



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



EXTENSION GRANTED UNTIL MAY 15, 2015

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 private foundations)

OMB No 1545-0047

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

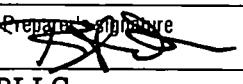
B Check if applicable	C Name of organization <b>SOMC DEVELOPMENT FOUNDATION</b> Doing Business As <b>SEE SCHEDULE O</b>		D Employer identification number <b>31-0677520</b>
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box if mail is not delivered to street address) <b>1805 27TH STREET</b>	Room/suite	E Telephone number <b>(740) 356-7622</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PORTSMOUTH, OH 45662</b>		F Gross receipts \$ <b>4,887,985.</b>
	F Name and address of principal officer: <b>MR. RANDAL ARNETT SAME AS C ABOVE</b>		G H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: <b>N/A</b>			H(c) Group exemption number ►
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: <b>1963</b> M State of legal domicile: <b>OH</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SOMC DEVELOPMENT FOUNDATION IS AN ORGANIZATION CONSISTING OF VOLUNTEER AMBASSADORS OF SERVICE AND</b>			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	<b>19</b>	
	3 Number of voting members of the governing body (Part VI, line 1a)	4	<b>12</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	<b>0</b>	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	<b>87</b>	
	6 Total number of volunteers (estimate if necessary)	7a	<b>-14,492.</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7b	<b>-14,492.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	<b>59,017.</b>	<b>2,886,176.</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,027.</b>	<b>6,365.</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>8.</b>	<b>301,043.</b>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>122,456.</b>	<b>206,072.</b>	
		<b>190,508.</b>	<b>3,399,656.</b>	
		<b>76,728.</b>	<b>146,866.</b>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	<b>0.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>180,172.</b>	<b>209,419.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>256,900.</b>	<b>356,285.</b>	
19 Revenue less expenses Subtract line 18 from line 12	<b>-66,392.</b>	<b>3,043,371.</b>		
Net Assets or Fund Balances	MAY 31, 2013		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	<b>793,888.</b>	<b>4,251,278.</b>	
	21 Total liabilities (Part X, line 26)	<b>326,399.</b>	<b>301,867.</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>467,489.</b>	<b>3,949,411.</b>	

## 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 <b>DEAN WRAY, VP FINANCE</b>	Date <b>5-8-15</b>			
	Type or print name and title				
Paid	Print/Type preparer's name <b>BERNIE OSTROWSKI</b>	Preparer's signature 	Date <b>5-4-15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00366367</b>
Preparer	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>		Firm's EIN <b>38-1357951</b>		
Use Only	Firm's address <b>65 EAST STATE STREET, SUITE 600 COLUMBUS, OH 43215</b>		Phone no. <b>614 849-3000</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

617 10

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

**OUR MISSION IS TO MAKE A DIFFERENCE BY IDENTIFYING THE COMMUNITY'S HEALTH AND WELLNESS NEEDS WHILE BRIDGING THE GAP BETWEEN THOSE NEEDS AND THE COST OF THE SOLUTIONS. THE SOMC DEVELOPMENT FOUNDATION ENCOMPASSES FUNDRAISING EFFORTS FOR HOSPICE, CANCER, EMPLOYEE RELIEF,**

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 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 \$ **356,285.** including grants of \$ **146,866.**) (Revenue \$ **6,365.**)  
**WHAT WE DO:**

**WE ENCOMPASS FUNDRAISING EFFORTS TO HELP SUPPORT THE INITIATIVES THROUGHOUT SOUTHERN OHIO MEDICAL CENTER AND OUR COMMUNITY. THIS SUPPORT RANGES FROM THE PURCHASE OF NEW EQUIPMENT & TECHNOLOGY TO UPGRADING FACILITIES AS WELL AS OTHER COMMUNITY PROJECTS THAT ENGAGE OUR COMMUNITY'S HEALTH AND WELLNESS NEEDS. SUPPORT AND FUNDS RAISED BY THE DEVELOPMENT FOUNDATION ENABLE SOMC TO RESPOND TO CHALLENGES AND NEW OPPORTUNITIES AS THEY ARISE.**

