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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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) | Room/suite
180 East Broad Street 33rd Floor

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

D Employer identification number
32-0007056

E Telephone number
(614) 544-4076

G Gross receipts $ 1,114,810,176

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	194
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	112
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	4,719
6	Total number of volunteers (estimate if necessary)	**6**	870
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	52,123
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	15,071

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	14,973,900	11,767,812
	9 Program service revenue (Part VIII, line 2g)	452,354,351	477,737,729
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,831,876	4,053,806
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,937,006	47,279,092
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	519,097,133	540,838,439
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,854,305	3,491,501
	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)	334,012,869	368,438,561
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶3,433,859		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	193,797,838	193,373,699
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	540,665,012	565,303,761
	19 Revenue less expenses Subtract line 18 from line 12	-21,567,879	-24,465,322

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	529,949,944	455,384,543
	21 Total liabilities (Part X, line 26)	127,463,699	117,045,117
	22 Net assets or fund balances Subtract line 21 from line 20	402,486,245	338,339,426

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 — 2013-04-10 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ Mary E Rauschenberg	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00172604
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			EIN ▶ 86-1065772 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 415,704,729 including grants of $ 3,491,501) (Revenue $ 492,709,591)

OhioHealth's primary purpose is to provide diversified health care services to the community and is a provider of services under contractual arrangements with the Medicare and Medicaid programs as well as other third-party reimbursement arrangements Together, Marion General Hospital, Grady Memorial Hospital, Hardin Memorial Hospital, and Doctors Hospital at Nelsonville, are united in our mission to provide quality, compassionate healthcare and to be responsible stewards for our community's health 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, saves lives, improves their health and makes their future a little brighter Through our shared mission, vision and values, we touch more lives in central Ohio and the surrounding communities than any other health system As a system of faith-based, not-for-profit healthcare providers- together, we are OhioHealth

4b (Code) (Expenses $ 53,716,502 including grants of $) (Revenue $ 25,864,567)

In fiscal year 2012 (July 1, 2011 through June 30, 2012), OhioHealth with its member hospitals and home care organizations provided charity care and community benefit programs to a greater degree than ever In total, OhioHealth provided $230 million in charity care and community benefit programs and services, reaching hundreds of thousands of people in the communities we serve Of this total, $28 million was provided by Marion General Hospital, Grady Memorial Hospital, Hardin Memorial Hospital, and Doctors Hospital at Nelsonville Member hospitals provide 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 member hospitals not only utilize generally recognized poverty income levels of the communities they serve, but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Charity care is determined based on established policies, using patient income and assets to determine payment ability OhioHealth 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 OhioHealth 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 a 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, medical education programs as well as certain programs discussed above

4c (Code) (Expenses $ 4,509,404 including grants of $ 0) (Revenue $ 1,384,308)

OhioHealth Research Institute is a non-profit corporation that supports medical research at OhioHealth's hospitals through clinical research, commercialization of new products, administration of grants, and performing health equity research Clinical Research Each year, OhioHealth serves as a site for hundreds of clinical studies sponsored by industry, private non-profit organizations and government agencies, such as the National Institutes of Health Through clinical trial capabilities, we provide our patients access to the most advanced treatments and diagnostics in a wide variety of specialties Some of our most active areas include cancer, cardiovascular, and orthopedic medicine Commercialization of New Products New product innovation is one of the many ways healthcare professionals can make a meaningful contribution to patient care and to their specialty In fact, new medical products developed by OhioHealth clinicians, which were first introduced at OhioHealth's hospitals, are now marketed internationally Commercialization services are provided in partnership with state and local leaders who are dedicated to building Ohio's economy, including TechColumbus, BioOhio and SBDC, Small Business Development Center at Columbus State Community College Grant Administration Many governmental agencies and private foundations offer grants to support research projects that reflect their mission Navigating the fragmented and complex landscape of grant funding can be challenging, therefore, OhioHealth Research Institute provides healthcare professionals with guidance to help streamline the process and to ensure that the healthcare professional's time is devoted to the scientific and clinical aspects of their research project Health Equity Research OhioHealth Research Institute conducts research focused on addressing the needs of diverse populations within our community in order to reduce the burden of disease and increase equal access to healthcare throughout Ohio Our legacy of over a decade of nationally-recognized public health research has helped shape the foundation into a national model In collaboration with a number of community-based organizations to identify health disparities and research effective interventions our current projects include -Proyecto Cancer del Seno en Lantinas (The Latina Breast Cancer Project) -Project Hoffnung (or "Hope") The Amish and Mennonite Breast Health Project -Teen Options to Prevent Rapid Repeat Pregnancy (TOPP) -Childhood Obesity -Appalachian Cancer -OhioHealth Community Partnerships

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 473,930,635

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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		No
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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	586		
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**	4,719			
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 or securities 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**	0			
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	194		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	112		
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	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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) 544-4076

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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**								10,913,022	20,565,308	5,071,829
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								10,913,022	20,565,308	5,071,829

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 418

			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 Report compensation for the calendar year ending with or within the organization's tax year

(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	5,223,316
Athena Health Inc 311 Arsenal Street Watertown, MA 02472	Health Care Billing Services	4,815,194
Dawson Personnel Systems PO Box 711503 Cincinnati, OH 452711503	Temporary Help Services	3,840,678
Healix Infusion Therapy Inc 14140 Southwest Freeway Sugar Land, TX 77478	Pharmaceutical Compounding Services	2,357,172
Amerisource Corporation 1200 E 5th Avenue Columbus, OH 43219	Pharmaceutical Distribution Services	2,306,762

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 176

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 397,127				
	b	Membership dues	1b				
	c	Fundraising events	1c 162,272				
	d	Related organizations	1d 368,388				
	e	Government grants (contributions)	1e 743,655				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,096,370				
	g	Noncash contributions included in lines 1a-1f $ 426,372					
	h	**Total.** Add lines 1a-1f		11,767,812			
Program Service Revenue			Business Code				
	2a	Health & Medical Svcs	900099	280,762,824	280,762,824		
	b	Medicare and Medicaid	900099	193,330,746	193,330,746		
	c	Ancillary Revenue	621990	2,221,815	2,221,815		
	d	Research Revenue	900099	1,384,308	1,384,308		
	e	Investment Income	621990	38,036	35,655	2,381	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		477,737,729			
	3	Investment income (including dividends, interest and other similar amounts)		3,755,951		32,119	3,723,832
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	448,869 /				
	b	Less rental expenses	255,694 /				
	c	Rental income or (loss)	193,175 /				
	d	Net rental income or (loss)		193,175			193,175
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	570,088,517 / 213,001				
	b	Less cost or other basis and sales expenses	569,586,071 / 417,592				
	c	Gain or (loss)	502,446 / -204,591				
	d	Net gain or (loss)		297,855		17,623	280,232
Other Revenue	8a	Gross income from fundraising events (not including $ 162,272 of contributions reported on line 1c) See Part IV, line 18	a 333,244				
	b	Less direct expenses	b 119,156				
	c	Net income or (loss) from fundraising events		214,088			214,088
	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 7,743,347				
	b	Less cost of goods sold	b 3,593,224				
	c	Net income or (loss) from sales of inventory		4,150,123			4,150,123
		Miscellaneous Revenue	Business Code				
	11a	Intracompany Admin	900099	33,986,878	33,986,878		
	b	Intercompany Admin	900099	3,952,036	3,952,036		
	c	Cafeteria/Food Service	900099	498,588			498,588
	d	All other revenue		4,284,204	4,284,204		
	e	**Total.** Add lines 11a–11d		42,721,706			
	12	**Total revenue.** See Instructions		540,838,439	519,958,466	52,123	9,060,038

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

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 United States See Part IV, line 21	3,374,507	3,374,507		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	116,994	116,994		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,573,206	5,269,601	303,605	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	305,317,616	253,390,818	49,841,721	2,085,077
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,366,488	8,922,693	2,355,783	88,012
9	Other employee benefits	28,971,437	22,742,578	6,067,374	161,485
10	Payroll taxes	17,209,814	13,509,704	3,594,325	105,785
11	Fees for services (non-employees)				
a	Management				
b	Legal	478,812	375,867	100,840	2,105
c	Accounting	88,985		88,985	
d	Lobbying	25,548		25,548	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	151,962		151,962	
g	Other	30,247,987	23,744,670	5,832,522	670,795
12	Advertising and promotion	1,236,986		1,114,485	122,501
13	Office expenses	6,376,292	5,005,389	1,320,145	50,758
14	Information technology	2,336,774	1,834,368	501,311	1,095
15	Royalties . .				
16	Occupancy	15,797,095	12,400,720	3,362,984	33,391
17	Travel	2,830,690	2,222,092	583,626	24,972
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,744		110	61,634
20	Interest	1,247,601	979,367	268,234	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,936,342	14,080,028	3,849,541	6,773
23	Insurance	5,801,210	4,553,950	1,247,164	96
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	Medical Supply Expense	46,206,349	46,206,349		
b	Bad Debt Expense	24,561,590	24,561,590		
c	Intercompany Expense	21,481,623	16,863,074	4,618,549	
d	Medicaid Tax Expense	3,809,212	3,809,212		
e					
f	All other expenses	12,696,897	9,967,064	2,710,453	19,380
25	**Total functional expenses.** Add lines 1 through 24f	565,303,761	473,930,635	87,939,267	3,433,859
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	12,975
	2	Savings and temporary cash investments		36,408,280	2	40,860,607
	3	Pledges and grants receivable, net		6,530,752	3	6,477,626
	4	Accounts receivable, net		54,531,205	4	57,338,912
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		119,952	5	59,157
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,583,056	7	5,971,208
	8	Inventories for sale or use		5,272,943	8	5,305,762
	9	Prepaid expenses and deferred charges		3,985,301	9	4,446,391
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 307,304,113			
	b	Less accumulated depreciation	10b 175,021,897	114,531,770	10c	132,282,216
	11	Investments—publicly traded securities		138,886,787	11	157,148,198
	12	Investments—other securities See Part IV, line 11		38,666,737	12	7,467,241
	13	Investments—program-related See Part IV, line 11		7,359,125	13	8,971,178
	14	Intangible assets		597,963	14	10,900,240
	15	Other assets See Part IV, line 11		119,476,073	15	18,142,832
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		529,949,944	16	455,384,543
Liabilities	17	Accounts payable and accrued expenses		55,402,037	17	53,609,565
	18	Grants payable			18	0
	19	Deferred revenue		5,398,508	19	809,455
	20	Tax-exempt bond liabilities		42,337,649	20	41,675,529
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	0
	23	Secured mortgages and notes payable to unrelated third parties		294,551	23	81,774
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24,030,954	25	20,868,794
	26	**Total liabilities.** Add lines 17 through 25		127,463,699	26	117,045,117
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		350,090,496	27	283,667,156
	28	Temporarily restricted net assets		37,972,409	28	40,021,260
	29	Permanently restricted net assets		14,423,340	29	14,651,010
		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		402,486,245	33	338,339,426
	34	Total liabilities and net assets/fund balances		529,949,944	34	455,384,543

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	540,838,439
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,303,761
3	Revenue less expenses Subtract line 2 from line 1	3	-24,465,322
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	402,486,245
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-39,681,497
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	338,339,426

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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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, line 35c (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 on behalf of or in opposition to candidates for public office 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 ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		25,548
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities? If "Yes," describe in Part IV		No	0
j	Total lines 1c through 1i			25,548
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
Explanation of Lobbying Activities	Part II-B, Line 1	The grants to other organizations for lobbying purposes are for membership dues The majority of these dues are for membership in American Hospital Association (AHA) and the Ohio Hospital Association (OHA)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	40,674,840	42,000,827	38,990,557	46,755,972	
b	Contributions	277,730	325,956	996,038	430,999	
c	Investment earnings or losses	796,399	5,824,551	4,015,246	-5,396,453	
d	Grants or scholarships	116,994	92,800	24,850	0	
e	Other expenditures for facilities and programs	1,447,322	6,656,908	1,288,068	2,757,845	
f	Administrative expenses	714,076	726,786	688,096	42,116	
g	End of year balance	39,470,577	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,962,032		7,962,032
b Buildings		136,572,195	69,803,252	66,768,943
c Leasehold improvements		846,596	340,433	506,163
d Equipment		104,854,874	75,091,921	29,762,953
e Other		57,068,416	29,786,291	27,282,125
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				132,282,216

