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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
OhioHealth Corporation

Doing Business As
See Schedule O for DBA Listing

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

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

D Employer identification number
31-4394942

E Telephone number
(614) 544-4076

G Gross receipts $ 7,190,582,686

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

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

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

H(c) Group exemption number ▶ 3858

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

J Website: ▶ www ohiohealth com

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

L Year of formation 1891

M State of legal domicile OH

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	14,870
6	Total number of volunteers (estimate if necessary)	**6**	1,802
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-508,309
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-612,426

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,260,692	1,277,159
9	Program service revenue (Part VIII, line 2g)	1,884,053,092	1,926,575,576
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,434,326	75,959,554
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,147,912	100,365,596
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,999,896,022	2,104,177,885
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	965,471	1,535,474
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	860,470,852	947,021,694
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	834,472,830	806,919,570
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,695,909,153	1,755,476,738
19	Revenue less expenses Subtract line 18 from line 12	303,986,869	348,701,147

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,120,743,143	3,757,326,846
21	Total liabilities (Part X, line 26)	1,296,894,090	1,512,619,851
22	Net assets or fund balances Subtract line 21 from line 20	1,823,849,053	2,244,706,995

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2013-03-13

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Mary E Rauschenberg				P00172604

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 East Fifth Street Suite 1900
Cincinnati, OH 45202 — Phone no (513) 784-7100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To improve the health of those we serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 970,575,125 including grants of $ 1,535,474) (Revenue $ 1,707,599,840)

OhioHealth's primary purpose is to provide diversified healthcare services to the community and is a provider of services under contractual arrangements with the Medicare and Medicaid programs as well as other third-party reimbursement arrangements Together, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital, are united in our mission to provide quality, compassionate healthcare and to be responsible stewards for our community's health For more than 100 years it has been this way Even as the face of healthcare continues to change, the commitment of OhioHealth endures ensuring quality care for everyone, regardless of their faith, race, age, or ability to pay We never lose sight of our mission "to improve the health of those we serve" and our core values - compassion, excellence, stewardship, and integrity They continue to guide us in our work today OhioHealth touches thousands of people, saves lives, improves their health and makes their future a little brighter Through our shared mission, vision and values, we touch more lives in Central Ohio than any other health system As a system of faith-based, not-for-profit healthcare providers - together, we are OhioHealth

4b (Code) (Expenses $ 433,566,364 including grants of $) (Revenue $ 247,691,091)

In fiscal year 2013 (July 1, 2012 through June 30, 2013), OhioHealth with its member hospitals and homecare organizations provided charity care and community benefit programs to a greater degree than ever In total, OhioHealth provided $258 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Of this total, $185 million was provided by the hospitals of OhioHealth Corporation (Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital) OhioHealth provides medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, OhioHealth not only utilizes generally recognized poverty income levels of the communities they serve, but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Charity care is determined based on established polices, using patient income and assets to determine payment ability OhioHealth provides community services intended to benefit the underserved and enhance the health status of the communities it serves These services include 24 hour a day emergency rooms, community health screenings, forums for various support groups, health education classes, speakers and publications, hospice and medical research OhioHealth has been able to achieve a greater impact in the community by partnering financial and human resources with other organizations These expenditures include a commitment to the project to reduce infant mortality, pastoral care service, various civic sponsorships, and other community partnership programs The Corporation's total benefit to the community includes the cost of charity care (net of assistance received from the Hospital Care Assurance Program), unpaid cost of Medicaid, and medical education programs as well as certain programs discussed above

4c (Code) (Expenses $ 52,510,515 including grants of $) (Revenue $ 15,350,852)

OhioHealth is teaching the doctors of tomorrow at its three teaching hospitals Together, Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital trained 478 residents at a cost of $52 5 million These residents performed services to produce offsetting revenue of $15 4 million for a net community benefit of $37 1 million

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,456,652,004

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,096		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14,870		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , BD , LU , UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶Craig Bjerke 180 East Broad Street 33rd Floor Columbus, OH (614) 544-4076

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								18,773,017	0	4,490,091

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 ▶ 745

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
The Whiting-Turner Contracting Co (Sch 300 E Joppa Road 8th Floor Baltimore MD 21286	Construction Services	34,039,000
Dawson Personnel Systems PO Box 711503 Cincinnati OH 452711503	Temporary Help Services	12,094,000
Cardinal Health - Valuelink 2320 Mcgaw Road Obetz OH 43207	Logistics Services	10,157,000
Daimler Group Inc (Sch O) 1533 Lake Shore Drive Columbus OH 432044891	Construction Services	9,544,000
McKesson Technologies (Sch O) PO Box 98347 Chicago IL 606939430	Healthcare IT Solutions	8,394,000

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 ▶ 556

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,153,739			
	e	Government grants (contributions)	1e	64,101			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	59,319			
	g	Noncash contributions included in lines 1a-1f $		1,153,739			
	h	**Total.** Add lines 1a-1f			1,277,159		
Program Service Revenue			Business Code				
	2a	Health and Medical Svc	900099	1,175,458,788	1,175,458,788		
	b	Medicare and Medicaid	923130	734,386,177	734,386,177		
	c	Investment Income	621990	16,730,611	17,238,920	-508,309	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			1,926,575,576		
	3	Investment income (including dividends, interest, and other similar amounts)			54,186,557		54,186,557
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross rents	39,113,625					
	b	Less rental expenses	20,887,837					
	c	Rental income or (loss)	18,225,788					
	d	Net rental income or (loss)			18,225,788			18,225,788

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,077,838,003	3,064,030			
	b	Less cost or other basis and sales expenses	5,055,423,884	3,705,152			
	c	Gain or (loss)	22,414,119	-641,122			
	d	Net gain or (loss)			21,772,997			21,772,997
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a	6,127,419				
	b	Less cost of goods sold	b	6,387,928				
	c	Net income or (loss) from sales of inventory			-260,509			-260,509
		Miscellaneous Revenue		Business Code				
	11a	Intercompany Admin		900099	43,557,898	43,557,898		
	b	Cafeteria/Food Service		722210	9,068,684			9,068,684
	c	Parking Revenue		812930	1,318,955			1,318,955
	d	All other revenue			28,454,780			28,454,780
	e	**Total.** Add lines 11a–11d			82,400,317			
	12	**Total revenue.** See Instructions			2,104,177,885	1,970,641,783	-508,309	132,767,252