**OUR HISTORY:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► **356,285.**

## 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
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? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	20b X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or 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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	24a	X
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	X
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	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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	X
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	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
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	
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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country. ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7c	X
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?	7d	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 <b>Section 501(c)(7) organizations.</b> Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 <b>Section 501(c)(12) organizations.</b> Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1.9	
1b		1.2	
2			X
3			X
4		X	
5		X	
6		X	
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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► OH
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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    Other (explain in Schedule O)
- 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 during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
**RICHARD GILCHER - 740-356-7622**  
**1248 KINNEYS LANE, PORTSMOUTH, OH 45662**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response or note to any line 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 Enter .0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(1) RANDAL ARNETT PRESIDENT & CEO-SOMC	0.10 43.00	X		X			0.	667,270.	288,512.
(2) GARY DUZAN VICE CHAIR OF THE BOARD	0.10 2.00	X		X			0.	0.	0.
(3) DAVID FOWLER CHAIRMAN OF THE BOARD	0.10 2.00	X		X			0.	0.	0.
(4) KARA REDOUTEY SECRETARY/TREASURER	40.00 0.00	X		X			0.	95,610.	26,956.
(5) ROBERT R. DEVER DIRECTOR	0.10 2.00	X					0.	0.	0.
(6) GEORGE LAWSON DIRECTOR	0.10 2.00	X					0.	0.	0.
(7) DR NATE BENNINGTON DIRECTOR	0.10 0.00	X					0.	530,165.	20,120.
(8) DR RAYMOND CARSON DIRECTOR	0.10 0.00	X					0.	0.	0.
(9) TIM GLOCKNER DIRECTOR	0.10 0.00	X					0.	0.	0.
(10) NANCY HAWK DIRECTOR	0.10 0.00	X					0.	0.	0.
(11) GERALD JENKINS DIRECTOR	0.10 0.00	X					0.	0.	0.
(12) JENNY LEMASTER DIRECTOR	0.10 0.00	X					0.	0.	0.
(13) WILLIAM MCKINLEY DIRECTOR	0.10 0.00	X					0.	0.	0.
(14) DART MILLER DIRECTOR	0.10 0.00	X					0.	0.	0.
(15) SANDRA REISER DIRECTOR	0.10 0.00	X					0.	0.	0.
(16) VINCENT SCARPINATO, M.D. DIRECTOR	0.10 1.00	X					0.	1,072,761.	80,262.
(17) DR. JEROD WALKER DIRECTOR	0.10 0.00	X					0.	47,716.	10,294.

## Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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				
(18) SUSAN WARSAW DIRECTOR	0.10 0.00	X						0.	0.	0.
(19) DEBBIE ALLARD DIRECTOR	0.10 0.00	X						0.	0.	0.
(20) DEAN WRAY VP FINANCE-SOMC	0.10 43.00		X					0.	356,164.	126,558.
(22) DARREN ADAMS, D.O. FORMER CHIEF OF STAFF	0.00 0.00				X			0.	28,759.	0.
<b>1b Sub-total</b>							►	0.	2,798,445.	552,702.
<b>c Total from continuation sheets to Part VII, Section A</b>							►	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							►	0.	2,798,445.	552,702.

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 ► 0

		Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		3	X
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	X
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	X

## 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	NONE	(B) Description of services	(C) Compensation
<b>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</b>	► 0		

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ _____ h Total. Add lines 1a-1f ►	1a 1b 1c 171,068. 1d 2,683,492. 1e 1f 31,616.  2,886,176.			
Program Service Revenue	2 a RENTAL INCOME b c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 532000  6,365.	6,365.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ 171,068. of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory ► 11 a MISCELLANEOUS REVENUE b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ►	(i) Real 16,205. (ii) Personal 21,389.  22,452. 29,634. -6,247. -8,245.  (i) Securities (ii) Other  a 1,580,945. b 1,436,243.  144,702.  a b  a b  a b  a b  900099 75,862.  75,862.  3,399,656. 6,365. -14,492. 521,607.	301,043.  301,043.  -14,492.  -14,492.  144,702.  144,702.		