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Other	11,155,419
Pension Liability	4,293,988
Due to Affiliates - Loans and Notes	3,930,939
Deferred Long Term Liabilities	1,488,448
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	20,868,794

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
Description of Uncertain Tax Positions Under FIN 48	Part X	From the financial statements of OhioHealth Corporation (which include the activity of the OhioHealth Corporation Group Return) The Corporation has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

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 9 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	154,645	86,913	253,958	495,516
	2 Less Charitable contributions	26,625	30,726	104,921	162,272
	3 Gross income (line 1 minus line 2)	128,020	56,187	149,037	333,244
Direct Expenses	4 Cash prizes			580	580
	5 Non-cash prizes		213	3,811	4,024
	6 Rent/facility costs	1,045		7,786	8,831
	7 Food and beverages	27,011	12,513	4,832	44,356
	8 Entertainment	2,400	500	2,333	5,233
	9 Other direct expenses	11,712	5,501	38,918	56,131
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(119,155)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				214,089

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☑ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? 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	Did the organization use FPG to determine eligibility for providing *discounted* care? 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 did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			14,020,206	2,899,378	11,120,828	4 980 %
b Medicaid (from Worksheet 3, column a)			38,065,126	22,946,386	15,118,740	6 770 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			52,085,332	25,845,764	26,239,568	11 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			316,671	18,803	297,868	0 130 %
f Health professions education (from Worksheet 5)			150,234		150,234	0 070 %
g Subsidized health services (from Worksheet 6)			1,156,040		1,156,040	0 520 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,225		8,225	0 %
j **Total** Other Benefits			1,631,170	18,803	1,612,367	0 720 %
k **Total.** Add lines 7d and 7j			53,716,502	25,864,567	27,851,935	12 470 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	6,552,817		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	88,872,384		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	95,509,863		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,637,479		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

(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	2 630 %	0 %	47 370 %
2 2 Marion Area Health Center	Outpatient Surgery Center	35 040 %	0 %	20 510 %
3 3 Marion Ancillary Services	Occupational Health & Imaging	54 890 %	0 %	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 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	Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410	X						X		
3	Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 433262020	X				X		X		
4	Doctors Hospital at Nelsonville 1950 Mount Saint Marys Drive Nelsonville, OH 457641280	X				X		X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Marion General Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Grady Memorial Hospital

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☐ The policy was available upon request			
	g ☑ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Hardin Memorial Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Doctors Hospital at Nelsonville

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	10		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	11	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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 from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **118**

	Name and address	Type of Facility (Describe)
1	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
2	Marion Ancillary Services 1040 Delaware Avenue Marion, OH 43302	Occupational Health & Imaging Services
3	Marion Area Health Center 1050 Delaware Avenue Marion, OH 43302	Outpatient Services
4	Employed Physician Practices Various Various, OH 43215	115 Physician Practice Offices
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 the 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) The amount of bad debt for purposes of calculating the amount reported on line 7(f) is $17,293,958 A system wide community benefit of $230 million reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The $28 million portion of total community benefit 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 Marion General Hospital, Grady Memorial Hospital, Hardin Memorial Hospital, and Doctors Hospital at 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, or 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 the remaining balance are consistent with all other self pay collections

Identifier	ReturnReference	Explanation
Hardin Memorial Hospital		Part V, Section B, Line 10 Discount care is available for all uninsured patients

Identifier	ReturnReference	Explanation
Doctors Hospital at Nelsonville		Part V, Section B, Line 10 Gross charges are automatically discounted 20% when an uninsured patient does not qualify for HCAP or charity care

Identifier	ReturnReference	Explanation
Marion General Hospital		Part V, Section B, Line 13g Signs are posted at multiple entry points and registration locations stating the 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 Marion General billing statements also include information regarding HCAP and can be used to apply for financial assistance Hospital Patient Billing Brochures explain that OhioHealth provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospitals' charity care programs, how to apply, and the numbers to call with questions Hospital Patient Billing Brochures are handed to every self pay patient and anyone expressing financial difficulty with any patient responsibility Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service and service hours on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the Pre-Registration/Preadmissions process, the Registration representative will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Patient Accounting Department for assistance in applying The Patient Accounting Department will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will have a financial assistance application mailed to the patient The financial assistance application is available in 2 different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, and directions on how to complete the financial assistance application

Identifier	ReturnReference	Explanation
Grady Memorial Hospital		Part V, Section B, Line 13g Signs are posted at multiple entry points and registration locations stating the 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 Hospital Patient Billing Brochures explain that OhioHealth provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospitals' charity care programs, how to apply, and the numbers to call with questions Hospital Patient Billing Brochures are handed to every self pay patient and anyone expressing financial difficulty with any patient responsibility Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the Pre-Registration/Preadmissions process, the Registration representative will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue in the Customer Call Center The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in 5 different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, and directions on how to complete the financial assistance application

Identifier	ReturnReference	Explanation
Hardin Memorial Hospital		Part V, Section B, Line 13g Signs are posted at every patient registration location informing patients of our charity programs and stating our intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Billing statements include information regarding the HCAP Program and instruct patients as to how they can inquire about the program The Patient Accounts Department will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account All uninsured patients receive information about HCAP and hospital charity programs with the mailing of their itemized bill

Identifier	ReturnReference	Explanation
Doctors Hospital at Nelsonville		Part V, Section B, Line 13g Signs are posted at every patient registration location stating our intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Billing statements include information regarding the HCAP Program and instruct patients as to how they can inquire about the program The Patient Accounts Department will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The policy is summarized on the back of all bills and on signs hanging in registration and at the cashier's office

Identifier	ReturnReference	Explanation
Marion General Hospital		Part V, Section B, Line 19d Any patient with income at 200% or below of the FPL gets a 100% discount A patient between 201-267% receives a 75% discount (average Medicaid discount) A patient between 268-334% receives a 70% discount (average Medicare discount) A patient between 335-400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level

Identifier	ReturnReference	Explanation
Grady Memorial Hospital		Part V, Section B, Line 19d Any patient with income at 200% or below of the FPL gets a 100% discount A patient between 201-267% receives a 75% discount (average Medicaid discount) A patient between 268-334% receives a 70% discount (average Medicare discount) A patient between 335-400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level

Identifier	ReturnReference	Explanation
Doctors Hospital at Nelsonville		Part V, Section B, Line 19d Gross charges are automatically discounted 20% when an uninsured patient does not qualify for HCAP or charity care

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 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 2012 Co lumbus is the capital and largest city in the state of O hio The city has a diverse econom y based on education, insurance, banking, fashion, defense, aviation, food, logistics, ste el, energy, medical research, health care, hospitality, retail, and technology O hioHealth' s primary service area covers Franklin and Delaware Counties as well as a few rural commun ities in neighboring counties Over the next five years, the population in this area is es timated to change from 1,509,028 to 1,578,088, resulting in a growth of 4 6% Of this area 's current year estimated population 70 6% are White alone, 18 1% are Black or African Am erican alone, 4 5% are Hispanic, 3 9% are Asian alone, and 2 9% are other races In 2012, t he average household income in the primary service area is estimated to be $68,697 The pri mary service area demographics are impacted by the number of colleges and universities Cu rrently, it is estimated that 36 8% of the population age 25 and over in this area have ea rned a Bachelor's Degree or greater As a result of the student population, the primary se rvice area is relatively young For this area, 25% of the population is estimated to be 0- 17 years old, 27% are between ages 18-34, 28% are between ages 35-54, and 20% are older th an 54 O hioHealth is a health care system covering Franklin, Delaware, Athens, Hardin and M arion counties that in total includes eight hospitals, ambulatory health care services, ph ysician clinics, hospice care, and other entities in support of the hospital and healthcar e services Of those eight hospitals, four individual hospitals file with this group retur n Marion General Hospital, Grady Memorial Hospital, Hardin Memorial Hospital and Doctors Hospital at Nelsonville providing services to the rural communities surrounding the system 's primary service areas of Franklin and Delaware Counties In conjunction with other comm unity stakeholders, O hioHealth Corporation collaborated for its Community Health Needs Ass essment and so gathered significant, additional demographic and community profile informat ion This information is published in the Community Health Needs Assessment per county and is available to the public Marion County Marion General Hospital is a 270-bed facility i n Marion County, which serves as a regional healthcare hub in North Central O hio Marion G eneral Hospital is an accredited Chest Pain Center and is nationally recognized by The Joi nt Commission and American Heart Association for the provision of heart and vascular care Marion General Hospital also provides maternity (including a Level II Special Care Nurser y), medical/surgical services, and inpatient and outpatient mental health, among other spe cialties Marion County is a productive "micropolitan" community a short drive (just 45 min utes) north of Columbus Marion is large enough to have all the infrastructure, shopping a nd recreational amenities, yet small enough to retain hometown values and a strong work et hic An ethic that makes the labor force a point of pride in Marion Over the next five yea rs, the population in this area is estimated to change from 66,588 to 65,872, resulting in a 1 1% decline Of this area's current year estimated population 89 6% are White alone, 5 6% are Black or African American alone, 2 5% are Hispanic, 0 5% are Asian alone, and 1 8 % are other races In 2012, the average household income in the primary service area is est imated to be $49,004 Currently, it is estimated that 12 8% of the population age 25 and o ver in this area have earned a Bachelor's Degree or greater For this area, 22% of the pop ulation is estimated to be 0-17 years old, 22% are between ages 18-34, 29% are between age s 35-54, and 26% are older than 54 Delaware County Grady Memorial Hospital is a 152-bed c ommunity hospital in Delaware County that offers cancer treatment and cardiac rehabilitati on services in addition to its full range of inpatient healthcare services Grady Memorial earns consistently high patient satisfaction scores in its Emergency Department and pride s itself in patient "door-to-doc" times that average less than half the national average D elaware is one of the fastest growing suburban counties in the country Over the next five years, the population in this area is estimated to change from 184,178 to 207,675, result ing in a growth of 12 8% Of this area's current year estimated population 87 3% are Whit e alone, 3 5% are Black or African American alone, 2 4% are Hispanic, 4 8% are Asian alone , and 2 1% are other races In 2012, the average household income in the primary service ar ea is estimated to be $100,000 According to Forbes Magazine, Delaware County is the fifth best place in the United States to raise a family and the best place in the state of O hio to reside Currently, it is estimated that 47 2% of the population age 25 and over in this area have earned a Bachelor's Degree or greater

Identifier	ReturnReference	Explanation
		For this area, 28% of the population is estimated to be 0-17 years old, 18% are between ag es 18-34, 35% are between ages 35-54, and 19% are older than 54 Hardin County Hardin Memor ial Hospital is a 25-bed acute care facility located in Hardin County, a predominantly rur al area of the state Hardin provides acute and short-term skilled care, a full range of o utpatient diagnostic and therapeutic services, and operates a 24-hour Emergency Department Hardin County is less than a 1 hour commute from Columbus Over the next five years, the population in this area is estimated to change from 33,024 to 32,844, resulting in a 0 5% decline Of this area's current year estimated population 95 8% are White alone, 0 8% are Black or African American alone, 1 4% are Hispanic, 0 6% are Asian alone, and 1 4% are ot her races In 2012, the average household income in the primary service area is estimated t o be $49,146 Currently, it is estimated that 14 6% of the population age 25 and over in t his area have earned a Bachelor's Degree or greater For this area, 22% of the population i s estimated to be 0-17 years old, 29% are between ages 18-34, 25% are between ages 35-54, and 24% are older than 54 Athens County Doctors Hospital - Nelsonville is a 25-bed acute care facility in Athens County with a 24-hour Emergency Department, inpatient and outpatie nt rehabilitation services and an on-site specialty medicine clinic supporting local commu nity healthcare needs Over the next five years, the population in this area is estimated t o change from 71,120 to 71,730, resulting in a growth of 0 9% Of this area's current year estimated population 90 9% are White alone, 2 7% are Black or African American alone, 1 5% are Hispanic, 2 6% are Asian alone, and 2 3% are other races In 2012, the average house hold income in the primary service area is estimated to be $43,367 Currently, it is estima ted that 24 0% of the population age 25 and over in this area have earned a Bachelor's Deg ree or greater With Ohio University and its 35,000 students residing in Athens County, it is a relatively young area For this area, 19% of the population is estimated to be 0-17 years old, 40% are between ages 18-34, 21% are between ages 35-54, and 20% are older than 54