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 to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,526,474	1,526,474		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	9,000	9,000		
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	18,041,798	4,099,869	13,941,929	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,031,423		1,031,423	
7 Other salaries and wages	738,754,593	624,745,651	114,008,942	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,694,338	37,827,330	11,867,008	
9 Other employee benefits	98,768,009	75,182,208	23,585,801	
10 Payroll taxes	40,731,533	31,004,843	9,726,690	
11 Fees for services (non-employees)				
a Management				
b Legal	6,524,879	4,966,738	1,558,141	
c Accounting	526,850		526,850	
d Lobbying	173,447		173,447	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,072,851		5,072,851	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,857,085	136,907,213	42,949,872	
12 Advertising and promotion	10,601,285		10,601,285	
13 Office expenses	56,976,537	43,370,540	13,605,997	
14 Information technology	26,182,680	19,930,256	6,252,424	
15 Royalties . .				
16 Occupancy	19,528,318	14,864,956	4,663,362	
17 Travel	3,597,146	2,738,148	858,998	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	973	741	232	
20 Interest	18,791,941	14,304,425	4,487,516	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,472,181	74,957,024	23,515,157	
23 Insurance	4,225,882	3,216,741	1,009,141	
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 Medical Supply Expense	299,084,382	299,084,382	0	0
b Medicaid Tax Expense	27,440,384	27,440,384	0	0
c Repair & Maintenance	27,419,767	20,871,927	6,547,840	0
d Maintenance & Service	10,550,904	10,550,904		
e All other expenses	11,892,078	9,052,250	2,839,828	
25 **Total functional expenses.** Add lines 1 through 24e	1,755,476,738	1,456,652,004	298,824,734	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 to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		14,464	1	22,285
	2	Savings and temporary cash investments		99,485,558	2	128,708,262
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		191,554,851	4	204,736,909
	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	0
	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 instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		18,364,908	7	21,258,919
	8	Inventories for sale or use		25,181,844	8	25,113,550
	9	Prepaid expenses and deferred charges		24,649,722	9	28,810,258
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,505,590,200			
	b	Less accumulated depreciation	10b 787,101,083	635,033,858	10c	718,489,117
	11	Investments—publicly traded securities		1,650,642,941	11	1,751,638,428
	12	Investments—other securities See Part IV, line 11		330,515,510	12	589,171,731
	13	Investments—program-related See Part IV, line 11		36,128,521	13	53,994,668
	14	Intangible assets		12,645,727	14	12,892,130
	15	Other assets See Part IV, line 11		96,525,239	15	222,490,589
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,120,743,143	16	3,757,326,846
Liabilities	17	Accounts payable and accrued expenses		253,842,192	17	297,341,989
	18	Grants payable			18	0
	19	Deferred revenue		4,347,838	19	4,114,566
	20	Tax-exempt bond liabilities		671,678,198	20	788,093,973
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		1,267,573	23	932,554
	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		365,758,289	25	422,136,769
	26	**Total liabilities.** Add lines 17 through 25		1,296,894,090	26	1,512,619,851
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,823,849,053	27	2,244,706,995
	28	Temporarily restricted net assets			28	0
	29	Permanently restricted net assets			29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,823,849,053	33	2,244,706,995
	34	Total liabilities and net assets/fund balances		3,120,743,143	34	3,757,326,846

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,104,177,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,755,476,738
3	Revenue less expenses Subtract line 2 from line 1	3	348,701,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,823,849,053
5	Net unrealized gains (losses) on investments	5	82,948,981
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	-10,792,186
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,244,706,995

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
Rasmussen Steven Chairman - OhioHlth	2 00 1 00	X		X				0	0	0
Wilcox Randy Vice Chair - OhioHlth	2 00 1 00	X		X				0	0	0
Hondros Linda Secretary - OhioHlth	2 00 1 00	X		X				0	0	0
Endres Michael J Treasurer - OhioHlth	2 00 1 00	X		X				0	0	0
Abbott Lawrence C Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Anderson Kerri B Board Member - OhioHlth	2 00 1 00	X						0	0	0
Auseon John DO Board Member - OhioHlth	2 00 1 00	X						0	0	0
Blom David P Pres/CEO/Ex-Off-OhioHlth	40 00 1 00	X		X				1,530,606	0	948,309
Blosser T Laurence MD Ex-Officio - OhioHlth	15 00 1 00	X						122,479	0	40
Chambers Linda MD Ex-Officio - OhioHlth	2 00 1 00	X						47,200	0	0
Crane Tanny Board Member - OhioHlth	2 00 1 00	X						0	0	0
Dewire Rev Dr Norman E Board/Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
James Donna Board Member - OhioHlth	2 00 1 00	X						0	0	0
Jennings Matthew Ex-Officio - OhioHlth (start 7/12)	2 00 1 00	X						0	0	0
Levin Howard B DO Ex-Officio - OhioHlth (start 7/12)	2 00 1 00	X						0	0	0
McConnell John P Board Member - OhioHlth	2 00 1 00	X						0	0	0
Ough Bishop Bruce R Ex-Officio - OhioHlth (end 8/12)	2 00 1 00	X						0	0	0
Palmer Bishop Gregory Ex-Officio - OhioHlth (start 9/12)	2 00 1 00	X						0	0	0
Scott Bradley N Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Sims Gary K Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Stevens Rev Dr Deborah Board Member - OhioHlth	2 00 1 00	X						0	0	0
Louge Michael W Exec VP & CFO	40 00 1 00			X				982,758	0	466,324
Millen Robert P Exec VP & COO	40 00 1 00			X				982,707	0	320,573
Pandora Frank T II Esq Sr VP & General Counsel	40 00 1 00			X				1,567,129	0	227,247
Bernstein Michael S Sr VP & CSO	40 00 1 00				X			626,262	0	176,703