**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).

Check if Schedule O contains a response or note to any line 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	120,266.	120,266.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	26,600.	26,600.		
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				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	179,525.	179,525.		
12 Advertising and promotion				
13 Office expenses	19,270.	19,270.		
14 Information technology				
15 Royalties				
16 Occupancy	957.	957.		
17 Travel	438.	438.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	949.	949.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BAD DEBT EXPENSE</b>	6,819.	6,819.		
b <b>TRAINING AND EDUCATION</b>	1,461.	1,461.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	356,285.	356,285.	0.	0.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	278,709.	1	389,428.
	2 Savings and temporary cash investments	168,599.	2	859,517.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	346,580.	4	348,582.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	2,653,751.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	793,888.	16	4,251,278.	
Liabilities	17 Accounts payable and accrued expenses	6,673.	17	2,227.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	319,726.	25	299,640.
	26 Total liabilities. Add lines 17 through 25	326,399.	26	301,867.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	467,489.	27	3,949,411.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	467,489.	33	3,949,411.
	34 Total liabilities and net assets/fund balances	793,888.	34	4,251,278.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,399,656.
2 Total expenses (must equal Part IX, column (A), line 25)	2	356,285.
3 Revenue less expenses. Subtract line 2 from line 1	3	3,043,371.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	467,489.
5 Net unrealized gains (losses) on investments	5	438,551.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,949,411.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 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	<input checked="" type="checkbox"/>
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? 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	3a	<input checked="" type="checkbox"/>
	3b	

**SCHEDULE A**  
(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**SOMC DEVELOPMENT FOUNDATION**

Employer identification number

**31-0677520**

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated  
 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?  
 (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 supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of monetary support
			Yes	No	Yes	No		
SOUTHERN OHIO MEDICAL	31-0678022	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35,000.
<b>Total</b>	<b>1</b>							<b>35,000.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and <b>see instructions</b> ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013 **SOMC DEVELOPMENT FOUNDATION**  
**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

31-0677520 Page 3

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information. (See instructions).

**PART I**

EXPLANATION: SOMC DEVELOPMENT FOUNDATION PROVIDED NONMONETARY SUPPORT TO SOUTHERN OHIO MEDICAL CENTER AS REPORTED IN FORM 990 SCHEDULE R (\$7,853 TO PROVIDE RENTAL SPACE TO HOSPITAL FOR MEETINGS).

**PART I**

EXPLANATION: SOMC DEVELOPMENT FOUNDATION PROVIDED NONMONETARY SUPPORT TO SOUTHERN OHIO MEDICAL CENTER AS REPORTED IN FORM 990 SCHEDULE I OF \$4,091.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**SOMC DEVELOPMENT FOUNDATION**

Employer identification number  
**31-0677520**

**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.

	<b>(a) Donor advised funds</b>	<b>(b) Funds and other accounts</b>
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 can 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 education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	<b>Held at the End of the Tax Year</b>
<b>2a</b>	
<b>2b</b>	
<b>2c</b>	
<b>2d</b>	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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

d  Loan or exchange programs

b  Scholarly research

e  Other \_\_\_\_\_

c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**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	1,994,406.				
b Contributions	43,988.				
c Net investment earnings, gains, and losses	289,748.				
d Grants or scholarships					
e Other expenditures for facilities and programs	90,941.				
f Administrative expenses	29,960.				
g End of year balance	2,207,241.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) ► 0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<b>(A) INVESTMENTS</b>	<b>2,653,751.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>2,653,751.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
<b>(2) INTERCOMPANY PAYABLES</b>	<b>299,640.</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>299,640.</b>	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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:

2

- a Net unrealized gains on investments
- b Donated services and use of facilities
- c Recoveries of prior year grants
- d Other (Describe in Part XIII.)
- e Add lines 2a through 2d

2a
2b
2c
2d

2e

3

3 Subtract line 2e from line 1

4

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4a

- a Investment expenses not included on Form 990, Part VIII, line 7b
- b Other (Describe in Part XIII.)
- c Add lines 4a and 4b

4b

4c

5

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

2

- a Donated services and use of facilities
- b Prior year adjustments
- c Other losses
- d Other (Describe in Part XIII.)
- e Add lines 2a through 2d

2a

2b

2c

2d

2e

3

3 Subtract line 2e from line 1

4

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

4a

- a Investment expenses not included on Form 990, Part VIII, line 7b
- b Other (Describe in Part XIII.)
- c Add lines 4a and 4b

4b

4c

5

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

**Part XIII Supplemental Information.**

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, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

**PART V, LINE 4:**

EXPLANATION: ENDOWMENT FUNDS ARE TO BE SPENT AT THE BOARD'S DISCRETION, AND ARE INTENDED TO BE RETAINED FOR FUTURE NEEDS OF THE ORGANIZATION. THE ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY THE SCIOTO FOUNDATION. ENDOWMENT FUNDS WERE TRANSFERRED FROM SOUTHERN OHIO MEDICAL CENTER DURING FISCAL YEAR END 2014.