Identifier	ReturnReference	Explanation
		Part VI, Line 5 A majority of the organization's governing body is comprised of persons who reside in the organization's primary service area who are neither employees nor contractors of the organization, nor family members thereof OhioHealth extends medical staff privileges and/or membership to all qualified physicians in the communities it serves to ensure that each community has access to the necessary medical services OhioHealth reinvests in our community to improve quality of care, increase access to care and enhance service to our patients and their families Instead of paying dividends to shareholders or owners, OhioHealth uses its earnings to provide a broad array of community benefits For example - We provide charity care to those without adequate resources to pay for their care, in conjunction with our charity care policies - We invest in research, innovation and technology, and medical education and training to advance medical knowledge and provide the highest quality of care and service to our patients - We subsidize essential community health services - trauma centers, poison control, psychiatric services, and kidney dialysis as examples that might not otherwise pay for themselves - We support a wide range of vital community outreach services, targeting in particular, the most vulnerable and historically underserved residents of our community In total, OhioHealth Corporation and affiliates provided $230,387,000 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 6 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, and 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OhioHealth Corporation - Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518	31-4394942	501(c)(3)		127,097	FMV	Contributed Property, Plant, & Equipment	General Support
(2) OhioHealth Corporation - Doctors Hospital5100 West Broad Street Columbus, OH 432281607	31-4394942	501(c)(3)		220,645	FMV	Contributed Property, Plant, & Equipment	General Support
(3) OhioHealth Corporation - Grant Medical Center111 South Grant Avenue Columbus, OH 432154701	31-4394942	501(c)(3)		365,913	FMV	Contributed Property, Plant, & Equipment	General Support
(4) OhioHealth Corporation - Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908	31-4394942	501(c)(3)		2,460,055	FMV	Contributed Property, Plant, & Equipment	General Support
(5) Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410	31-4379436	501(c)(3)		200,797	FMV	Contributed Property, Plant, & Equipment	General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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) Rose M Williams Nursing Scholarship Endowment Fund	4		20,000		

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	Part I, Line 1a, Tax indemnification and gross up payments OhioHealth Corporation and its subsidiaries do not provide tax gross ups to executives Non-executives receive tax gross ups when receiving various taxable incentive or recognition awards, non-cash gifts, or gift cards that are available to all employees Occasionally, non-executives are reported in Form 990 Part I, Line 3 All of the methods listed in question 3 are used by the Parent Corporation (a related organization) to establish the compensation of the CEO for each of the filing organizations included in the OhioHealth Group 990 return
Supplemental Information	Part III	Part I, Line 4a The following individuals listed in Form 990, Part VII received severance payments Ronald J Bachman - $263,820 Lisa J Pettrey - $54,269 Robert W Walters - $27,000 Part I, Line 4b The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan David P Blom - $952,745 Michael S Bernstein - $126,987 Steven J Garlock - $20,532 Robert J Gilbert - $50,697 Bruce P Hagen - $133,936 Cheryl L Herbert-Sinden - $17,137 Michael W Louge - $388,599 Stephen E Markovich, MD - $133,066 Robert P Millen - $252,573 Karen J Morrison - $81,384 Frank T Pandora II, Esq - $266,448 Penelope A Proctor, Esq - $0 Michael L Reichfield - $99,123 Mark R Seckinger - $1,038 Bruce Vanderhoff, MD - $127,372 Vinson M Yates - $64,041 Hugh A Thornhill - $96,624 Ronald J Bachman - $202,141 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
Supplemental Information	Part III	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)	198,064	4,358	16,578	17,736	21,634	258,370	0
Blom David P	(I)	0	0	0	0	0	0	0
	(II)	909,472	520,616	30,377	986,026	16,816	2,463,307	0
Burke William J DO	(I)	103,595	400	0	0	7,387	111,382	0
	(II)	137,919	88	3,929	11,924	10,168	164,028	0
Colwell Dean L DO	(I)	0	0	0	0	0	0	0
	(II)	268,909	86,950	30,342	17,491	16,848	420,540	0
George Peter B MD	(I)	645,997	181,655	70,861	16,825	16,106	931,444	0
	(II)	115,007	0	78	0	0	115,085	0
Hammett Troy D	(I)	0	0	0	0	0	0	0
	(II)	205,928	69,090	7,257	17,484	19,205	318,964	0
Harmon Thomas L MD	(I)	900	0	0	0	0	900	0
	(II)	197,047	0	78	203	40	197,368	0
Innes Jeffrey T MD	(I)	458,207	108,051	16,578	21,055	40	603,931	0
	(II)	17,500	0	0	0	0	17,500	0
Krantz Carl A Jr MD	(I)	172,087	3,775	16,953	-2,067	40	190,788	0
	(II)	133,500	0	0	24,564	0	158,064	0
Lilly Larry J MD	(I)	0	0	0	0	0	0	0
	(II)	121,443	3,559	22,831	3,378	12,072	163,283	0
Markovich Stephen E MD	(I)	0	0	0	0	0	0	0
	(II)	428,856	182,050	22,030	157,321	21,631	811,888	0
Mestemaker Amy L MD	(I)	165,274	5,825	16,700	15,670	19,382	222,851	0
	(II)	0	0	0	0	0	0	0
Morrison Karen J	(I)	0	0	0	0	0	0	0
	(II)	296,961	135,000	21,709	100,993	20,242	574,905	0
Reichfield Michael L	(I)	0	0	0	0	0	0	0
	(II)	318,901	142,000	26,235	115,810	24,028	626,974	0
Smith Rita J RN	(I)	0	0	0	0	0	0	0
	(II)	139,555	16,499	3,481	28,299	7,260	195,094	0
Sperling Ron	(I)	0	0	0	0	0	0	0
	(II)	428,300	0	0	0	0	428,300	0
Thornhill Hugh A	(I)	0	0	0	0	0	0	0
	(II)	321,058	130,000	4,869	113,774	24,242	593,943	0
Bernstein Michael S	(I)	0	0	0	0	0	0	0
	(II)	418,890	175,000	18,978	147,265	21,790	781,923	0

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				
Millen Robert P	(I)	0	0	0	0	0	0	0
	(II)	597,747	280,000	20,394	274,408	24,242	1,196,791	0
Bjerke Craig A	(I)	0	0	0	0	0	0	0
	(II)	212,783	69,552	3,304	14,475	18,405	318,519	0
Ansel Gary MD	(I)	737,922	163,082	66,338	18,190	17,252	1,002,784	0
	(II)	174,720	0	0	0	0	174,720	0
Bell Jeffrey G MD	(I)	0	0	0	0	0	0	0
	(II)	325,306	10,111	5,471	28,706	13,855	383,449	0
Caulin-Glaser Teresa L MD	(I)	0	0	0	0	0	0	0
	(II)	345,924	132,020	44,868	25,445	13,855	562,112	0
Gingrich Curtis L MD	(I)	0	0	0	0	0	0	0
	(II)	175,892	20,208	600	16,326	19,232	232,258	0
Niles John P	(I)	0	0	0	0	0	0	0
	(II)	198,442	40,505	21,421	17,755	18,882	297,005	0
Paul Douglas B DO	(I)	379,434	70,400	45,396	15,530	15,993	526,753	0
	(II)	3,750	0	0	0	0	3,750	0
Poll Wayne L MD	(I)	0	0	0	0	0	0	0
	(II)	216,335	0	78	18,549	18,382	253,344	0
Yakubov Steve MD	(I)	683,236	188,961	71,702	16,140	19,382	979,421	0
	(II)	174,720	0	0	0	0	174,720	0
Sanders John W	(I)	0	0	0	0	0	0	0
	(II)	283,219	115,000	23,628	19,611	16,207	457,665	0
Seckinger Mark R	(I)	0	0	0	0	0	0	0
	(II)	182,590	52,000	21,053	30,975	14,898	301,516	0
Snyder Ron P	(I)	160,694	36,582	0	0	18,597	215,873	0
	(II)	0	0	0	0	0	0	0
Thornhill Larry W	(I)	0	0	0	0	0	0	0
	(II)	263,395	98,000	36,574	18,957	14,926	431,852	0
Gilbert Robert J	(I)	0	0	0	0	0	0	0
	(II)	261,470	97,000	25,134	75,533	20,382	479,519	0
Herbert-Sinden Cheryl L	(I)	0	0	0	0	0	0	0
	(II)	273,446	121,000	25,485	43,449	16,776	480,156	0
Walters Robert W	(I)	0	0	0	0	0	0	0
	(II)	186,428	69,000	59,790	6,554	18,132	339,904	0
Evert Barbara MD	(I)	0	0	0	0	0	0	0
	(II)	199,889	67,010	15,983	4,879	5,608	293,369	0

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				
Lehmuth Richard L	(I)	0	0	0	0	0	0	0
	(II)	216,713	68,000	19,507	17,348	7,260	328,828	0
Newbrough Jr James P	(I)	0	0	0	0	0	0	0
	(II)	177,615	53,037	3,240	11,951	17,775	263,618	0
Pietrusik Joseph M	(I)	120,827	12,079	16,836	14,485	21,935	186,162	0
	(II)	0	0	0	0	0	0	0
Louge Michael W	(I)	0	0	0	0	0	0	0
	(II)	616,389	300,000	15,237	411,488	22,242	1,365,356	0
Bunyard Stephen P	(I)	0	0	0	0	0	0	0
	(II)	247,919	83,059	3,925	21,187	7,865	363,955	0
Foley Denise E	(I)	0	0	0	0	0	0	0
	(II)	185,857	68,796	19,494	18,777	18,422	311,346	0
Meldrum Terri W Esq	(I)	0	0	0	0	0	0	0
	(II)	176,580	52,000	2,289	18,404	17,038	266,311	0
Tomaszewski James A	(I)	0	0	0	0	0	0	0
	(II)	268,384	82,843	24,748	21,247	6,687	403,909	0
Brown Steven R	(I)	0	0	0	0	0	0	0
	(II)	168,789	44,737	2,882	20,421	18,882	255,711	0
Long Gregory A	(I)	0	0	0	0	0	0	0
	(II)	164,612	33,695	2,768	0	2,954	204,029	0
O'Sullivan Michael D	(I)	0	0	0	0	0	0	0
	(II)	210,647	76,246	28,836	22,837	17,508	356,074	0
Pettrey Lisa J	(I)	0	0	0	0	0	0	0
	(II)	95,520	36,367	72,547	11,145	22,382	237,961	0
Hooper Joseph	(I)	0	0	0	0	0	0	0
	(II)	190,025	48,163	4,351	22,451	13,855	278,845	0
Wallis Eric	(I)	0	0	0	0	0	0	0
	(II)	161,301	42,412	5,423	12,938	21,223	243,297	0
Walsh Robert	(I)	0	0	0	0	0	0	0
	(II)	140,977	19,800	11,350	21,758	18,722	212,607	0
Kovack Thomas J DO	(I)	1,180,687	396,435	34,989	18,461	19,382	1,649,954	0
	(II)	0	0	0	0	0	0	0
Cassandra James C DO	(I)	942,750	148,130	61,539	14,171	21,718	1,188,308	0
	(II)	0	0	0	0	0	0	0
Mahmoud Akram H DO	(I)	806,969	210,121	16,692	19,492	7,391	1,060,665	0
	(II)	0	0	0	0	0	0	0