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
Garlock Steven J Sr VP Oncology Svcs	40 00 1 00				X			419,859	0	77,634
Hagen Bruce P Reg Exec Pres - DMH/GMH	20 00 20 00				X			682,607	0	176,138
Hanly Donna L System CNO (start 2/13)	40 00 1 00				X			318,706	0	47,327
Herbert-Sinden Cheryl L Sr VP Sys Clinical Ser	40 00 1 00				X			444,055	0	154,050
Huffman Michael Sean President - OHNC (start 7/12)	40 00 0 00				X			298,530	0	43,808
Jablonski Susan F Sr VP - CCO	40 00 1 00				X			406,935	0	101,731
Kontner John G Sr VP Managed Care	40 00 1 00				X			491,975	0	37,468
Krouse Michael T Sr VP - CIO	40 00 1 00				X			516,505	0	152,700
Lozada Leonardo J MD SR VP Med Affairs - RMH (end 11/12)	40 00 0 00				X			515,030	0	30,797
Markovich Stephen E MD Pres - RMH	40 00 1 00				X			676,103	0	212,590
Morrison Karen J Pres OHF & SR VP Ext Aff	1 00 40 00				X			473,292	0	133,246
Quinn Andrew S Sr VP - CCO	40 00 1 00				X			662,127	0	169,307
Reichfield Michael L Pres - DH	40 00 1 00				X			497,831	0	153,656
Tuchow Genevieve Itr Sr VP HROD (start 6/12)	40 00 0 00				X			174,649	0	3,144
Umland Steve Sr VP Finance	40 00 1 00				X			458,418	0	15,038
Vanderhoff Bruce MD Sr VP & CMO	40 00 1 00				X			684,584	0	186,855
Yates Vinson M Pres - GMC	40 00 1 00				X			484,647	0	142,119
Caulin-Glaser Teresa L MD Sys VP Heart & Vascular	40 00 1 00					X		582,110	0	61,078
Imm Amy A MD System VP Quality Svcs	40 00 0 00					X		452,123	0	47,240
Knutson Douglas J MD CAO	40 00 1 00					X		418,772	0	39,403
Sanders John W President - MGH	1 00 40 00					X		444,378	0	34,980
Thornhill Hugh A President - MSF	1 00 40 00					X		490,877	0	149,832
Boggs Martha Bruce Fmr Sr VP HROD (End 5/12)	0 00 0 00						X	508,447	0	12,806
Connors Karen H Fmr Pres - GMC (end 6/10)	0 00 0 00						X	508,775	0	1,395
Gallaher Connie Fmr System VP Neuro	40 00 0 00						X	332,795	0	43,414

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former			
Lawson Michael S COO - GMC	40 00 0 00						X	321,625	0	20,474
Seckinger Mark R Fmr Key Emp	0 00 40 00						X	267,496	0	61,598
Tomaszewski James A Fmr VP & Admin MHHC	0 00 40 00						X	380,625	0	41,067

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

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

1 ☐ A church, convention of churches, or association of churches 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		618
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		96,033
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		76,796
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total Add lines 1c through 1i			173,447
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	Lobbying activity entails membership in American Hospital Association, Ohio Hospital Association, Association of American Medical Colleges and other healthcare related resources

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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

		Held at the End of the Year
a	Total number of conservation easements	2a 0
b	Total acreage restricted by conservation easements	2b 0 00
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 0

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 ▶ 0 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	38,114,038	39,340,742	40,797,139	38,589,258	46,414,673
b	Contributions	288,256	277,730	325,956	266,046	370,999
c	Net investment earnings, gains, and losses	2,967,661	745,018	5,688,665	3,942,850	-5,396,453
d	Grants or scholarships	72,449	116,994	63,000	24,850	0
e	Other expenditures for facilities and programs	833,896	1,435,648	6,681,909	1,288,068	2,757,845
f	Administrative expenses	549,631	696,810	726,109	688,097	42,116
g	End of year balance	39,913,979	38,114,038	39,340,742	40,797,139	38,589,258

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

- a Board designated or quasi-endowment ▶ 40 700 %
- b Permanent endowment ▶ 36 500 %
- c Temporarily restricted endowment ▶ 22 800 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,708,280		38,708,280
b Buildings		573,482,113	319,904,325	253,577,788
c Leasehold improvements		703,364	126,795	576,569
d Equipment		501,700,681	346,772,995	154,927,686
e Other		390,995,762	120,296,968	270,698,794
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				718,489,117

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Limited Partnerships	297,140,131	F
(B) Alternative Investments	292,031,600	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	589,171,731	

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

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

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

(a) Description	(b) Book value
(1) Due from Affiliate - Loans & Notes	194,588,256
(2) Unamortized Bond Issue Costs	6,034,222
(3) Investment in Subsidiaries & Non-Program Related Joint Ventures	2,002,708
(4) Other	19,865,403
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	222,490,589

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Due to Affiliates - Loans & Notes	178,538,142
Pension Liability	127,213,581
Swap Liability	31,268,852
Deferred Long Term Liabilities	14,784,595
Other	70,331,599
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	422,136,769

2. Fin 48 (ASC 740) Footnote 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

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

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

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	To earn investment income for use in medical charity care, medical procedures, medical education and various other hospital services
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	Management has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Central America & the Caribbean	0	1	Program Services	Offshore Captive Management	78,572
	Europe (including Iceland & Greenland)	0	0	Investments		115,128,934
	Central America & the Caribbean	0	0	Investments		258,164,437
3a	Sub-total	0	1			373,371,943
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	1			373,371,943

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 The amounts shown in column (f) for investment activities in Europe (including Iceland & Greenland) and Central America & the Caribbean represent investments in those regions The amount shown as program service activities in Central America & the Caribbean represents total expenditures in the region

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			114,003,164	21,265,342	92,737,822	5 280 %
b Medicaid (from Worksheet 3, column a)			265,531,643	214,961,832	50,569,811	2 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d **Total** Financial Assistance and Means-Tested Government Programs			379,534,807	236,227,174	143,307,633	8 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,818,278	9,578	1,808,700	0 100 %
f Health professions education (from Worksheet 5)			48,795,964	11,428,878	37,367,086	2 130 %
g Subsidized health services (from Worksheet 6)			1,241,425	0	1,241,425	0 070 %
h Research (from Worksheet 7)			311,480	0	311,480	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,864,411	25,461	1,838,950	0 100 %
j **Total.** Other Benefits			54,031,558	11,463,917	42,567,641	2 420 %
k **Total.** Add lines 7d and 7j			433,566,365	247,691,091	185,875,274	10 580 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			154,207		154,207	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			9,428		9,428	0 %
7 Community health improvement advocacy						
8 Workforce development			2,815		2,815	0 %
9 Other						
10 **Total**			166,450		166,450	0 010 %

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 82,609,599		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	525,882,132
6	Enter Medicare allowable costs of care relating to payments on line 5	6	567,135,749
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-41,253,617
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Grant Scope Center LLC	Ambulatory Surgery Center	50 500 %		49 490 %
2 2 Knightsbridge Surgery Center	Ambulatory Surgery Center	49 820 %		42 240 %
3 3 OhioHealth Sleep Services LLC	Sleep Lab Services	78 530 %		20 390 %
4 4 Polaris Surgery Center LLC	Ambulatory Surgery Center	50 760 %		49 980 %
5 5 The Eye Center	Opthamological Surgery Center	3 040 %		93 920 %
6 6 Upper Arlington Medical Limited Partnership	Property Management	38 850 %		29 710 %
7 7 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	40 630 %		56 930 %
8 8 Whitehall Surgery Center	Ambulatory Surgery Center	40 630 %		57 830 %
9 9 Greater Columbus Regional Dialysis	Dialysis Services	25 000 %		75 000 %
10 10 OhioHealth Group Ltd	Managed Care Services	50 000 %		50 000 %
11 11 The Hand Center LLC	Orthopedic Surgery	49 000 %		51 000 %
12 12 Westerville Endoscopy Center LLC	Ambulatory Surgery Center	50 000 %		50 000 %
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
4