**PART X, LINE 2:**

EXPLANATION: SOUTHERN OHIO MEDICAL CENTER AND ITS SUBSIDIARIES ARE NONPROFIT, TAX-EXEMPT ORGANIZATIONS AND, ACCORDINGLY, NO TAX PROVISION IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO

**Part XIII 'Supplemental Information (continued)**

EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2014 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2011.

**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

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form\\_990](http://www.irs.gov/form_990).**

OMB No 1545-0047

2013

**Open To Public  
Inspection**

---

Name of the organization

**Employer identification number**

## SOMC DEVELOPMENT FOUNDATION

Employee Identifier

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

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

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

**2 a** 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

**Total**

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ**

Schedule G (Form 990 or 990-EZ) 2013

332081  
09-12-13

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>WINTER WONDERLAND</b> (event type)	(b) Event #2 <b>SCRIP SALES</b> (event type)	(c) Other events 17 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	142,999.	1,136,452.	470,052.	1,749,503.
2 Less Contributions	59,066.		112,002.	171,068.
3 Gross income (line 1 minus line 2)	83,933.	1,136,452.	358,050.	1,578,435.
4 Cash prizes	1,260.		11,806.	13,066.
5 Noncash prizes	500.		13,546.	14,046.
6 Rent/facility costs			12,469.	12,469.
7 Food and beverages	17,261.		4,167.	21,428.
8 Entertainment	7,606.			7,606.
9 Other direct expenses	18,599.	1,087,024.	261,006.	1,366,629.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 1,435,244.
11 Net income summary Subtract line 10 from line 3, column (d)				► 143,191.

**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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



SOMC DEVELOPMENT FOUNDATION

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if

Part III can be duplicated 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
SCHOLARSHIPS	20	16,000.	0.		MEDICAL SCHOLARSHIPS
EMPLOYEE RELIEF FUND	11	10,600.	0.		EMPLOYEES IN EMERGENCY

**Part IV** **Supplementary Information** Provide the information required in Part I, line 2, Part III, column 1(a) and any other additional information

卷之三

卷之三

אָמַר רְבִבָּי בְּבֵית רְבִבָּי כִּי כָּל הַמִּזְבֵּחַ וְכָל הַמִּזְבֵּחַ

ORGANIZATION TO BE CONSIDERED FOR A DONATION AND PREFERENCE IS GIVEN TO NOT FOR PROFIT AND GOVERNMENTAL AGENCIES. THE COMPLETE FORM IS LOCATED ON THE

ORGANIZATION'S EXTERNAL WEB SITE HERE:

HTTP://WWW.SOMC.ORG/PATIENTS/REQUESTDONATION: PHP:

## Part IV Supplemental Information

A COMMITTEE COMPRISED OF THE SOMC DEVELOPMENT STAFF MEMBERS, COMMUNITY RELATIONS STAFF MEMBERS, DIRECTOR OF COMMUNITY RELATIONS/DEVELOPMENT, AND THE VP OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT MEETS ONCE A WEEK TO REVIEW DONATION REQUESTS.

SOUTHERN OHIO MEDICAL CENTER'S (SOMC) MISSION IS TO MAKE A DIFFERENCE IN THE COMMUNITIES WE SERVE. BECAUSE OF THE LIMITED FUNDING AVAILABLE, SOMC HAS ESTABLISHED CRITERIA TO HELP AID IN THE DECISION MAKING PROCESS.

DONATION REQUESTS ARE REVIEWED UTILIZING THE FOLLOWING CRITERIA:

-REQUEST FOR FUNDS ALIGNS OR FURTHERS THE MISSION OF SOMC TO MAKE A DIFFERENCE.

-PROGRAM AREA OF INTEREST: HEALTH AND WELLNESS; SPORTS/PHYSICAL ACTIVITY; EDUCATION; ARTS.