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				
Pin Richard H MD	(I)	644,976	376,218	23,951	14,968	22,168	1,082,281	0
	(II)	0	0	0	0	0	0	0
Reddy Yeshwant P MD	(I)	816,485	275,972	58,603	15,707	657	1,167,424	0
	(II)	0	0	0	0	0	0	0
Garlock Steven J	(I)	0	0	0	0	0	0	0
	(II)	266,465	116,268	25,422	59,638	18,576	486,369	0
Hagen Bruce P	(I)	0	0	0	0	0	0	0
	(II)	447,925	188,000	33,857	156,083	16,454	842,319	0
Vanderhoff Bruce MD	(I)	0	0	0	0	0	0	0
	(II)	447,166	187,400	9,920	150,591	19,112	814,189	0
Pandora Frank T II Esq	(I)	0	0	0	0	0	0	0
	(II)	354,965	160,000	28,931	305,484	15,715	865,095	0
Schuda Marian K MD	(I)	0	0	0	0	0	0	0
	(II)	273,681	29,164	5,608	25,071	17,029	350,553	0
Yates Vinson M	(I)	0	0	0	0	0	0	0
	(II)	287,212	130,000	21,268	93,921	22,905	555,306	0
Bachman Ronald J	(I)	0	0	0	0	0	0	0
	(II)	0	0	465,961	-698	0	465,263	155,617
Proctor Penelope A Esq	(I)	0	0	0	0	0	0	0
	(II)	122,505	78,000	15,400	6,260	401	222,566	0
Laterro Anita A	(I)	0	0	0	0	0	0	0
	(II)	146,475	44,496	7,711	20,550	22,645	241,877	0
Floyd Phyllis G MD	(I)	0	0	0	0	0	0	0
	(II)	72,863	0	60,059	406	4,953	138,281	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

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) Thomas J Kovack DO Retention Loan		X	75,000	17,442		No	Yes		Yes	
(2) James C Cassandra DO Retention Loan		X	50,000	6,484		No	Yes		Yes	
(3) Yeshwant P Reddy MD Retention Loan		X	75,000	28,190		No	Yes		Yes	
(4) James C Cassandra DO Physician Student Loans		X	20,805	7,041		No	Yes		Yes	
Total . . . . . ▶ $				59,157						

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 of Org - Dir of OHF (Lisa George) is an Officer	4,519,148	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Director of OhioHealth Foundation (Lisa George) is an Officer Director of OhioHealth Foundation (Tara M Abraham) is the sister of Lisa George		No
Boston Scientific	Director of Org - A Dir of OHRI (Gary Ansel) is an interested person	1,318,653	Payments - Goods or services provided to OhioHealth Group entities		No
Bard Inc	Director of Org - A Dir of OHRI (Gary Ansel) is an interested person	107,213	Payments - Goods or services provided to OhioHealth Group entities		No
Dublin Building Systems	Director of Org - A Dir of OhioHealth Fdn (Vic Irelan) is a Director	256,519	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - A Director of OhioHealth Foundation (Vic Irelan) is a Director Son of Director of OhioHealth Foundation (Vic Irelan) is a more than 35% owner		No
Time Warner Cable	Director of Org - A Dir of GMH (Donna James) is a Director	557,083	Payments - Goods or services provided to OhioHealth Group entities		No
Dawson Resources	Director of Org - Son-in-law of OHF Dir (Larry J Lilly) is a Principle	4,247,106	Payments - Goods or services provided to OhioHealth Group entities		No
Marion Ancillary Services	Officer/Director/Key Employee of Org - Off/Dir/Key Emp of MGH are Dirs	562,432	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Directors and Officers of Marion General Hospital (Kathy S Masters and John W Sanders) are Directors VP of Operations for Marion General Hospital (Joseph Hooper) is a Director		No
Ohio Hospital Association Insurance Solutions	Director of Org - A Dir/Off of GRMCFI (Frank Pandora) is a Director	632,826	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Director and Officer of GRMCFI and a Former Officer of OHRI (Frank T Pandora II Esq) is a Director Greg Morrison, husband of Director/Officer of OhioHealth Foundation and Grady Foundation (Karen J Morrison), is a Director		No
Ashley Fields	Director of Org - Sister-in-Law of OhioHealth Fdn Dir (Steven P Fields)	77,155	Comp/Ben - Sister-in-law is employed at HomeReach and receives compensation		No
Christine Heilman	Director of Org - Daughter-in-law of HMH & HHF Dirs (Max & Sharon Heilman)	69,986	Comp/Ben - Daughter-in-law is employed at Marion General Hospital and receives compensation		No
Karen Smith	Director of Org - Daughter of Marion General Hospital Director (Judy Titus)	58,505	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)	109,818	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)	19,994	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 OHF/GMH Dir (Peter George)	1,246,229	Payments - Goods or services provided to OhioHealth Group entities		No
Medical Group of Ohio	Directors of Org - Directors of OHF are Directors	743,665	Payments - Goods or services provided to OhioHealth Group entities Continued from relationship between interested person and organization - Directors of OhioHealth Foundation (Jeffrey T Innes M D , Carl A Krantz Jr M D , and Larry J Lilly M D) are Directors		No
OhioHealth Group Ltd	Officer/Directors of Org - Officer and Directors of GRMCFI are Directors	324,090	Payments - Goods or services provided to OhioHealth Group entities		No
Central Ohio Medical Textiles	Director of Org - Director of OHF (Troy D Hammett) is a Director	567,217	Payments - Goods or services provided to OhioHealth Group entities		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	7	667	Cost/selling price
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		7,677	Sale of Comparable Prop
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	10	18,050	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				
18	Collectibles	X	2	125	Cost/selling price
19	Food inventory				
20	Drugs and medical supplies	X	3	14,997	Cost/selling price
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Gift Cards)	X	94	65,777	Cost/selling price
26	Other ▸ (Contr PP&E)	X	2	315,893	Cost/selling price
27	Other ▸ (MARCS Radios)	X	1	3,186	Cost/selling price
28	Other ▸ ( )				

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

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

Part II

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

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

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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

2011

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Identifier	Return Reference	Explanation
	Form 990, Part I, Summary	Revenue and expense reporting for the current year reflects a change in reporting intercompany eliminations compared to prior years Current year amounts have been reduced to reflect intercompany eliminations

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 OhioHealth Corporation has an ownership interest in limited liability companies (LLCs) that provide healthcare or related services As a member of such LLCs, OhioHealth Corporation has the right to appoint two individuals to the managing board of such LLCs As a result, these individuals may be deemed to have a "business relationship" with each other for purposes of Part VI, Section A, Line 2 Lisa George, Director of OhioHealth Foundation, and Tara M Abraham, Director of OhioHealth Foundation, have a family relationship Douglas T Anderson, Director of OhioHealth Foundation, and Elizabeth Doody Anderson, Director of OhioHealth Foundation, have a family relationship Michael J Endres, Treasurer of Grady Memorial Hospital, Kerrii B Anderson, Director of Grady Memorial Hospital, and John P McConnell, Director of Grady Memorial Hospital, have a business relationship Vic Irelan, Director of OhioHealth Foundation, and Douglas T Anderson, Director of OhioHealth Foundation, have a business relationship Steve Cox, Chairman of DHCN, and Bernita Crawford, Secretary of DHCN, have a business relationship George W McCloy, Director of OhioHealth Foundation, and Julie Mercker, Director of OhioHealth Foundation, have a family relationship Scott Barrett, Director of Hardin Memorial Hospital, has a business relationship with other members of the Hardin Memorial Hospital Board of Directors Jeffrey T Innes M D , Director of OhioHealth Foundation, Carl A Krantz Jr M D , Director of OhioHealth Foundation and Larry J Lilly M D , Director of OhioHealth Foundation, have a business relationship

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	The West Ohio Conference of The United Methodist Church is the sole member of OhioHealth Corporation, and this membership is permissible under Ohio Revised Code Section 1702 13

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

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 2011 base salary and his 2011 total compensation (which includes annual incentive and all benefits) were estimated to approximate the 55th percentile The organization's performance for FY 6/30/2012 was at the 87th percentile as measured by the Balanced Scorecard using Quality, Customer Service, Work life 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 losses on investments -2,127,951 Net Assets Released from Restriction used for PP&E 1,835,096 Intercompany Transactions -30,497,065 Changes in Other Unrestricted Net Assets -24,756 Changes in Temporary Restricted Net Assets -6,516,824 Changes in Permanently Restricted Net Assets 8,621 Pension-Related Changes Other Than Net Periodic Pension Costs -2,358,618 Total to Form 990, Part XI, Line 5 -39,681,497

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A	Compensation paid by related organizations 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
	Form 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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	-8,567,771	1,441,098	GrantRiverside Medical Care Foundation
(2) Orthopedic Trauma Services Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 56-2294320	Practice Management Services	OH	-2,421,124	404,710	GrantRiverside Medical Care Foundation
(3) Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	8,516,129	94,951	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, OH 43229 20-1547399	Physician Practice	OH	N/A									
(2) Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	N/A									
(3) Marion Ancillary Services 1040 Delaware Avenue Marion, OH 43302 31-1704991	Outpatient Services	OH	Marion General Hospital	Related	1,268,535	1,915,501		No			No	55 000 %
(4) Upper Arlington Medical LP 180 East Broad Street 33rd Floor Columbus, OH 43215 31-1472667	Medical Services	OH	N/A									
(5) ESWL Real Estate & Equipment LP 100 West Third Avenue Suite 350 Columbus, OH 43201 31-1138732	Equipment Rental	OH	N/A									
(6) Marion Area Health Center 1050 Delaware Avenue Marion, OH 43302 31-1639538	Outpatient Surgery Center	OH	Marion General Hospital	Related	704,183	923,889		No			No	54 150 %
(7) Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH 43215 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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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, OH 43229 20-1547399	Physician Practice	OH	N/A									
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	N/A									
Marion Ancillary Services 1040 Delaware Avenue Marion, OH 43302 31-1704991	Outpatient Services	OH	Marion General Hospital	Related	1,268,535	1,915,501		No			No	55 000 %
Upper Arlington Medical LP 180 East Broad Street 33rd Floor Columbus, OH 43215 31-1472667	Medical Services	OH	N/A									
ESWL Real Estate & Equipment LP 100 West Third Avenue Suite 350 Columbus, OH 43201 31-1138732	Equipment Rental	OH	N/A									
Marion Area Health Center 1050 Delaware Avenue Marion, OH 43302 31-1639538	Outpatient Surgery Center	OH	Marion General Hospital	Related	704,183	923,889		No			No	54 150 %
Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH 43215 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, OH 432153707 31-1119936	Administrative Services	OH	N/A	C			
OhioHealth Star Properties 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1347216	Administrative Services	OH	N/A	C			
MedStart Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1482649	Administrative Services	OH	N/A	C			
GM Health Services 561 West Central Avenue Delaware, OH 43015 31-1094787	Industrial Health, DME Home, Collection Agency	OH	N/A	C			
HealthWorks 561 West Central Avenue Delaware, OH 43015 31-1435822	Medical Service Physician Practices	OH	N/A	C			
Grady Anesthesia Services 561 West Central Avenue Delaware, OH 43015 20-3750671	Anesthesia Services	OH	N/A	C			
HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	N/A	C			
Intel Health Services PO Box 1051 Governors Square Bu 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	9,945,878	Actual Dollars Transferred
(2)	OhioHealth Corporation	R	90,939,881	Actual Dollars Transferred
(3)	Intel Health Services	O	497,158	Actual Dollars Transferred
(4)	Hospital Properties Inc	J	792,562	Market Rent
(5)	Hospital Properties Inc	P	65,326	Actual Expenses Paid
(6)	Hospital Properties Inc	Q	468,930	Actual Dollars Transferred
(7)	HardinCare Inc	D	211,332	Loan Amount
(8)	HardinCare Inc	A	95,212	Market Rent
(9)	HardinCare Inc	A	28,659	Interest Payments
(10)	Healthworks	P	8,308,722	Actual Dollars Transferred
(11)	Grady Anesthesia Services	P	2,491,398	Actual Dollars Transferred
(12)	Marion Ancillary Services	P	181,008	Actual Dollars Transferred
(13)	Marion Ancillary Services	O	562,432	Actual Dollars Transferred

CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

OhioHealth Corporation

Years Ended June 30, 2012 and 2011
With Report of Independent Auditors

OhioHealth Corporation

Consolidated Financial Statements

Years Ended June 30, 2012 and 2011

Contents

plante moran

Plante & Moran, PLLC

Independent Auditor's Report

To the Board of Directors
OhioHealth Corporation

We have audited the accompanying consolidated balance sheet of OhioHealth Corporation (OhioHealth or the "Corporation") as of June 30, 2012 and 2011 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 audits to obtain reasonable assurance about whether the consolidated 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, 2012 and 2011 and the consolidated results of its operations and changes in net assets and cash flows for the years 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, 2012 on our consideration of OhioHealth Corporation's 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 audits.