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908 www ohiohealth com	X			X			X			A
2	Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701 www ohiohealth com	X			X			X			A
3	Doctors Hospital 5100 West Broad Street Columbus, OH 432281607 www ohiohealth com	X			X			X			A
4	Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518 www ohiohealth com	X						X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Facility Reporting Group - A

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
28

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		Part I, Line 7 For the cost of charity care, a cost-to-charge ratio was used that was derived from Worksheet 2 For unreimbursed Medicaid, a cost accounting system was used for all amounts reported in the table This cost accounting system includes all patient segments All other amounts reported on the table are based on actual costs tracked through cost centers Costs related to the volunteer time of employees were determined using standard wage rates for hours contributed during work hours
		Part I, L7 Col(f) A system wide community benefit of $258 million reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The $185 million portion of total community benefit reported in Schedule H reflects all community benefit provided by OhioHealth Corporation doing business as Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital

Identifier	ReturnReference	Explanation
		Part II Community involvement is an important part of our mission "to improve the health of those we serve " Our associates and physicians live, work and raise families in the communities we serve and aspire to improve our collective community well-being, believing that healthy communities support healthy living "Team OhioHealth" is comprised of associates who volunteer their time at various community events such as the Central Ohio Heart Walk, Komen Race for the Cure, Arthritis Foundation's Jingle Bell Run/Walk, and March of Dimes March for Babies OhioHealth associates and physicians also collaborate with various non-profit organizations to ensure that our communities are provided with the appropriate services that will enable them to live a healthy life For example -YWCA Family Center OhioHealth associates serve meals to residents of the emergency shelter supporting families experiencing housing crises -United Way of Central Ohio - OhioHealth associates participate in Community Care Day, during which the United Way assigns projects such as repair, painting, gardening and construction at various non-profit agencies -Simon Kenton Council, Boy Scouts of America OhioHealth partners with the Learning for Life exploring program to carry out the Medical Explorer's program for the Simon Kenton Council, Boy Scouts of America -Big Brothers Big Sisters of Central Ohio OhioHealth participates in Big Brothers Big Sisters' Project Mentor, through Columbus City Schools, to empower individual students to improve academic performance and thereby increase high school graduation rates
		Part III, Line 4 Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges An allowance for contractual adjustments is based on expected payment rates from payors based on current reimbursement methodologies This amount also includes amounts received as interim payments against unpaid claims by certain payors An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (including uninsured discount) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectable Each OhioHealth entity applies a discount to self-pay patient accounts that do not qualify for charity at the time of billing If the account is deemed uncollectible, the balance is written off to bad debt OhioHealth makes all reasonable efforts to qualify eligible patients for charity, including periodic retrospective account reviews to determine if patients that were written off to bad debt should have qualified for charity

Identifier	ReturnReference	Explanation
		Part III, Line 8 In accordance with the Catholic Health Association guidelines per "A Guide for Planning and Reporting Community Benefits" OhioHealth does not report Medicare shortfall as community benefit
	Part III, Line 2	For the cost of bad debt, a cost-to-charge ratio was used that was derived from Worksheet 2

Identifier	ReturnReference	Explanation
	Part III, Line 3	OhioHealth Corporation has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients
		Part VI, Line 2 OhioHealth Mission and Ministry, and the Mission/Ministry and Community Needs Committee of the OhioHealth Board of Trustees are responsible for corporate oversight and strategic direction for community benefit services These two entities are responsible for monitoring community health needs and providing oversight of metrics on community benefit and mission effectiveness OhioHealth has ongoing partnerships with Columbus Public Health, Ohio Department of Health, and Healthcare Collaborative of Greater Columbus in identifying health priorities locally and statewide OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues Healthcare Collaborative of Greater Columbus' goal is to improve access to healthcare for all individuals in central Ohio, specifically the most vulnerable A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of central Ohio OhioHealth collaborated with other community stakeholders to develop its Community Health Needs Assessment, and in doing so, gathered significant additional demographic and community profile information This information is published in the Community Health Needs Assessment and is available to the public via www OhioHealth com

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Signs are posted at multiple entry points and patient registration locations stating our intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth patient billing statements also include information regarding HCAP and can be used to apply for financial assistance
		Part VI, Line 4 The following demographic information was obtained from Claritas 2013 Columbus is the capital and largest city in the state of Ohio The city has a diverse economy based on education, insurance, banking, fashion, defense, aviation, food, logistics, steel, energy, medical research, health care, hospitality, retail and technology OhioHealth's primary service area covers Franklin and Delaware counties as well as a few rural communities in neighboring counties Over the next five years, the population in this area is estimated to change from 1,530,765 to 1,589,844, resulting in a growth of 3 9% Of this area's current year estimated population 70 0% are White alone, 18 3% are Black or African American alone, 4 7% are Hispanic, 4 0% are Asian alone, and 3 0% are other races In 2013, the average household income in the primary service area is estimated to be $71,281 The primary service area demographics are impacted by the number of colleges and universities Currently, it is estimated that 36 3% of the population age 25 and over in this area have earned a bachelor's degree or greater As a result of the student population, the primary service area is relatively young For this area, 25% of the population is estimated to be 0-17 years old, 25% are between ages 18-34, 28% are between ages 35-54, and 22% are older than 54 OhioHealth is a healthcare system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eight hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eight hospitals, OhioHealth Corporation operates four hospitals (OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital) in its primary service area of Franklin County - OhioHealth Riverside Methodist Hospital is a 1,059-bed facility recognized locally, regionally and nationally for quality care, service and reputation Riverside Methodist offers world-class medical care and advanced medical innovations in multiple specialties including heart and vascular, neuroscience, cancer care, and maternity care - OhioHealth Grant Medical Center is a 645-bed comprehensive healthcare facility in downtown Columbus with a national reputation for specialized trauma capabilities, orthopedic and surgical excellence, and nursing expertise Grant has one of the busiest Level I trauma centers in Ohio - OhioHealth Doctors Hospital is a 262-bed community facility with a full complement of healthcare services and technology It stands out among other Ohio hospitals as a premier osteopathic teaching institution - OhioHealth Dublin Methodist Hospital is a 107-bed facility with a full-service Emergency Department, as well as inpatient and outpatient medical and surgical services Using evidence-based design concepts, the hospital's environment is designed to achieve health benefits including increased patient satisfaction, improved safety and fewer patient transfers