-SERVICE TO A COMMUNITY IN WHICH SOMC HAS A PRESENCE

-FUNDING AVAILABILITY

ONCE A DECISION IS MADE, A LETTER IS SENT TO THE REQUESTING AGENCY OUTLINING THE DECISION. IF SOMC MAKES THE DECISION TO FUND THE REQUESTING AGENCY, SOMC ASKS THE REQUESTING AGENCY TO SUBMIT A FOLLOW UP REPORT OUTLINING OR SHOWING HOW THE FUNDS MADE A DIFFERENCE IN THE COMMUNITY.

SOMC DEVELOPMENT FOUNDATION SCHOLARSHIPS:

SOMC DEVELOPMENT FOUNDATION AWARDS FINANCIAL AID SCHOLARSHIPS EACH YEAR.

THE SCHOLARSHIP APPLICANTS MUST COMPLETE AN APPLICATION AND QUESTIONNAIRE.

A COPY OF THE STUDENT'S TRANSCRIPT IS REQUIRED WITH THE APPLICATION. THE STUDENT MUST BE PURSUING A DEGREE IN THE MEDICAL FIELD (NURSING,

## Part IV Supplemental Information

PRE-MED/DOCTOR, PHARMACY, PHYSICAL THERAPY, ETC.) AND MUST MAINTAIN A GPA OF "C" OR BETTER TO RETAIN THE SCHOLARSHIP. PROVIDED THE STUDENT DOES NOT CHANGE THEIR FIELD OF STUDY, THEY NEED NOT REAPPLY EACH YEAR BUT MUST SUBMIT THEIR GRADES. ONCE AWARDED, THE SCHOLARSHIP IS \$500 TWICE PER YEAR FOR FOUR YEARS, FOR A TOTAL OF \$4000.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**SOMC DEVELOPMENT FOUNDATION**

Employer identification number  
**31-0677520**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

332111  
09-13-13

## Part II Officers Directors

## Key Employees and Highest Compensated Employees

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**

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

**PART I, LINE 4B:**

**EXPLANATION: A RELATED ORGANIZATION, SOUTHERN OHIO MEDICAL CENTER MADE**

**CONTRIBUTIONS TO A SERP FOR THE FOLLOWING INDIVIDUALS:**

RANDAL ARNETT:      \$248,775

DEAN WRAY:      86,877

THE SERP PLAN IS AVAILABLE ONLY TO INDIVIDUALS WHO HAVE HELD AN EXECUTIVE POSITION FOR ONE YEAR. THE SERP WILL VEST UPON THE EXECUTIVE REACHING A SPECIFIED AGE. IF AN EXECUTIVE SEVERS EMPLOYMENT OR IS TERMINATED, A NONCOMPETE AGREEMENT IS IN PLACE FOR 2 YEARS. THE EXECUTIVE FORFEITS ANY SERP PAYMENTS IF HE/SHE DOES NOT CONFORM TO THE NONCOMPETE AGREEMENT.

THE SERP CONTRIBUTIONS LISTED ABOVE ARE INCLUDED IN COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN C.

SOUTHERN OHIO MEDICAL CENTER, A RELATED ORGANIZATION, MADE CONTRIBUTIONS TO A CERP (COMMUNITY EMERGENCY RESPONSE PLAN) FOR THE FOLLOWING INDIVIDUALS:

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

**DR. VINCENT SCARPINATO:**      \$23,400

**DR. NATHAN BENNINGTON:**      1,450

THE CERP PROGRAM IS AN INCENTIVE PROGRAM FOR PHYSICIANS TO BE AVAILABLE ON CALL IN THE EVENT OF AN EMERGENCY. A PHYSICIAN MUST PARTICIPATE IN THE PROGRAM FOR 10 YEARS BEFORE BECOMING VESTED AND THE PHYSICIAN ALSO MUST REACH A SPECIFIED AGE. A NONCOMPETE AGREEMENT IS IN PLACE, AND THE PHYSICIAN FORFEITS ANY CERP PAYMENTS IF HE/SHE DOES NOT CONFORM TO THE NONCOMPETE AGREEMENT.

THE AMOUNTS LISTED ABOVE ARE INCLUDED IN COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN C.