Plante & Moran, PLLC

September 27, 2012

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2012	2011
	(In Thousands)	
Assets		
Current Assets		
Cash and Cash Equivalents	$ **144,989**	$ 190,241
Patient Accounts Receivable, Less Allowances for Doubtful Accounts ($108,243 in 2012, $121,163 in 2011)	**252,898**	227,865
Other Receivables	**18,369**	27,780
Inventories	**30,755**	29,418
Other Current Assets	**35,062**	30,272
Total Current Assets	**482,073**	505,576
Property and Equipment, Less Accumulated Depreciation *(Note 3)*	**803,499**	752,690
Assets Limited As To Use *(Note 4)*		
Funds Held by Trustee	**27,284**	36,637
Unrestricted Foundation Investments	**28,197**	46,386
Funds Designated for Future Expansion	**2,029,612**	1,817,261
Board Designated Funds	**12,770**	12,760
Total Assets Limited As To Use	**2,097,863**	1,913,044
Other Assets		
Interest Rate Swap Asset *(Note 7)*	**-**	3,277
Other	**104,813**	80,442
Total Other Assets	**104,813**	83,719
Restricted Assets		
Restricted Foundation Investments *(Note 4)*	**48,225**	45,864
Restricted Pledges	**6,447**	6,531
Total Restricted Assets	**54,672**	52,395
Total Assets	$ **3,542,920**	$ 3,307,424

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2012	2011
	(In Thousands)	
Liabilities and Net Assets		
Current Liabilities		
Line of Credit *(Note 6)*	**$ 260**	$ 260
Current Portion of Long-Term Debt *(Note 6)*	**13,867**	12,411
Long-Term Debt Subject to Short Term Remarketing Arrangements *(Note 6)*	**61,240**	-
Accounts Payable	**92,190**	92,685
Wages and Benefits Payable	**137,640**	148,835
Estimated Third-Party Settlements *(Note 2)*	**20,552**	28,141
Accrued Interest Payable	**2,986**	1,898
Other Current Liabilities	**75,005**	69,290
Total Current Liabilities	**403,740**	353,520
Long-Term Liabilities		
Long-Term Debt, Net of Unamortized Bond Premium and Discount *(Note 6)*	**638,400**	716,473
Accrued Malpractice, Pension and Other *(Note 5)*	**286,917**	198,155
Interest Rate Swap Liability *(Note 7)*	**52,362**	23,287
Total Long-Term Liabilities	**977,679**	937,915
Net Assets		
Unrestricted Net Assets	**2,106,829**	1,963,594
Temporarily Restricted Net Assets	**40,021**	37,972
Permanently Restricted Net Assets	**14,651**	14,423
Total Net Assets	**2,161,501**	2,015,989
Total Liabilities and Net Assets	**$ 3,542,920**	$ 3,307,424

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2012	2011
	(In Thousands)	
Operating Revenues		
Net Patient Service Revenues *(Note 9)*	$ 2,394,433	$ 2,262,216
Operating Income from Equity Ventures	8,510	8,475
Net Assets Released from Restrictions	4,805	5,075
Other Revenues	62,972	52,663
Total Operating Revenues	2,470,720	2,328,429
Operating Expenses		
Salaries and Wages	996,479	938,504
Employee Benefits	233,923	210,271
Drugs and Supplies	372,788	360,426
Purchased Services	243,271	243,159
Bad Debt	99,120	105,067
Depreciation and Amortization	113,999	109,244
Interest	20,689	14,455
Other	161,294	152,674
Total Operating Expenses	2,241,563	2,133,800
Net Operating Income	229,157	194,629
Nonoperating Income (Loss)		
Interest Income, Dividends and Realized Gains *(Note 4)*	54,567	62,001
Change in Net Unrealized (Losses) Gains on Trading Securities *(Note 4)*	(18,912)	147,929
Loss on Advance Refunding of Debt *(Note 6)*	-	(959)
Change in Fair Value of Interest Rate Swaps *(Note 7)*	(32,484)	7,132
Nonoperating Income from Equity Ventures	914	1,643
Contributions and Other	(78)	596
Total Nonoperating Income	4,007	218,342
Excess of Revenues Over Expenses	$ 233,164	$ 412,971

(Continued on following page)

OhioHealth Corporation

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

	Year Ended June 30	
	2012	2011
	(In Thousands)	
Unrestricted Net Assets		
Excess of Revenues Over Expenses	$ **233,164**	$ 412,971
Change in Net Unrealized (Losses) Gains on Alternative Investments *(Note 4)*	**(4,703)**	13,173
Net Assets Released from Restrictions used for Purchase of Property and Equipment	**1,835**	12,855
Pension-Related Changes other than Net Periodic Pension Cost	**(80,273)**	62,623
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**132**	132
Other	**(6,920)**	(7,361)
Increase in Unrestricted Net Assets	**143,235**	494,393
Temporarily Restricted Net Assets		
Investment Income	**675**	681
Tax Levy Contributions	**-**	12
Change in Net Unrealized Losses and Gains on Investments *(Note 4)*	**(471)**	2,373
Net Assets Released from Restrictions	**(6,640)**	(17,930)
Contributions and Other	**8,485**	12,882
Increase (Decrease) in Temporarily Restricted Net Assets	**2,049**	(1,982)
Permanently Restricted Net Assets		
Contributions and Other	**228**	439
Increase in Permanently Restricted Net Assets	**228**	439
Increase in Net Assets	**145,512**	492,850
Net Assets at Beginning of Year	**2,015,989**	1,523,139
Net Assets at End of Year	$ **2,161,501**	$ 2,015,989

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2012	2011
	(In Thousands)	
Operating Activities		
Increase in Net Assets	**$ 145,512**	$ 492,850
Adjustments to Reconcile Increase in Net Assets to Cash Provided by Operating Activities		
Depreciation	**113,349**	108,623
Amortization	**650**	621
Bad Debt Expense	**99,120**	105,067
Contributions	**(6,566)**	(11,967)
Loss on Advance Refunding of Debt	**-**	959
Gain on Disposition of Assets	**(2,680)**	(2,896)
Contributions of Cash for Long-lived Assets	**(3,375)**	(12,759)
Interest Income, Dividends and Realized Gains	**(55,242)**	(62,682)
Change in Net Unrealized Gains on Investments	**24,086**	(163,475)
Pension-Related Changes other than Net Periodic Pension Cost	**80,273**	(62,623)
Change in Fair Value of Interest Rate Swaps	**32,352**	(7,264)
Cash (Used for) Provided by Operating Assets and Liabilities		
Patient Accounts Receivable	**(124,153)**	(120,269)
Inventories, Other Receivables and Other Assets	**(21,737)**	(6,967)
Estimated Third-Party Settlements	**(7,589)**	11,328
Accounts Payable, Accrued Interest Payable and Other Current Liabilities	**8,988**	14,783
Wages and Benefits Payable	**(11,195)**	9,461
Accrued Malpractice and Other	**8,489**	19,241
Net Cash Provided by Operating Activities	**280,283**	312,032
Investing Activities		
Additions to Property and Equipment, Net	**(168,442)**	(122,676)
Contributions of Cash for Long-lived Assets	**3,375**	12,759
Purchases of Assets Limited As To Use and Restricted Assets	**(7,216,518)**	(7,126,199)
Sales of Assets Limited As To Use and Restricted Assets	**7,067,144**	6,875,334
Net Cash Used for Investing Activities	**(314,442)**	(360,783)
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	**(11,093)**	(27,608)
Net Cash (Used For) Provided by Financing Activities	**(11,093)**	109,821
(Decrease) Increase in Cash and Cash Equivalents	**(45,252)**	61,070
Cash and Cash Equivalents at Beginning of Year	**190,241**	129,171
Cash and Cash Equivalents at End of Year	**$ 144,989**	$ 190,241

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 (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

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

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 The Corporation's cash and cash equivalents falls into two categories, highly rated money market mutual funds, which invest in only highly rated, short-term fixed income securities, and deposits at banking institutions Historically, the only Federal insurance provided to cover any of these funds was $250,000 per account for funds on deposit in banks provided through the Federal Deposit Insurance Corporation ("FDIC") However, as part of the Dodd-Frank Wall Street Reform and Consumer Protection Act, the FDIC has temporarily expanded insurance coverage to all deposits in banking institutions to an unlimited amount until December 31, 2012 The amount on deposit in banking institutions at June 30, 2012 and 2011 were $35,874,000 and $33,139,000, respectively The amounts held in highly rated money market mutual funds

2. Significant Accounting Policies (continued)

Cash Equivalents (continued)

were $109,115,000 and $157,102,000 at June 30, 2012 and 2011, respectively

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, 2012, final determinations have not been made for all entities for 2005 and 2007 through 2012 for Medicare and 2008 through 2012 for Medicaid The amounts reported on the financial statements represent estimated settlements outstanding at June 30, 2012 and 2011 Gains related to prior year settlement and other reserve estimates resulted in an increase to net operating income in 2012 and 2011 of approximately $17,960,000 and $11,745,000, respectively Medicare, Medicaid and Anthem represented approximately 56% and 55% of Corporation's net patient service revenues for the years ended June 30, 2012 and 2011, respectively

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 The RAC program began for Ohio hospitals in late 2009 Since inception the Corporation has expensed approximately $10,900,000 related to RAC

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

2. Significant Accounting Policies (continued)

Third-Party Reimbursement (continued)

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 revenues (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

Goodwill

The recorded amounts of goodwill from prior business combinations are based on management's best estimates of the fair value of assets acquired and liabilities assumed at the acquisition date Annually, the Corporation assesses goodwill for impairment No impairment charge was recognized in the years ended June 30, 2012 and June 30, 2011

Electronic Health Record Technology (EHR)

The American Recovery and Reinvestment Act of 2009 (ARRA) established funding in order to provide incentive payments to hospitals and physicians that implement the use of electronic health record (EHR) technology by 2014 The Corporation may receive an incentive payment for up to four years, provided the Corporation demonstrates meaningful

2. Significant Accounting Policies (continued)

Electronic Health Record Technology (EHR) (continued)

use of certified EHR technology for the EHR reporting period The revenues from the incentive payments are recognized over the EHR reporting period when there is reasonable assurance that the Corporation will comply with eligibility requirements during the EHR reporting period and an incentive payment will be received The amounts are recorded within other operating revenues as the incentive payments are related to the Corporation's ongoing and central activities yet not critical to the delivery of patient service

During 2012, certain OhioHealth hospitals attested to Centers for Medicare and Medicaid Services (CMS) that they had met the first stage of meaningful use criteria for the first year EHR reporting period, which covered 90 continuous days beginning and ending in federal fiscal year 2012 As such, the incentive payments were recognized as income within other operating revenues in the amount of $4,791,000

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 board designated funds 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

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 excess of revenues over expenses unless the income is restricted by donor or law The change in unrealized gains and losses on trading securities are included in excess of revenues over expenses Unrealized gains and losses on available for sale securities are excluded from excess of revenues over expenses

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

2. Significant Accounting Policies (continued)

Equity Investments (continued)

for the entities proportionate share of their undistributed earnings or losses These investments ($32,386,000 and $29,547,000 as of June 30, 2012 and 2011, 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

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, 2012 and June 30, 2011, respectively, that may result in the assertion of additional claims At June 30, 2012 and June 30, 2011, an estimate of these contingent losses has been accrued There may be other claims from unreported incidents

2. Significant Accounting Policies (continued)

Malpractice and General Patient Liability Contingencies (continued)

arising from services provided to patients The reserve for medical malpractice at June 30, 2012 and 2011 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 When a donor restriction expires, temporarily restricted net assets used for non-capital expenditures are reclassified to unrestricted net assets and are included in excess of revenues over expenses The release of restrictions on temporarily restricted net assets restricted for the purchase of property and equipment are excluded from excess of revenues over expenses and are reported as an increase in unrestricted net assets