Identifier	ReturnReference	Explanation
		Part VI, Line 5 A majority of OhioHealth's governing body is comprised of persons who reside in its primary service area who are neither OhioHealth employees nor contractors of the organization, nor family members thereof OhioHealth extends medical staff privileges and/or membership to all qualified physicians in the communities it serves to ensure that each community has access to the necessary medical services OhioHealth reinvests in the community to improve quality of care, increase access to care and enhance service to patients and their families Instead of paying dividends to shareholders or owners, OhioHealth uses its earnings to provide a broad array of community benefits For example, OhioHealth -Provides charity care to those without adequate resources to pay for their care, in conjunction with its charity care policies -Invests in research, innovation, technology, and medical education and training, to advance medical knowledge and provide the highest quality of care and service to patients -Subsidizes essential community health services trauma centers, poison control, psychiatric services, kidney dialysis, that might not otherwise pay for themselves -Supports a wide range of vital community outreach services, targeting the most vulnerable and historically-underserved residents of the community -Extends care via outpatient facilities in the surrounding neighborhoods, thus providing excellent access to care In total, OhioHealth Corporation and its affiliates provided $257,920,000 (per Community Benefit Report) of community benefit (which includes the Medicaid shortfall) The total community benefit represents an appropriate balance of charity care, community health services, subsidized health services, research and net medical education costs, and cash or in-kind community building
		Part VI, Line 6 OhioHealth Corporation operates general acute care hospitals as well as outpatient facilities In addition, OhioHealth Corporation is the parent organization and sole voting member of several rural community hospitals, organizations providing multidisciplinary home care and rehabilitation, medical research, fundraising in support of the system hospitals, medical facility property management, and physician foundations All serving in OhioHealth "systemness" to improve the health of those we serve

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	OH
Facility Reporting Group	Part V	The four hospitals utilize the same charity care policy They offer different levels of financial assistance based on the patient's income compared to the federal poverty level (FPL) Any patient with income at 200% or below the FPL gets a 100% discount A patient between 201 and 267% receives a 75% discount (average Medicaid discount) A patient between 268 and 334% receives a 70% discount (average Medicare discount) A patient between 335 and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level

Identifier	ReturnReference	Explanation
Part V, Line 8 Facility Reporting Group A		See below
Facility 1 -- Riverside Methodist Hospital	Part V, Section B, line 3	Community input for this report was provided through a series of meetings with community representatives on the Franklin County Community Health Needs Assessment Steering Committee, led by the Central Ohio Hospital Council OhioHealth intentionally engaged individuals with special expertise in public health Among those who participated as members of the Steering Committee were Kathy Cowen, director, Office of Epidemiology, Columbus Public Health, Michelle Groux, epidemiologist, Columbus Public Health, Beth Pierson, epidemiologist, Planning and Assessment, Franklin County Public Health, and Joanne Pearsol, associate director, Center for Public Health Practice, The Ohio State University College of Public Health

Identifier	ReturnReference	Explanation
Facility 1 -- Riverside Methodist Hospital	Part V, Section B, line 4	The CHNA was conducted as a collaboration led by the Central Ohio Hospital Council, including OhioHealth, Mount Carmel Health System, Nationwide Children's Hospital, and The Ohio State University Wexner Medical Center The following hospital facilities were included in this collaboration Riverside Methodist HospitalGrant Medical CenterDoctors HospitalDublin Methodist HospitalMount Carmel St Ann'sMount Carmel New AlbanyMount Carmel WestMount Carmel EastNationwide Children's HospitalThe Ohio State University HospitalThe Ohio State University EastThe Ohio State's James Cancer Hospital and Solove Research InstituteThe Ohio State's Richard M Ross Heart HospitalOSU Harding Hospital
Facility 1 -- Riverside Methodist Hospital	Part V, Section B, line 14g	Signs are posted at multiple Riverside Methodist Hospital entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Riverside Methodist Hospital billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that Riverside Methodist Hospital provides care to everyone who comes for services, regardless of their ability to pay The brochures provide information about HCAP and the hospitals' charity care programs, how to apply and the numbers to call with questions Patient billing brochures are handed to every self-pay patient with the financial assistance application and are available upon request for insured patients Financial counselors are located at each of the main hospital campuses to provide patients with information about the financial assistance programs and to assist with completing the financial assistance application Upon registration, all self-pay patients are referred to the financial counselors or on-site vendors The counselors and/or vendors attempt to directly contact the patient to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self-pay patients are not seen face-to-face before they are discharged However, counselors attempt phone calls and mail letters to these patients to explain financial assistance and to encourage completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level The front of the billing statement also includes customer service telephone numbers, service hours and email address The back of every patient billing statement includes Riverside Methodist Hospital's financial assistance application with the federal poverty guidelines listed During the pre-registration/preadmissions process, the registration representative will inform self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registration representative will transfer the patient to the verbal financial assistance queue and/or will provide its telephone number The Customer Call Center representative will discuss financial assistance with any patient who expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities

Identifier	ReturnReference	Explanation
Facility 1 -- Riverside Methodist Hospital	Part V, Section B, line 20d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital utilize the same charity care policy They offer different levels of financial assistance based on the patient's income compared to the federal poverty level (FPL) Any patient with income at 200% or below the FPL gets a 100% discount A patient between 201 and 267% receives a 75% discount (average Medicaid discount) A patient between 268 and 334% receives a 70% discount (average Medicare discount) A patient between 335 and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level
Facility 2 -- Grant Medical Center	Part V, Section B, line 3	Community input for this report was provided through a series of meetings with community representatives on the Franklin County Community Health Needs Assessment Steering Committee, led by the Central Ohio Hospital Council OhioHealth intentionally engaged individuals with special expertise in public health Among those who participated as members of the Steering Committee were Kathy Cowen, director, Office of Epidemiology, Columbus Public Health, Michelle Groux, epidemiologist, Columbus Public Health, Beth Pierson, epidemiologist, Planning and Assessment, Franklin County Public Health, and Joanne Pearsol, associate director, Center for Public Health Practice, The Ohio State University College of Public Health