NO INDIVIDUAL LISTED ON FORM 990, PART VII RECEIVED A VESTED CERP PAYMENT DURING THE 2013 CALENDAR YEAR. THE VESTED PAYMENT, IF MADE, IS REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 3:

EXPLANATION: COMPENSATION PAID TO THE ORGANIZATION'S CEO IS ESTABLISHED

**Part III      Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

**BY A RELATED ORGANIZATION AND INCLUDES USE OF AN INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.**

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number  
31-0677520

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

PERFORMING FUNDRAISING FOR THE BENEFIT OF SOUTHERN OHIO MEDICAL CENTER  
(SOMC) OF PORTSMOUTH, OHIO ("SOUTHERN OHIO MEDICAL CENTER"), AN OHIO  
CHARITABLE NON-PROFIT CORPORATION, AND THE PATIENTS IT SERVES. SOMC  
DEVELOPMENT FOUNDATION ASSISTS SOMC IN PROMOTING THE HEALTH AND WELFARE  
OF THE COMMUNITY IN ACCORDANCE WITH THE OBJECTIVES ESTABLISHED BY THE  
GOVERNING BOARD OF TRUSTEES OF SOMC.

SOMC DEVELOPMENT FOUNDATION SHALL BE A FUNDRAISING ORGANIZATION AND THE  
FUNDS RAISED SHALL BE GIVEN EXCLUSIVELY TO SOUTHERN OHIO MEDICAL  
CENTER. OTHER CHARITIES ARE NOT ELIGIBLE TO BENEFIT FROM FUNDS RAISED  
BY SOMC DEVELOPMENT FOUNDATION, UNLESS APPROVED BY THE SOUTHERN OHIO  
MEDICAL CENTER GOVERNING BOARD. THE SOMC DEVELOPMENT FOUNDATION IS  
ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES AS SET FORTH IN SECTION  
501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

HEART & VASCULAR, PEDIATRICS, COMMUNITY HEALTH AND WELLNESS, THE  
ENDOWMENT FUND AND THE AREAS OF GREATEST NEED. THESE FUNDS GENERATE  
MUCH NEEDED SUPPORT AND ENABLE SOMC TO CONTINUALLY DELIVER EXTRAORDINARY  
CARE FOR FUTURE GENERATIONS TO COME. WE CONSIDER IT OUR RESPONSIBILITY  
TO SERVE OUR COMMUNITY, AND WE TAKE PRIDE IN DOING SO.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

EXPLANATION: SOUTHERN OHIO MEDICAL CENTER FOUNDATION AND FRIENDS OF  
SOMC MERGED TO FORM SOMC DEVELOPMENT FOUNDATION. PLEASE SEE PAGE 2 PART

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number

31-0677520

III, LINE 4A FOR DESCRIPTION OF SOMC DEVELOPMENT FOUNDATION'S PROGRAM  
SERVICE ACCOMPLISHMENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR COMMUNITY IS FULL OF PEOPLE WHO DEDICATE THEIR TIME AND SERVICE  
TOWARD PHILANTHROPIC CAUSES. WITH THE HELP OF OUR COMMUNITY, SOMC  
EMPLOYEES AND VOLUNTEERS, WE HAVE BEEN ABLE TO SUPPORT MANY PROJECTS.

CAPITAL PROJECTS:

- SOMC INPATIENT HOSPICE CENTER
- FRIENDS COMMUNITY CENTER
- SOMC LIFE CENTERS
- SOMC NEWBORN NURSERY

OTHER SUPPORT:

- EMS SUPPORT
- CROSSFIT ALPHA PACK
- FREE SMOKING CESSATION CLASSES
- FREE HEALTH SCREENINGS
- LOVE YOUR HEART
- COMMUNITY BASED TRANSITION PROGRAM
- LOSE & WIN FOR LIFE
- CORPORATE HEALTH & WELLNESS

GUILDS OF SOMC:

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number

31-0677520

THE GUILDS AT SOUTHERN OHIO MEDICAL CENTER SHARE A COMMON GOAL - TO SUPPORT THE NEEDS OF THE PATIENTS, AS WELL AS THE HOSPITAL'S BENEFICIAL PROGRAMS THROUGH FUNDRAISING EFFORTS. THEY ACHIEVED THEIR GOAL IN 2013, RAISING MORE THAN \$65,000 AS PART OF THEIR EFFORT TO ADVANCE THE MISSION OF SOMC. THE MEN AND WOMEN OF SOMC'S GUILDS ARE TRULY EXTRAORDINARY INDIVIDUALS WHO MAKE A DIFFERENCE FOR THE PATIENTS, FAMILIES AND STAFF OF SOUTHERN OHIO MEDICAL CENTER. THIS YEAR, THE SUPPORT OF THE GUILDS ALLOWED SOMC TO PURCHASE ITEMS, SUCH AS A BREAST PRONE BOARD, EMT/HEART CARE EQUIPMENT, IV ULTRASOUND MACHINES AND BREAST PUMPS FOR MATERNITY AS WELL AS DONATIONS TOWARD THE SOMC CANCER COMPASSION FUND AND PEDIATRIC NURSERY. SOMC IS SUPPORTED BY A TOTAL OF SIX GUILDS: THE HOPE GUILD, THE KARDIA GUILD, THE PEDIATRIC GUILD, THE PLEASURE GUILD, THE SCIOTO GUILD, AND THE SERVICE GUILD.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: SOUTHERN OHIO MEDICAL CENTER FOUNDATION AND FRIENDS OF SOMC MERGED TO FORM SOMC DEVELOPMENT FOUNDATION. AMENDED ARTICLES OF INCORPORATION WERE FILED WITH THE OHIO SECRETARY OF STATE, WHICH REFLECT THE NAME CHANGE. THE ORGANIZATION'S BYLAWS WERE ALSO AMENDED TO REFLECT THE NAME CHANGE. PLEASE SEE PAGE 2 PART III, LINE 4A FOR A DESCRIPTION OF SOMC DEVELOPMENT FOUNDATION'S UPDATED PROGRAM SERVICE ACCOMPLISHMENTS.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: SOMC DEVELOPMENT FOUNDATION IS ORGANIZED AS A SUBSIDIARY OF SOUTHERN OHIO MEDICAL CENTER, THE PARENT ORGANIZATION AND SOLE VOTING MEMBER FOR THE CONSOLIDATED GROUP.

FORM 990, PART VI, SECTION A, LINE 7A:

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number

31-0677520

EXPLANATION: THE SOMC DEVELOPMENT FOUNDATION BOARD OF DIRECTORS ARE ELECTED BY SOUTHERN OHIO MEDICAL CENTER'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: SOMC DEVELOPMENT FOUNDATION'S DECISIONS THAT ARE MADE BY THEIR BOARD OF DIRECTORS CAN BE OVERRULED BY SOUTHERN OHIO MEDICAL CENTER'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 INFORMATION IS COMPILED IN THE ACCOUNTING DEPARTMENT THEN SENT TO THE INDEPENDENT TAX ACCOUNTANTS TO ANALYZE THE INFORMATION AND COMPLETE THE TAX RETURN. THE FORM IS THEN REVIEWED BY FINANCIAL STAFF, TIED OUT TO THE TRIAL BALANCE, AND E-MAILED TO THE BOARD. IN ADDITION, THE CFO PRESENTS FORM 990 TO THE BOARD EXECUTIVE COMPENSATION COMMITTEE BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: CONFLICT OF INTEREST STATEMENTS ARE FILLED OUT ANNUALLY IN JANUARY FOR OFFICERS AND FOR NEW AND RETURNING BOARD MEMBERS. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE. ANY CONFLICTS ARE DOCUMENTED IN THE MINUTES AND ADDRESSED. CONFLICTS OF INTEREST ARE RAISED BY OFFICERS OR BOARD MEMBERS ONCE THEY ARE KNOWN BY THE INDIVIDUAL. BOARD MEMBERS ABSTAIN FROM VOTING IF A CONFLICT IS IDENTIFIED THAT THE BOARD MEMBER IS INVOLVED WITH DURING THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION REVIEW IS COMPLETED BY A RELATED ORGANIZATION, SOUTHERN OHIO MEDICAL CENTER. ON AN ANNUAL BASIS, AN INDEPENDENT