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 The Corporation has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary The Corporation classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment All earnings on permanently restricted net assets during the years ended June 30, 2012 and 2011 have been included in nonoperating income in the years earned The Corporation invests these funds consistent with the investment policies of the Corporation The Corporation has a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Organization targets a diversified asset allocation to achieve these objectives Changes in the endowment funds (permanently restricted) are presented in the consolidated statement of changes in net assets for the years ended June 30, 2012, and 2011

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 Revenues Code With respect to the taxable corporations, income taxes are insignificant in fiscal 2012 and 2011 The Corporation files all applicable federal, state and local income tax returns Fiscal years 2009 through 2012 are subject to audit by appropriate government authorities or their agents

The Corporation has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements

Charity Care and Benefits to the Community

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 is determined based on established polices, using patient income and assets to determine payment ability The amount reflects the cost of free or discounted health services, net of contributions and other revenues received, as direct assistance for the provision of charity care The estimated cost of providing charity services is based on a calculation which applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients The Corporation estimates that it provided $104,830,000 and $84,719,000 of services to indigent patients during 2012 and 2011, 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

2. Significant Accounting Policies (continued)

Charity Care and Benefits to the Community (continued)

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 certain programs discussed above The Corporation's benefit to the community was approximately $230,387,000 and $204,866,000 for the years ended June 30, 2012 and 2011, respectively In addition, the unpaid cost of Medicare of approximately $59,711,000 and $62,905,000 was provided as an uncompensated service to the community for the years ended June 30, 2012 and 2011, respectively

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 $32,189,000 and $35,879,000 in net HCAP distributions for the years ended June 30, 2012 and 2011, respectively, recorded as a component of excess of revenues over expenses

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 revenues, 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 (excess of revenues over expenses) are changes in net unrealized gains and losses on alternative investments, net assets released from restrictions used for purchase of property and equipment, and 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 2012 and 2011 include health care expenses of approximately $1,877,567,000 and $1,794,885,000 respectively, and general and administrative expenses of approximately $363,996,000 and $338,915,000, respectively

2. Significant Accounting Policies (continued)

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

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 and determined any potential exposure to be immaterial 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, 2012 and 2011

2. Significant Accounting Policies (continued)

Noncontrolling Interests in Consolidated Financial Statements

The Corporation has noncontrolling interest, sometimes called a minority interest, which is the portion of equity in a subsidiary not attributable, directly or indirectly, to a parent In accordance with Accounting Standards Update (ASU) 2010-07 Not-for-Profit Entities (Topic 958) Not-for-Profit Entities Mergers and Acquisitions, the Corporation consolidates excess of revenues over expenses at amounts that include the amounts attributable to both the parent and the noncontrolling interest As a result, excess of revenues over expenses includes $4,985,000 and $5,767,000 for the years ended June 30, 2012 and June 30, 2011, respectively, attributable to noncontrolling interest

Unrestricted net assets includes $4,578,000 and $5,882,000 for the years ended June 30, 2012 and June 30, 2011, respectively, attributable to noncontrolling interest

	Controlling Interest	Non-Controlling Interest	Total
Balance at June 30, 2010	$5,558	$5,066	$10,624
Excess of revenues over expenses	7,377	5,767	13,144
Distributions	(4,873)	(4,656)	(9,529)
Contributions and Share Exchanges	3,115	(295)	2,820
Balance at June 30, 2011	$11,177	$5,882	$17,059
Excess of revenues over expenses	3,876	4,985	8,861
Distributions	(7,220)	(5,751)	(12,971)
Contributions and Share Exchanges	(254)	(538)	(792)
Balance at June 30, 2012	$7,579	$4,578	$12,157

2. Significant Accounting Policies (continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 27, 2012, which is the date the financial statements were issued

New Accounting Pronouncements

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 Revenues, 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 revenues 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 revenues for certain entities is required to be presented on a separate line as a deduction from patient service revenues (net of contractual allowances and discounts) in the statement of operations The ASU is effective for the Corporation for the year ending June 30, 2013

ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24), clarifies that health care entities should not net insurance recoveries against related claim liability unless otherwise allowed under GAAP Further, such entities should determine the claim liabilities without considering insurance recoveries These amendments are effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2010 The Corporation adopted the provisions of ASU 2010-24 on July 1, 2011 The adoption of ASU 2010-24 did not have a material impact on the Corporation's financial position

3. Property and Equipment

Property and equipment is summarized as follows

	June 30	
	2012	2011
	(In Thousands)	
Land and land improvements	$ 82,270	$ 74,782
Buildings and fixed equipment	983,398	993,850
Equipment	608,036	543,030
Construction-in-progress	57,265	47,622
	1,730,969	1,659,284
Accumulated depreciation	(927,470)	(906,594)
	$ 803,499	$ 752,690

Title to certain land and buildings of the Corporation with net book value of $54,721,000 is held by various governmental agencies pursuant to lease agreements in connection with the issuance of tax-exempt revenues 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 During fiscal year 2012 the Corporation began construction on the OhioHealth Neuroscience Institute at Riverside The total cost will be approximately $322,000,000, scheduled for completion in 2015

4. Assets Limited As To Use and Restricted Foundation Investments

Investment income is comprised of the following

	Year ended June 30	
	2012	2011
	(In Thousands)	
Income		
Interest and dividend income	$ 47,458	$ 34,306
Net realized gains on sales of trading securities	7,109	27,695
Change in net unrealized (losses) gains on trading securities	(18,912)	147,929
	$ 35,655	$ 209,930
Other changes in net assets		
Change in net unrealized (losses) gains on alternative investments	$ (4,703)	$ 13,173
Change in net unrealized (losses) gains on investments	(471)	2,373
	$ (5,174)	$ 15,546

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, 2012 and 2011, the Corporation has recorded unrealized gains (losses) on foreign currency in net assets of ($2,269,000) and $3,780,000, 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	
	2012	2011
	(In Thousands)	
Money markets and short-term investments	$ 30,088	$ 82,479
U S Government obligations	649,095	511,663
Common stocks	371,739	316,831
Corporate bonds	332,616	305,605
Limited partnerships	184,572	250,895
Foreign equities and other	239,995	165,459
Asset backed and collateralized mortgage obligations (CMO)	97,777	108,696
Alternative investments	240,206	217,280
	$ 2,146,088	$ 1,958,908

Of the above amounts, $2,097,863,000 and $1,913,044,000 are classified as assets limited as to use at June 30, 2012 and 2011, respectively $48,225,000 and $45,864,000 are classified as restricted foundation investments at the same respective dates 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 $368,000 and $1,267,000 as of June 30, 2012 and 2011, respectively

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

Other-Than-Temporary Declines in Investments (continued)

The following table reflects OhioHealth's investment gross unrealized losses and fair value, at June 30, 2012 (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	$19,172	$(368)	$ -	$ -	$19,172	$(368)

The following table reflects OhioHealth's investment gross unrealized losses and fair value, 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)

For the fiscal years ended June 30, 2012 and 2011, 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, 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

The Corporation has 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, 2012 and 2011, and a statement of the funded status as of June 30, 2012 and 2011

	June 30	
	2012	**2011**
	(In Thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 432,377**	$ 426,309
Service cost	**27,006**	26,721
Interest cost	**24,738**	23,909
Actuarial (gains) losses	**73,119**	(20,201)
Benefits paid	**(23,647)**	(24,361)
Projected benefit obligation at end of year	**533,593**	432,377
Change in plan assets		
Fair value of plan assets at beginning of year	**335,807**	271,599
Actual return on plan assets	**9,569**	53,422
Contributions	**48,275**	35,147
Benefits paid	**(23,647)**	(24,361)
Fair value of plan assets at end of year	**370,004**	335,807
Funded status of the plan at end of year	**$ (163,589)**	$ (96,570)

5. Pension Plans (continued)

At June 30, 2012 and 2011, the Plans' accumulated benefit obligation was $473,682,000 and $380,035,000 respectively

The components of net periodic pension expense are

	Year ended June 30	
	2012	**2011**
	(In Thousands)	
Service cost	**$ 27,006**	$ 26,721
Interest cost	**24,738**	23,909
Expected return on plan assets	**(22,629)**	(21,444)
Net amortization	**369**	733
Net loss recognition	**5,448**	10,119
Pension expense	**$ 34,932**	$ 40,038

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 $14,027,000

The amount of net loss and prior service cost that has not been amortized into net periodic benefit cost was $187,851,000 and $112,296,000 at June 30, 2012 and 2011, 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	
	2012	**2011**
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	**(In Thousands)**	
Transition asset or (obligation)	**$ (963)**	$ (1,204)
Accumulated prior service credit (cost)	**(3,880)**	(3,934)
Actuarial gains (losses)	**(183,008)**	(107,158)
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	**(187,851)**	(112,296)
Cumulative employer contributions in excess of net periodic pension cost	**24,262**	15,726
Funded status of the plan at end of year	**$ (163,589)**	$ (96,570)

5. Pension Plans (continued)

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

	2012	2011
Assumptions - used to determine the benefit obligation as of June 30		
Discount rate	**4.25%-4.57%**	5 86%
Rate of compensation increase	**3.00%-4.00%**	3 00%-4 20%

	2012	2011
Assumptions - used to determine net periodic pension expense for the year ended		
Discount rate	**5.86%**	5 50%-5 75%
Expected return on plan assets	**5.00%-6.50%**	6 50%-7 70%
Rate of compensation increase	**3.00%-4.20%**	3 00%-4 30%

Asset Allocation

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

	June 30			
	2012	2011	Target Range	Target
Domestic and international securities	**44%**	57%	30%-60%	45%
Fixed income	**43%**	35%	30%-50%	40%
Alternatives	**13%**	5%	5%-25%	15%
Cash equivalents	**0%**	3%	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 compliance with target ranges The expected long-term rate of return on assets assumption is estimated based on expected plan returns based upon specific asset allocations, and comparing this to the historical return on plan assets

Future Contributions

Contributions made to the Plans in fiscal year 2012 were in excess of required amounts Estimated contributions to be made by OhioHealth into the Plans during fiscal year 2013 are $49,100,000 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's benefit obligation at the end of the year, are as follows

2013	$ 26.114.000
2014	27.734.000
2015	29.114.000
2016	29.509.000
2017	31.564.000
2018-2022	213.114.000

Effective January 1, 2012, OhioHealth froze entrance for new associates to the largest non-contributory defined benefit pension plan For associates hired after January 1, 2012, OhioHealth offers a defined contribution savings plan with an annual matching employer contribution and an automatic annual retirement contribution

Retirement Savings Plans

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 $13,204,000 and $11,146,000 for the years ended June 30, 2012 and 2011, respectively

5. Pension Plans (continued)

The fair values of the Corporation's defined benefit pension plan assets at June 30, 2012 and 2011 by major asset categories and the valuation techniques used by the Corporation to determine those fair values (see Note 8), are as follows

Fair Value Measurements at June 30, 2012 (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	$ 3,867	$ 6,300	$ -	$ 10,167
U S Government obligations	66,236	7,802	-	74,038
Common stocks	73,051	-	-	73,051
Corporate bonds	-	66,805	-	66,805
Asset backed and CMO	2,302	394	-	2,696
Limited partnerships	-	75,343	-	75,343
Foreign equities and other	23,138	12,795	-	35,933
Alternative investments	-	31,971	-	31,971
Total	**$ 168,594**	**$ 201,410**	**$ -**	**$ 370,004**

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	65,050	8,382	-	73,432
Common stocks	91,297	-	-	91,297
Corporate bonds	260	37,653	-	37,913
Asset backed and CMO	-	2,054	-	2,054
Limited partnerships	20	50,894	-	50,914
Foreign equities and other	44,624	7,538	-	52,162
Alternative investments	-	15,914	-	15,914
Total	**$ 213,372**	**$ 122,435**	**$ -**	**$ 335,807**

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer There were no significant transfers between levels of the fair value hierarchy during 2012 and 2011