Identifier	ReturnReference	Explanation
Facility 2 -- Grant Medical Center	Part V, Section B, line 4	The CHNA was conducted as a collaboration led by the Central Ohio Hospital Council, including OhioHealth, Mount Carmel Health System, Nationwide Children's Hospital, and The Ohio State University Wexner Medical Center The following hospital facilities were included in this collaboration Riverside Methodist HospitalGrant Medical CenterDoctors HospitalDublin Methodist HospitalMount Carmel St Ann'sMount Carmel New AlbanyMount Carmel WestMount Carmel EastNationwide Children's HospitalThe Ohio State University HospitalThe Ohio State University EastThe Ohio State's James Cancer Hospital and Solove Research InstituteThe Ohio State's Richard M Ross Heart HospitalOSU Harding Hospital
Facility 2 -- Grant Medical Center	Part V, Section B, line 14g	Signs are posted at multiple Grant Medical Center entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Grant Medical Center patient billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that Grant Medical Center provides care to everyone who comes for services, regardless of their ability to pay The brochures provide information about HCAP and the hospitals' charity care programs, how to apply and the numbers to call with questions Patient billing brochures are handed to every self-pay patient with the financial assistance application and are available upon request for insured patients Financial counselors are located at each of the main hospital campuses to provide patients with information about the financial assistance programs and to assist with completing the financial assistance application Upon registration, all self-pay patients are referred to the financial counselors or on-site vendors The counselors and/or vendors attempt to directly contact the patient to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self-pay patients are not seen face-to-face before they are discharged However, counselors attempt phone calls and mail letters to these patients to explain financial assistance and to encourage completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level The front of the billing statement also includes customer service telephone numbers, service hours and email address The back of every patient billing statement includes Grant Medical Center's financial assistance application with the federal poverty guidelines listed During the pre-registration/preadmissions process, the registration representative will inform self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registration representative will transfer the patient to the verbal financial assistance queue and/or will provide its telephone number The Customer Call Center representative will discuss financial assistance with any patient who expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities

Identifier	ReturnReference	Explanation
Facility 2 -- Grant Medical Center	Part V, Section B, line 20d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital utilize the same charity care policy They offer different levels of financial assistance based on the patient's income compared to the federal poverty level (FPL) Any patient with income at 200% or below the FPL gets a 100% discount A patient between 201 and 267% receives a 75% discount (average Medicaid discount) A patient between 268 and 334% receives a 70% discount (average Medicare discount) A patient between 335 and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level
Facility 3 -- Doctors Hospital	Part V, Section B, line 3	Community input for this report was provided through a series of meetings with community representatives on the Franklin County Community Health Needs Assessment Steering Committee, led by the Central Ohio Hospital Council OhioHealth intentionally engaged individuals with special expertise in public health Among those who participated as members of the Steering Committee were Kathy Cowen, director, Office of Epidemiology, Columbus Public Health, Michelle Groux, epidemiologist, Columbus Public Health, Beth Pierson, epidemiologist, Planning and Assessment, Franklin County Public Health, and Joanne Pearsol, associate director, Center for Public Health Practice, The Ohio State University College of Public Health

Identifier	ReturnReference	Explanation
Facility 3 -- Doctors Hospital	Part V, Section B, line 4	The CHNA was conducted as a collaboration led by the Central Ohio Hospital Council, including OhioHealth, Mount Carmel Health System, Nationwide Children's Hospital, and The Ohio State University Wexner Medical Center The following hospital facilities were included in this collaboration Riverside Methodist HospitalGrant Medical CenterDoctors HospitalDublin Methodist HospitalMount Carmel St Ann'sMount Carmel New AlbanyMount Carmel WestMount Carmel EastNationwide Children's HospitalThe Ohio State University HospitalThe Ohio State University EastThe Ohio State's James Cancer Hospital and Solove Research InstituteThe Ohio State's Richard M Ross Heart HospitalOSU Harding Hospital
Facility 3 -- Doctors Hospital	Part V, Section B, line 14g	Signs are posted at multiple Doctors Hospital entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Doctors Hospital patient billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that Doctors Hospital provides care to everyone who comes for services, regardless of their ability to pay The brochures provide information about HCAP and the hospitals' charity care programs, how to apply and the numbers to call with questions Patient billing brochures are handed to every self-pay patient with the financial assistance application and are available upon request for insured patients Financial counselors are located at each of the main hospital campuses to provide patients with information about the financial assistance programs and to assist with completing the financial assistance application Upon registration, all self-pay patients are referred to the financial counselors or on-site vendors The counselors and/or vendors attempt to directly contact the patient to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self-pay patients are not seen face-to-face before they are discharged However, counselors attempt phone calls and mail letters to these patients to explain financial assistance and to encourage completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level The front of the billing statement also includes customer service telephone numbers, service hours and email address The back of every patient billing statement includes Doctors Hospital's financial assistance application with the federal poverty guidelines listed During the pre-registration/preadmissions process, the registration representative will inform self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registration representative will transfer the patient to the verbal financial assistance queue and/or will provide its telephone number The Customer Call Center representative will discuss financial assistance with any patient who expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities

Identifier	ReturnReference	Explanation
Facility 3 -- Doctors Hospital	Part V, Section B, line 20d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital utilize the same charity care policy They offer different levels of financial assistance based on the patient's income compared to the federal poverty level (FPL) Any patient with income at 200% or below the FPL gets a 100% discount A patient between 201 and 267% receives a 75% discount (average Medicaid discount) A patient between 268 and 334% receives a 70% discount (average Medicare discount) A patient between 335 and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level
Facility 4 -- Dublin Methodist Hospital	Part V, Section B, line 3	Community input for this report was provided through a series of meetings with community representatives on the Franklin County Community Health Needs Assessment Steering Committee, led by the Central Ohio Hospital Council OhioHealth intentionally engaged individuals with special expertise in public health Among those who participated as members of the Steering Committee were Kathy Cowen, director, Office of Epidemiology, Columbus Public Health, Michelle Groux, epidemiologist, Columbus Public Health, Beth Pierson, epidemiologist, Planning and Assessment, Franklin County Public Health, and Joanne Pearsol, associate director, Center for Public Health Practice, The Ohio State University College of Public Health