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number

31-0677520

CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES (IHS), PROVIDES THE BOARD COMPENSATION COMMITTEE WITH COMPARABLE DATA AND OTHER FACTS WHICH ARE USED BY THE COMMITTEE TO DETERMINE EXECUTIVE PAY PHILOSOPHY. THE INDEPENDENT CONSULTANT USED COMPENSATION SURVEYS OF THE SURROUNDING AREA TO DETERMINE EXECUTIVE COMPENSATION RECOMMENDATIONS. THE DECISIONS FOR CEO AND OFFICER COMPENSATION ARE DOCUMENTED IN THE BOARD COMPENSATION COMMITTEE MINUTES, AS WELL AS THE BOARD MEETING MINUTES. THIS COMMITTEE DETERMINES THE CEO'S PAY AND SETS PAY RANGES FOR THE OTHER EXECUTIVES. THIS PROCESS WAS LAST UNDERTAKEN DURING 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: SOMC DEVELOPMENT FOUNDATION PROVIDES ITS FINANCIAL STATEMENTS TO THE PUBLIC THROUGH ITS BOND DISCLOSURE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC ON SOUTHERN OHIO MEDICAL CENTER'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:ALLOCATED WAGES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>85,500.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>85,500.</u>

PURCHASED SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>53,348.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>53,348.</u>

332212  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

SOMC DEVELOPMENT FOUNDATION

Employer identification number

31-0677520

ALLOCATED BENEFITS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>40,677.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>40,677.</u>
<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	<u>179,525.</u>

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PAGE 1, PART C:

EXPLANATION: DOING BUSINESS AS: HOPE GUILD, COTERIE GUILD, PEDIATRIC GUILD, PLEASURE GUILD, KARDIA GUILD, SERVICE GUILD, AND SCIOTO GUILD.



Voluntary Sector Taxation as a Partnership Scenario

**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

**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**

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a <input checked="" type="checkbox"/>	X
b Gift, grant, or capital contribution to related organization(s)	1b <input checked="" type="checkbox"/>	X
c Gift, grant, or capital contribution from related organization(s)	1c <input checked="" type="checkbox"/>	X
d Loans or loan guarantees to or for related organization(s)	1d <input checked="" type="checkbox"/>	X
e Loans or loan guarantees by related organization(s)	1e <input checked="" type="checkbox"/>	X
f Dividends from related organization(s)	1f <input checked="" type="checkbox"/>	X
g Sale of assets to related organization(s)	1g <input checked="" type="checkbox"/>	X
h Purchase of assets from related organization(s)	1h <input checked="" type="checkbox"/>	X
i Exchange of assets with related organization(s)	1i <input checked="" type="checkbox"/>	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j <input checked="" type="checkbox"/>	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k <input checked="" type="checkbox"/>	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l <input checked="" type="checkbox"/>	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m <input checked="" type="checkbox"/>	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n <input checked="" type="checkbox"/>	X
o Sharing of paid employees with related organization(s)	1o <input checked="" type="checkbox"/>	X
p Reimbursement paid to related organization(s) for expenses	1p <input checked="" type="checkbox"/>	X
q Reimbursement paid by related organization(s) for expenses	1q <input checked="" type="checkbox"/>	X
r Other transfer of cash or property to related organization(s)	1r <input checked="" type="checkbox"/>	X
s Other transfer of cash or property from related organization(s)	1s <input checked="" type="checkbox"/>	X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHERN OHIO MEDICAL CENTER	C	2,683,492	CASH BASIS
(2) SOUTHERN OHIO MEDICAL CENTER	0	148,082	ALLOCATION OF PAYROLL COSTS
(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)**

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

►

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions <b>THE FRIENDS OF SOUTHERN OHIO MEDICAL CENTER</b>	Employer identification number (EIN) or <b>31-0677520</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1805 27TH STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PORTSMOUTH, OH 45662</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**RICHARD GILCHER**

• The books are in the care of ► **1248 KINNEYS LANE - PORTSMOUTH, OH 45662**

Telephone No ► **740-356-7622** Fax No ►

• If the organization does not have an office or place of business in the United States, check this box

►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

►  calendar year  or

►  tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>THE FRIENDS OF SOUTHERN OHIO MEDICAL CENTER</b>	Employer identification number (EIN) or <b>31-0677520</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. <b>1805 27TH STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PORPSMOUTH, OH 45662</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**RICHARD GILCHER**

- The books are in the care of ► **1248 KINNEYS LANE - PORTSMOUTH, OH 45662**

Telephone No ► **740-356-7622**

Fax No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2015**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ► **VP FINANCE**

Date ► \_\_\_\_\_

Form 8868 (Rev. 1-2014)