6. Long-Term Obligations and Notes Payable

Long-term debt and notes payable consist of the following

Series	Description	Principal Maturities Ranges	June 30, 2012 Interest Rate	Outstanding Principal June 30 (in thousands) 2012	2011
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**	$ 130,025
2011B	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender July 9, 2013	From $10,000 on November 15, 2016 to $7,105,000 on November 15, 2033, the final maturity	2.00%	**61,205**	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	0.63%	**61,240**	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**	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	0.15%	**165,800**	165,800
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**	86,350
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 $235,000 on July 1, 2012 to $455,000 on July 1, 2029, the final maturity	0.17%	**11,670**	12,125
1998A	Fixed Rate Hospital Facilities Revenue Bonds	Paid $2,775,000 on December 1, 2011, the final maturity	5.60%	**-**	2,775
1998B	Variable Rate Demand Hospital Facilities Revenue Bonds	From $1,345,000 on December 1, 2012 to $2,765,000 on December 1, 2028, the final maturity	0.17%	**33,590**	34,875
1996A	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	From $1,860,000 on December 1, 2012 to $3,355,000 on June 1, 2021, maturing on December 1, 2021	0.17%	**44,735**	48,375
1996B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $855,000 on December 1, 2012 to $1,220,000 on December 1, 2020, the final maturity	0.17%	**17,645**	19,320
1996C	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	Paid $1,115,000 on December 1, 2011, the final maturity	-	**-**	1,115
	Lines of Credit Draw	N/A	2.67%	**260**	260
	Other	Various installments	Various	**1,569**	3,668
		Total obligations		**708,529**	721,573
		Unamortized net premium and discount		**5,238**	7,571
				713,767	729,144
		Less current portion of debt		**14,127**	12,671
		Less long-term debt subject to short-term remarketing arrangements		**61,240**	-
		Long-term portion of debt		**$ 638,400**	$ 716,473

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 terminate a tax-exempt synthetic operating lease 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

As of June 30, 2012, the Series 2011B bonds were subject to a mandatory tender date of July 2, 2012 These bonds were remarketed on July 3, 2012 with a new mandatory tender date of July 9, 2013 Since these bonds were remarketed prior to the date the financial statements were issued, these bonds are being presented on the June 30, 2012 balance sheet as long-term debt

The OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011C of $61,240,000, while subject to a long-term amortization period, the bonds are also subject to mandatory tenders in connection with the remarketing date of June 3, 2013 and accordingly are reflected under current liabilities as long-term debt subject to short term remarketing arrangements on the financial statements 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

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

In addition, the OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011D of $61,295,000 are also subject to a mandatory tender to the Corporation on August 1, 2016 The Corporation has taken steps to provide various sources of liquidity

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 and B Bonds were issued as variable rate demand securities These Series 2009A and B Bonds are secured by a Standby Bond Purchase Agreement (Liquidity Facility) with an expiration date of February 24, 2014

The owners of the 2009A and 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 and B Bonds cannot be remarketed, the Standby Bond Purchase Agreement provides that the liquidity provider will make payment for the 2009A and 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 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 final maturity of the 1998A bonds was satisfied on December 1, 2011.

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 The final maturity of the 1996C bonds was satisfied on December 1, 2011

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

Interest costs incurred on the above debt obligations and line of credit agreements in 2012 and 2011 were approximately $21,104,000 and $14,589,000, respectively At June 30, 2012 and June 30, 2011, the Corporation capitalized interest costs of approximately $415,000 and $134,000, respectively, as part of the cost of various construction projects Interest paid on the above debt obligations and line of credit agreements was approximately $20,015,000 and $14,443,000 for the years ended June 30, 2012 and 2011, respectively

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, 2012 and 2011 were approximately $731,600,000 and $729,457,000, respectively

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

2013	$ 12.890.000
2014	13.310.000
2015	13.795.000
2016	14.320.000
2017	15.325.000

At June 30, 2012, 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 There were no borrowings against these lines of credit at June 30, 2012 or June 30, 2011

One of the Corporation's joint ventures has an unsecured revolving line of credit with a bank 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, 2013 The borrowing against this line of credit was $260,000 at June 30, 2012

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 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, 2012 and June 30, 2011

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

Swap Type	Expiration Date	Corporation Receives	Corporation Pays	Notional Amount at June 30 2012	Notional Amount at June 30 2011
				(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 2012	Derivatives at June 30 2011
Derivatives not designated as hedging instruments		
Asset derivatives interest rate swaps	**$ 0**	$ 3,277
(Liability) derivatives interest rate swaps	**(52,362)**	(23,287)

For the year ended June 30, the amounts of gain or loss recognized in the consolidated statements of operations 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 2012	Amount of Gain (Loss) Recognized Year ended June 30 2011	Reported in Consolidated Statement of Operations as:
Interest expense	**$ (6,346)**	$ (6,332)	Interest expense
Change in fair value of interest swap agreements	**(32,484)**	7,132	Nonoperating investment income
Total gain (loss)	**$ (38,830)**	$ 800	

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, 2012 and June 30, 2011, 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, 2012 (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)	$ 21,697	$ 8,391	$ -	$ 30,088
U.S. Government obligations	293,996	355,099	-	649,095
Common stocks	371,737	2	-	371,739
Corporate bonds	-	332,616	-	332,616
Asset backed and CMO	-	97,777	-	97,777
Limited partnerships	-	184,572	-	184,572
Foreign equities and other	133,732	106,263	-	239,995
Alternative investments	-	208,712	31,494	240,206
Total Assets Limited As To Use and Restricted Foundation Investments	**$ 821,162**	**$ 1,293,432**	**$ 31,494**	**$ 2,146,088**
Liabilities				
Swap liability	**$ -**	**$ 52,362**	**$ -**	**$ 52,362**

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	261,548	250,115	-	511,663
Common stocks	316,831	-	-	316,831
Corporate bonds	-	305,605	-	305,605
Asset backed and CMO	-	108,696	-	108,696
Limited partnerships	-	250,895	-	250,895
Foreign equities and other	147,326	18,133	-	165,459
Alternative investments	-	179,227	38,053	217,280
Total Assets Limited As To Use and Restricted Foundation Investments	**$ 808,184**	**$ 1,112,671**	**$ 38,053**	**$ 1,958,908**
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)

The fair value of the Level 2 fixed income securities and commingled international equity funds at June 30, 2012 and June 30, 2011 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 at June 30, 2012 (in thousands)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	Total
Beginning balance at July 1, 2011	**$ 38,053**
Total gains or losses	
Total realized gains (losses) included in excess of revenues over expenses	**(32)**
Total unrealized gains (losses) included in unrestricted net assets	**120**
Purchases, issuances, sales, and settlements	
Purchases	**4,933**
Sales	**(11,580)**
Ending balance at June 30, 2012	**$ 31,494**

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis at June 30, 2011 (in thousands)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	Total
Beginning balance at July 1, 2010	**$ 27,358**
Total gains or losses	
Total realized gains (losses) included in excess of revenues over expenses	**86**
Total unrealized gains (losses) included in unrestricted net assets	**6,332**
Purchases, issuances, sales, and settlements	
Purchases	**4,277**
Ending balance at June 30, 2011	**$ 38,053**

The fair value of the above alternative investments at June 30, 2012 was determined primarily based on Level 3 inputs Realized gains and losses on alternative investments are included in nonoperating income on the consolidated statements of operations Changes in unrealized gains and losses on alternative investments are excluded from excess of revenues over expenses Both observable and unobservable inputs may be used to determine the

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

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 The Corporation's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer There were no significant transfers between levels of the fair value hierarchy during 2012 and 2011

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

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, 2012 and 2011, respectively, the fair value, unfunded commitments, and redemption rules of those investments is as follows

Investments Held at June 30, 2012 (In Thousands)

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Multi-strategy hedge fund	$ 3.137	N A	Quarterly	60 days
Multi-strategy hedge fund	205.575	N A	Semi annual	95 days
Real estate funds	7.000	2.994	Not redeemable	N A
Private equity funds	24.494	12.644	Not redeemable	N A
Total	$ 240.206	$ 15.638		

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		

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

The multi-strategy hedge fund class invests in hedge funds that pursue multiple strategies to generate investment return, 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

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	
	2012	2011
	(In Thousands)	
Charges at established rates	$ 6,675,145	$ 5,966,193
Deductions		
Governmental	2,613,862	2,239,749
HCAP receipts	(32,189)	(35,879)
Non-governmental	1,256,610	1,139,565
Charity care	442,429	360,542
Total deductions	4,280,712	3,703,977
Net patient service revenues	$ 2,394,433	$ 2,262,216

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 $7,251,000 and $6,611,000 for the years ended June 30, 2012 and 2011, respectively

The Corporation leases various equipment and facilities under operating lease arrangements Total rental expense for the years ended June 30, 2012 and 2011 was $55,969,000 and $55,625,000, respectively Minimum non-cancelable operating lease payments over the next five years are as follows 2013—$33,740,000, 2014—$27,547,000, 2015—$22,066,000, 2016—$15,969,000, 2017—$11,718,000 and thereafter—$33,334,000

11. Equity Investments

Summarized unaudited financial information reported by unconsolidated entities accounted for on the equity method for the years ended June 30, 2012 and 2011 follows

	2012	2011
	(In Thousands)	
Total assets	$ 85,901	$ 78,591
Total liabilities	$ 44,438	$ 43,029
Net revenues	$ 186,617	$ 183,516
Net earnings	$ 22,500	$ 24,457
OhioHealth's equity share	1% - 55%	1% - 55%
OhioHealth's share of income	$ 9,423	$ 10,118

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	219,000	39,370
Anderson Douglas T Board OHF	1 00	X						0	0	0
Basil Brian A Board OHF (start 10/11)	1 00	X						0	0	0
Berwanger Joseph M Board OHF	1 00	X						0	0	0
Bing Arthur GH MD Board OHF	1 00	X						0	0	0
Blom David P Board OHF-Ex-officio	1 00	X						0	1,460,465	1,002,842
Blosser T Laurence MD Board OHF-Ex-officio	1 00	X						0	34,266	40
Bokor Karen Board OHF (end 8/11)	1 00	X						0	0	0
Bright David Board OHF	1 00	X						0	0	0
Brooks Amie E Board OHF (start 4/12)	1 00	X						0	0	0
Buckley Donna Board OHF	1 00	X						0	0	0
Burke William J DO Bd OHF-Exof (start 10/11)	1 00	X						103,995	141,936	29,479
Bury Peter J Bd OHF-Exof (start 10/11)	1 00	X						0	76,282	16,748
Butler William Board OHF	1 00	X						0	0	0
Cadwallader Patricia S Board OHF	1 00	X						0	0	0
Chambers Linda MD Board OHF (start 1/12)	1 00	X						0	0	0
Chester-Alexander Cecily Board OHF	1 00	X						0	0	0
Coley-Malir Bonnie Board OHF	1 00	X						0	0	0
Colwell Dean L DO Board OHF	1 00	X						0	386,201	34,339
Conner Jack G Board OHF	1 00	X						0	0	0
Cunningham Jane Watson Board OHF	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
deVillers Rebecca E DO Board OHF-Ex-officio	1 00	X						86,057	4,000	26,581
DiMarco Ann M Board OHF	1 00	X						0	0	0
Doody Anderson Elizabeth Board OHF (start 10/11)	1 00	X						0	0	0
Englefield Cynthia Board OHF	1 00	X						0	0	0
Fellenz Donald C Board OHF (start 4/12)	1 00	X						0	0	0
Feyh Dennis Board OHF	1 00	X						0	0	0
Fields Steven P Board OHF (start 4/12)	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						898,513	115,085	32,931
Gibney Jack T Board OHF	1 00	X						0	0	0
Glandon Phillip J Sr Board OHF (start 4/12)	1 00	X						0	0	0
Gutheil Page DO Board OHF	1 00	X						0	0	0
Habash Stephen J Board OHF (start 7/11)	1 00	X						0	0	0
Hagan Bruce P Board OHF-Ex-officio	1 00	X						0	0	0
Hammett Troy D Bd OHF-Ex-of (start 5/12)	1 00	X						0	282,275	36,689
Harmon Thomas L MD Board OHF	1 00	X						900	197,125	243
Hidaka Yoshihiro Board OHF	1 00	X						0	0	0
Hinderer Justin Board OHF (start 4/12)	1 00	X						0	0	0
Hood Clifton R DO Board OHF-Ex-officio	1 00	X						2,325	72,000	40
Hoover Ted Board OHF	1 00	X						0	0	0
Innes Jeffrey T MD Board OHF-Ex-of (end 12/11)	1 00	X						582,836	17,500	21,095