Identifier	ReturnReference	Explanation
Facility 4 -- Dublin Methodist Hospital	Part V, Section B, line 4	The CHNA was conducted as a collaboration led by the Central Ohio Hospital Council, including OhioHealth, Mount Carmel Health System, Nationwide Children's Hospital, and The Ohio State University Wexner Medical Center The following hospital facilities were included in this collaboration Riverside Methodist HospitalGrant Medical CenterDoctors HospitalDublin Methodist HospitalMount Carmel St Ann'sMount Carmel New AlbanyMount Carmel WestMount Carmel EastNationwide Children's HospitalThe Ohio State University HospitalThe Ohio State University EastThe Ohio State's James Cancer Hospital and Solove Research InstituteThe Ohio State's Richard M Ross Heart HospitalOSU Harding Hospital
Facility 4 -- Dublin Methodist Hospital	Part V, Section B, line 14g	Signs are posted at multiple Dublin Methodist Hospital entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Dublin Methodist Hospital patient billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that Dublin Methodist Hospital provides care to everyone who comes for services, regardless of their ability to pay The brochures provide information about HCAP and the hospitals' charity care programs, how to apply and the numbers to call with questions Patient billing brochures are handed to every self-pay patient with the financial assistance application and are available upon request for insured patients Financial counselors are located at each of the main hospital campuses to provide patients with information about the financial assistance programs and to assist with completing the financial assistance application Upon registration, all self-pay patients are referred to the financial counselors or on-site vendors The counselors and/or vendors attempt to directly contact the patient to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self-pay patients are not seen face-to-face before they are discharged However, counselors attempt phone calls and mail letters to these patients to explain financial assistance and to encourage completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level The front of the billing statement also includes customer service telephone numbers, service hours and email address The back of every patient billing statement includes Dublin Methodist Hospital's financial assistance application with the federal poverty guidelines listed During the pre-registration/preadmissions process, the registration representative will inform self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registration representative will transfer the patient to the verbal financial assistance queue and/or will provide its telephone number The Customer Call Center representative will discuss financial assistance with any patient who expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities

Identifier	ReturnReference	Explanation
Facility 4 -- Dublin Methodist Hospital	Part V, Section B, line 20d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital utilize the same charity care policy They offer different levels of financial assistance based on the patient's income compared to the federal poverty level (FPL) Any patient with income at 200% or below the FPL gets a 100% discount A patient between 201 and 267% receives a 75% discount (average Medicaid discount) A patient between 268 and 334% receives a 70% discount (average Medicare discount) A patient between 335 and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
28

Name and address	Type of Facility (describe)
Polaris Surgery Center 300 Polaris Parkway Westerville, OH 430827989	Surgery Center
Upper Arlington Surgery Center 2240 North Bank Drive Columbus, OH 432205420	Surgery Center
Knightsbridge Surgery Center 4845 Knightsbridge Blvd Suite 110 Columbus, OH 432142463	Surgery Center
OhioHealth Urgent Care 2030 Stringtown Road Grove City, OH 43123	Surgery Center
OhioHealth Urgent Care 5610 North Hamilton Road Columbus, OH 43230	Surgery Center
OhioHealth Urgent Care 6955 Hospital Drive Dublin, OH 43016	Surgery Center
East Side Surgery Center 4850 East Main Street Columbus, OH 432133162	Surgery Center
Grant Scope Center LLC 700 E Broad St First Floor Columbus, OH 43215	Surgery Center
OhioHealth Urgent Care 24 Hidden Ravines Drive Powell, OH 43068	Surgery Center
OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082	Surgery Center
OhioHealth Sleep Services 974 Bethel Road Suite C Grove City, OH 43214	Surgery Center
OhioHealth Sleep Services 7811 Flint Road Suite B Columbus, OH 43235	Surgery Center
OhioHealth Sleep Services 2041 Stringtown Road Grove City, OH 43123	Surgery Center
OhioHealth Sleep Services 151 Clint Drive Pickerington, OH 43147	Surgery Center
OhioHealth Urgent Care 1132 Hunter Avenue Dublin, OH 43201	Surgery Center
OhioHealth Sleep Services 6770 Avery-Muirfield Drive Dublin, OH 43017	Surgery Center
OhioHealth Sleep Services 801 OhioHealth Blvd Suite 250 Delaware, OH 43015	Surgery Center
OhioHealth Sleep Services 285 East State Street Suite 425 Columbus, OH 43215	Surgery Center
OhioHealth Sleep Services 1810 Mackenzie Drive Columbus, OH 43220	Surgery Center
Eye Center of Columbus 262 Neil Avenue Columbus, OH 43215	Surgery Center
OhioHealth Sleep Services 7600 Olentangy River Road Suite 200B Columbus, OH 43235	Surgery Center
OhioHealth Sleep Services 3545 Olentangy River Road Suite 200 Columbus, OH 43214	Surgery Center
The Hand Center 1210 Gemini Place Suite 200 Columbus, OH 43240	Surgery Center
Greater Columbus Regional Dialysis 285 East State Street Suite 170 Columbus, OH 43215	Surgery Center
Marion Area Physicians 1040 Delaware Avenue Marion, OH 43302	Surgery Center
Westerville ED 300 Polaris Parkway Westerville, OH 43082	Surgery Center
OhioHealth Urgent Care 2014 Baltimore-Reynoldsburg Road Reynoldsburg, OH 43068	Surgery Center
Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082	Surgery Center

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
(1) Scholarships	9	9,000	0		

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 OhioHealth Corporation primarily makes general contributions and pays for sponsorships to other tax exempts organizations that benefit the community In accordance with OhioHealth Corporation's Authority Matrix for issuance of payments, all payments contributed were authorized by the approved level of management

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbus Speech & Hearing Center510 E North Broadway Columbus,OH 43214	31-4379449	501(c)(3)	345,000				Strategic Plan Contribution
St Stephen's Community House1500 E 17th Ave Columbus,OH 43219	31-4379568	501(c)(3)	305,000				Bravo for the Children

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Columbus Metropolitan Library96 South Grant Ave Columbus,OH 43215	31-1692755	501(c)(3)	250,000				Renovation of the Main Library
COSI333 West Broad St Columbus,OH 43215	31-1351334	501(c)(3)	208,108				Body Worlds, Annual Contribution, COSI's Luncheon Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 5455 N High St Columbus,OH 43214	13-5613797	501(c)(3)	47,500				Heart Walk 2012, Go Red for Women, GR HB 2013
M3S Sports LLC5003 Horizons Drive Suite 200 Columbus,OH 43220	26-3884206		35,000				Cap City Half Marathon

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Komen Columbus Race for the Cure929 Eastwind Drive Suite 211 Westerville,OH 43081	75-1835298	501(c)(3)	30,000				Race for the Cure Sponsorship, Pink Tie Ball
March of Dimes975 Eastwind Dr Suite 150 Westerville,OH 43081	13-1846366	501(c)(3)	26,500				Greater Columbus March for Babies, Corporate Table Sponsor Signature Chefs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Columbus Partnership 150 S Front Street Suite 200 Columbus,OH 43215	02-0580058	501(c)(3)	25,000				Columbus Education Fund
Charitable Pharmacy of Central Ohio Inc200 E Livingston Ave Columbus,OH 43215	27-0147099	501(c)(3)	25,000				Grant Funding of 2012 Operations

