	X						0	0	0
Packard Sue A Board HRHC	1 00	X						0	0	0
Vanderhoff Bruce MD Board HRHC (end 5/11)	1 00	X						0	0	0
Louge Michael W Exec VP & CFO OHF	40 00			X				0	0	0
Bennington Sue E Sec Grady Fnd-Ex-officio	1 00			X				103,028	0	18,503
Louge Michael W Exec VP & CFO Grady Fnd	40 00			X				0	0	0
Bjerke Craig A Treas BD GRMCFI	1 00			X				0	0	0
Bunyard Stephen P COO OHMSF/Fmr VP of Ops	40 00			X				0	289,712	25,955
Entry Timothy L VP Finance OHMSF (end 8/10)	40 00			X				0	0	0
Floyd Phyllis G MD VP Phy Services OHMSF	40 00			X				0	449,607	35,323
Foley Denise E VP Bus Dev OHMSF	40 00			X				0	255,448	44,593
Kenwood Russ Interim VP Oper OHMSF (end 12/10)	40 00			X				0	0	0
Louge Michael W Exec VP & CFO GRMCFI	40 00			X				0	0	0
Meldrum Terri W Esq Sec BD GRMCFI	1 00			X				0	210,833	33,535
Tkach David Interim VP Fin OHMSF	40 00			X				0	0	0
Tomaszewski James A VP Cardio OHMSF	40 00			X				0	384,660	24,785
Louge Michael W Exec VP & CFO OHRI	40 00			X				0	0	0
Garlock Steven J Pres GMH (end 1/11)	40 00			X				0	377,789	78,204
Hagen Bruce P Reg Exec Pres DMH/GMH (start 1/11)	40 00			X				0	0	0
Louge Michael W Exec VP & CFO GMH	40 00			X				0	0	0
Brown Steven R CFO MGH	40 00			X				19,206	194,577	35,093
Snyder Ron P CFO HMH	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			
Snyder Ron P CFO HPF	40 00			X				0	0	0
Long Gregory A COO DHCN (start 9/10)	40 00			X				0	63,721	433
Louge Michael W Exec VP & CFO DHCN	40 00			X				0	0	0
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
O'Sullivan Michael D SR VP & CDO OHF	40 00				X			0	294,054	42,126
Nelson Patrick W Pra Admin MOCVC (end 5/11)	40 00				X			169,500	0	33,374
Pettrey Lisa J VP Oper & CNO GMH	40 00				X			0	187,618	35,132
Hooper Joseph VP Oper MGH	40 00				X			0	237,407	34,853
Wallis Eric CNO MGH	40 00				X			0	162,212	19,639
Kovack Thomas J DO Phys Ortho Surgery OHMSF	40 00					X		1,574,069	0	36,730
Cassandra James C DO Phys Hand & Ortho Surg OHMSF	40 00					X		1,021,281	0	35,948
Silver Mitchell J DO Phys Cardiology OHMSF	40 00					X		978,154	0	37,752
Botti Charles F Jr MD Phys Cardiology OHMSF	40 00					X		967,218	0	35,488
Chapekis Anthony T MD Phys Cardiovascular OHMSF	40 00					X		939,469	0	33,845
Anderson Dale P MD Former Pres BD GRMCFI	0 00						X	0	437,562	10,745
Entry Timothy L Former Treasurer GRMCFI	0 00						X	0	134,243	18,944
Gleeson Sean MD Former Treasurer GRMCFI	0 00						X	0	141,629	919
Hagen Bruce P Former Pres BD GRMCFI	0 00						X	0	632,383	168,821
Vanderhoff Bruce MD Former Pres BD GRMCFI	0 00						X	0	601,335	158,652
Pandora Frank T II Esq Former Secretary OHRI	0 00						X	0	515,976	309,110
Schuda Marian K MD Former Chairman OHRI	0 00						X	0	297,942	41,032
Yates Vinson M Former Treasurer OHRI	0 00						X	0	368,391	103,186
Bachman Ronald J Former President MGH	0 00						X	0	265,208	5,856
Lewis Vicki J Fmr Vice-Chair HRC/HRHC	0 00						X	0	111,719	11,578

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			
Proctor Penelope A Esq Fmr Secretary HRC/HRHC	0 00						X	0	307,695	50,766
Laterro Anita A Fmr Key Employee OHF	40 00						X	0	186,815	38,688