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Irelan Vic Board OHF	1 00	X						0	0	0
Krantz Carl A Jr MD Board OHF	1 00	X						192,815	133,500	22,537
Lilly Larry J MD Board OHF	1 00	X						0	147,833	15,450
Mackessy James P MD Board OHF (start 7/11)	1 00	X						0	45,558	40
Markovich Stephen E MD Board OHF-Ex-officio	1 00	X						0	632,936	178,952
McCloy George W Board OHF	1 00	X						0	0	0
Mechling William C Board OHF (start 4/12)	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						187,799	0	35,052
Morrison Karen J Pres/Board OHF-Ex-officio	40 00	X		X				0	453,670	121,235
Music William D Board OHF	1 00	X						0	0	0
Newbrough Jr James P Board OHF-Ex-off (start 1/12)	1 00	X						0	0	0
Patterson David T Board OHF	1 00	X						0	0	0
Pietrusik Joseph M Board OHF-Ex-off (end 1/12)	1 00	X						0	0	0
Ragan Virginia D Board OHF	1 00	X						0	0	0
Rasmussen Steven Bd OHF-Ex-off (start 7/11)	1 00	X						0	0	0
Reichfield Michael L Board OHF-Ex-officio	1 00	X						0	487,136	139,838
Reis Thomas J Board OHF	1 00	X						0	0	0
Sanese Ralph Jr Board OHF	1 00	X						0	0	0
Schuda Marian K MD Board OHF	1 00	X						0	0	0
Schwarz David H Board OHF (start 4/12)	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	159,535	35,559

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sperling Ron Board OHF-Ex-of (end 10/11)	1 00	X						0	428,300	0
Strohmaier Deb Board OHF	1 00	X						0	0	0
Swiatek Valerie B Board OHF	1 00	X						0	0	0
Terapak Richard G Esq Board OHF	1 00	X						0	0	0
Tordoff Sharon A Board OHF	1 00	X						0	0	0
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-off (end 9/11)	1 00	X						0	0	0
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 Scott Board OHF (start 4/12)	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 (end 8/11)	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
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 Board GRMCFI	1 00	X		X				0	0	0
Thornhill Hugh A Pres Board GRMCFI	40 00	X		X				0	455,927	138,016
Pandora Frank T II Esq Assist Sec Board GRMCFI	1 00	X		X				0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bernstein Michael S Board GRMCFI	1 00	X						0	612,868	169,055
Blom David P Board GRMCFI	1 00	X						0	0	0
Millen Robert P Board GRMCFI	1 00	X						0	898,141	298,650
Vanderhoff Bruce MD Board GRMCFI	1 00	X						0	0	0
Snow Richard J DO Chairman OHRI	1 00	X		X				6,930	131,593	5,800
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	285,639	32,880
Ansel Gary MD Board OHRI	1 00	X						967,342	174,720	35,442
Bell Jeffrey G MD Board OHRI	1 00	X						0	340,888	42,561
Caulin-Glaser Teresa L MD Board OHRI	1 00	X						0	522,812	39,300
Gingrich Curtis L MD Board OHRI	1 00	X						0	196,700	35,558
Niles John P Board OHRI-Ex-officio	1 00	X						0	260,368	36,637
Paul Douglas B DO Board OHRI	1 00	X						495,230	3,750	31,523
Poll Wayne L MD Board OHRI	1 00	X						0	216,413	36,931
Yakubov Steve MD Board OHRI	1 00	X						943,899	174,720	35,522
Rasmussen Steven 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-off (end 12/11)	1 00	X						0	0	0
Anderson Kerrii B Boad GMH (start 7/11)	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
Blosser T Laurence MD Board GMH-Ex-off (start 1/12)	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chambers Linda MD Board GMH-Ex-off (start 1/12)	1 00	X						0	0	0
Crane Tanny Board GMH	1 00	X						0	0	0
Dewire Rev Dr Norman E Board GMH-Ex-officio	1 00	X						0	0	0
George Peter B MD Board GMH-Ex-off (end 12/11)	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
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
Sanner Robert O Treasurer - MGH	1 00	X		X				0	0	0
Ahmad Mushtaq MD Board Member - MGH	1 00	X						0	0	0
Barney James S PhD Board Member - MGH	1 00	X						0	0	0
Johnston Thomas A Board Member - MGH	1 00	X						0	0	0
Lause Lew Board Member - MGH	1 00	X						620	0	0
Loudenslager Roy A Board Member - MGH	1 00	X						0	0	0
Madia Dalsukh A MD Board Member - MGH	1 00	X						0	0	0
Millen Robert P Board Member - MGH	1 00	X						0	0	0
Morrissey Mark A Board Member - MGH	1 00	X						0	0	0
Parker Mark S Board Member - MGH	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ravi Srinivas P MD Board Member - MGH	1 00	X						0	0	0
Sanders John W Pres/CEO/BD MGH-Ex-off	40 00	X		X				0	421,847	35,818
Titus Judy Board Member - MGH	1 00	X						587	0	0
Vale Jose L MD Board Member - MGH - Ex-off	1 00	X						0	0	0
Young Beverly S Board Member - MGH	1 00	X						0	0	0
Jennings Matthew Chairman HMH	1 00	X		X				0	0	0
Govekar Michele Vice-Chairman HMH	1 00	X		X				0	0	0
Radway Rob Secretary HMH	1 00	X		X				0	0	0
Schwemer John Treasurer HMH	1 00	X		X				0	0	0
Barrett Scott Board HMH	1 00	X						0	0	0
Brooks Nathan Board HMH (end 12/11)	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-off (end 12/11)	1 00	X						0	0	0
Johnson Katherine E MD Board HMH (end 12/11)	1 00	X						0	0	0
McCullough Steve Board HMH	1 00	X						0	0	0
Seckinger Mark R Pres/CEO & BD HMH-Ex-off	40 00	X		X				0	255,643	45,873
Sreenan Joseph J MD BD HMH-Ex-Off (start 1/12)	1 00	X						0	0	0
Temple Rob Board HMH	1 00	X						0	0	0
Thornhill Larry W Board HMH-Ex-officio	1 00	X						0	0	0
Snyder Ron P CFO/President HHF Board	40 00	X		X				197,276	0	18,597
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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
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 (end 12/11)	1 00	X						0	0	0
Radway Rob Board HPF	1 00	X						0	0	0
Schwemer John Board HPF (start 1/12)	1 00	X						0	0	0
Cox Steve Chairman DHCN	1 00	X		X				0	0	0
Donlin-Hue Teri Vice-Chairman DHCN (start 1/12)	1 00	X		X				0	0	0
Cardaras Van Vice-Chairman DHCN (end 9/11)	1 00	X		X				0	0	0
Crawford Bernita Secretary DHCN	1 00	X		X				0	0	0
Thornhill Larry W Pres/Tre DHCN-Ex-off	40 00	X		X				0	397,969	33,883
Blom David P Board DHCN-Ex-officio	1 00	X						0	0	0
Brooks Stuart Board DHCN	1 00	X						0	0	0
Bunyard Stephen P Board DHCN (start 3/12)	1 00	X						0	0	0
Drozek David DO Board DHCN-Ex-officio	1 00	X						0	0	0
Gilbert Robert J Board DHCN (end 2/12)	1 00	X						0	383,604	95,915
Holtel Joseph DO Board DHCN	1 00	X						0	0	0
Herbert-Sinden Cheryl L Chairman HRC	1 00	X		X				0	419,931	60,225
Bjerke Craig A Secretary/Treasurer HRC	1 00	X		X				0	0	0
Walters Robert W Pres/BD HRC (end 11/11)	40 00	X		X				0	315,218	24,686
Evert Barbara MD Board HRC	1 00	X						0	282,882	10,487
Gallagher-Allred Charlette - Board HRC	1 00	X						0	0	0

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
Lehmuth Richard L Board HRC	1 00	X						0	304,220	24,608
Newbrough Jr James P Pres/BD HRC (start 1/12)	40 00	X		X				0	233,892	29,726
Packard Sue A Board HRC	1 00	X						101,639	0	28,449
Pietrusik Joseph M Interim Pres HRC (end 1/12)	40 00	X		X				149,742	0	36,420
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
Walters Robert W Pres/BD HRHC (end 11/11)	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
Newbrough Jr James P Pres/BD HRHC (start 1/12)	40 00	X		X				0	0	0
Packard Sue A Board HRHC	1 00	X						0	0	0
Pietrusik Joseph M Interim Pres HRHC (end 1/12)	40 00	X		X				0	0	0
Louge Michael W Exec VP & CFO OHF	40 00			X				0	931,626	433,730
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 (end 7/12)	40 00			X				0	334,903	29,052
Cecala Alan H VP Sys Serv Line Sup OHMSF(srt 5/12)	40 00			X				0	0	0
Foley Denise E VP Bus Dev OHMSF	40 00			X				0	274,147	37,199
Louge Michael W Exec VP & CFO GRMCFI	40 00			X				0	0	0
Meldrum Terri W Esq Sec BD GRMCFI	1 00			X				0	230,869	35,442
Smith Jeffrey A VP Fin OHMSF (start 12/11)	40 00			X				0	45,270	563
Tkach David Interim VP Fin OHMSF	40 00			X				0	0	0
Tomaszewski James A VP Cardio OHMSF	40 00			X				0	375,975	27,934
Louge Michael W Exec VP & CFO OHRI	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			
Hagen Bruce P Reg Exec Pres DMH/GMH	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				0	216,408	39,303
Snyder Ron P CFO HMH	40 00			X				0	0	0
Snyder Ron P CFO HPF	40 00			X				0	0	0
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
Long Gregory A COO DHCN (end 7/12)	40 00				X			0	201,075	2,954
O'Sullivan Michael D SR VP & CDO OHF	40 00				X			0	315,729	40,345
Pettrey Lisa J VP Oper & CNO GMH (end 9/11)	40 00				X			0	204,434	33,527
Hooper Joseph VP Oper MGH	40 00				X			0	242,539	36,306
Wallis Eric CNO MGH	40 00				X			0	209,136	34,161
Walsh Robert COO GMH (start 6/11)	40 00				X			0	172,127	40,480
Kovack Thomas J DO Phys Ortho Surgery OHMSF	40 00					X		1,612,111	0	37,843
Cassandra James C DO Phys Hand & Ortho Surg OHMSF	40 00					X		1,152,419	0	35,889
Mahmoud Akram H DO Phys Neurology & Neurosurgery OHMSF	40 00					X		1,033,782	0	26,883
Pin Richard H MD Phys Vascular Surgery OHMSF	40 00					X		1,045,145	0	37,136
Reddy Yeshwant P MD Physician OHMSF	40 00					X		1,151,060	0	16,364
Garlock Steven J Former Pres GMH	0 00						X	0	408,155	78,214
Hagen Bruce P Former Pres BD GRMCFI	0 00						X	0	669,782	172,537
Vanderhoff Bruce MD Former Pres BD GRMCFI	0 00						X	0	644,486	169,703
Pandora Frank T II Esq Former Secretary OHRI	0 00						X	0	543,896	321,199
Schuda Marian K MD Former Chairman OHRI	0 00						X	0	308,453	42,100
Yates Vinson M Former Treasurer OHRI	0 00						X	0	438,480	116,826

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			
Bachman Ronald J Former President MGH	0 00						X	0	465,961	-698
Proctor Penelope A Esq Fmr Secretary HRC/HRHC	0 00						X	0	215,905	6,661
Laterro Anita A Fmr Key Employee OHF	0 00						X	0	198,682	43,195
Floyd Phyllis G MD VP Phy Services OHMSF (end 4/11)	0 00						X	0	132,922	5,359