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Who's Who Publishing920 Leona Ave Columbus,OH 43201	26-4163198		20,000				Black Columbus Publication, Latino Columbus Publication, Columbus GLBT 2nd Edition
Oasis Shriners604 Doug Mayes Place Charlotte,NC 28262	56-0122203	501(c)(10)	15,000				Ohio Community Event

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tech Columbus1275 Kinnear Road Columbus,OH 43212	31-1658220	501(c)(3)	12,800				Innovation Awards Pre-Event Networking Reception Sponsorship
YWCA65 S 4th Street Columbus,OH 43215	31-1418939	501(c)(3)	12,250				Woman to Woman Sponsorship, Women of Achievement, Meal Sponsorships,

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS Resource Center Ohio 4400 N High Street Suite 300 Columbus,OH 43214	31-1126780	501(c)(3)	10,000				Corporate Sponsorship
Franklin Park Conservatory 1777 E Broad St Columbus,OH 43203	31-1364884		10,000				Hat Day Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mid-Ohio Regional Planning Commission111 Liberty Street Suite 100 Columbus,OH 43215	31-1009675	501(c)(3)	10,000				Mid-Ohio Regional Planning Commission - State of the Region
Strand TheatrePO Box 111 Delaware,OH 43015	20-3948576	501(c)(3)	10,000				Preserve, Refurbish, and Upgrade Strand Theatre

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Simon Kenton Council807 Kinnear Road Columbus,OH 43212	31-4388520	501(c)(3)	10,000				Boy Scouts of America
Congressional Black Caucus Foundation1720 Massachusetts Ave NW Washington,DC 20036	52-1160561	501(c)(3)	8,734				Annual Legislative Conference, Inauguration Celebration

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Albany Community Foundation220 Market Street Suite 205 New Albany, OH 43054	31-1409264	501(c)(3)	8,660				Remarkable Evening Sponsorship
The Peggy R McConnell Worthington Center for the Arts777 Evening Street Worthington, OH 43085	26-3919517	501(c)(3)	7,500				Board Contribution, Arts Enchanted Evening Sponsorships

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 5555 Frantz Road Dublin,OH 43017	25-1798733	501(c)(3)	7,500				Drive for Life, Cattle Baron's Ball
LifeCare Alliance1699 W Mound Street Columbus,OH 43223	31-4379494	501(c)(3)	7,000				Annual Contribution Columbus Cancer Clinic, Big Wheels Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Council on Healthy Mothers and Babies380 S Fifth Street Suite G-4 Columbus,OH 43215	42-1546970	501(c)(3)	6,500				Annual Contribution
American Red Cross995 E Broad Street Columbus,OH 43205	31-0642918	501(c)(3)	6,500				Humanitarian of the Year Awards, FY13 Board Campaign, Hereo's Breakfast, Golf Classic,

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HSMP174 W 18th Ave Columbus,OH 43210	31-1161944	501(c)(3)	6,000				HSMP Management Institute
The Gathering3520 Snouffer Road Suite 200 Columbus,OH 43235	59-2810392	501(c)(3)	5,750				2013 Leadership Forum, Leadership Prayer Breakfast

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Center for Healthy Families500 S Front Street Columbus,OH 43215	20-8701526	501(c)(3)	5,172				Friends of the Center Donation Circle

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	OhioHealth's travel policy states "No fare higher than coach accommodations are acceptable Business class is considered acceptable for flights with air travel time of five hours or greater (not including layovers) " Current year disclosure required due to two first class travel flights by executives as a result of international travel and seat availability Housing allowance or residence for personal use - For key executives, OhioHealth provides a temporary housing allowance, administered by Human Resources, if relocation is required in order to accept employment with OhioHealth As part of a relocation package, the following individuals received a cash payment to offset the cost of temporary housing The full amount was treated as taxable compensation reported on the individuals' W-2 Steven J Umland - $12,873
	Part I, Lines 4a-b	The following individuals listed in Form 990, Part VII received severance payments Martha Bruce Boggs - $227,136 Karen H Connors - $353,771 Leonardo J Lozada M D - $60,515 The following individuals listed in Form 990, Part VII participated in a supplemental non-qualified retirement plan David P Blom - $896,681 Michael S Bernstein - $131,889 Martha Bruce Boggs - $0 Steven J Garlock - $17,142 Bruce P Hagen - $136,393 Cheryl L Herbert-Sinden - $92,659 Susan F Jablonski - $74,053 Michael T Krouse - $99,294 Michael W Louge - $419,629 Stephen E Markovich, M D - $155,526 Robert P Millen - $274,654 Karen J Morrison - $85,721 Frank T Pandora II Esq - $153,931 Frank T Pandora II Esq - $986,585 (payout at age 65) Andrew S Quinn - $132,503 Michael L Reichfield - $101,731 Mark R Seckinger - $1,625 Hugh Thornhill - $106,083 Bruce Vanderhoff, M D - $141,979 Vinson M Yates - $83,441 Karen H Connors - $155,004 These arrangements are an industry standard and are unfunded Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits Amounts for these arrangements are included in the deferred compensation amount
	Part I, Line 7	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities In addition, one time bonuses may be awarded to recognize exemplary performance All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons)

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Blom David P	(I)	976,740	523,489	30,377	931,170	17,139	2,478,915	0
	(II)	0	0	0	0	0	0	0
Louge Michael W	(I)	672,051	295,000	15,707	443,409	22,915	1,449,082	0
	(II)	0	0	0	0	0	0	0
Millen Robert P	(I)	654,197	305,000	23,510	297,351	23,222	1,303,280	0
	(II)	0	0	0	0	0	0	0
Pandora Frank T II Esq	(I)	371,878	172,500	1,022,751	209,853	17,394	1,794,376	863,525
	(II)	0	0	0	0	0	0	0
Bernstein Michael S	(I)	435,324	177,853	13,085	152,987	23,716	802,965	0
	(II)	0	0	0	0	0	0	0
Garlock Steven J	(I)	276,186	117,663	26,010	59,119	18,515	497,493	0
	(II)	0	0	0	0	0	0	0
Hagen Bruce P	(I)	461,731	186,000	34,876	159,396	16,742	858,745	0
	(II)	0	0	0	0	0	0	0
Hanly Donna L	(I)	231,528	74,025	13,153	29,840	17,487	366,033	0
	(II)	0	0	0	0	0	0	0
Herbert-Sinden Cheryl L	(I)	291,159	125,000	27,896	135,950	18,100	598,105	0
	(II)	0	0	0	0	0	0	0
Huffman Michael Sean	(I)	198,143	96,148	4,239	18,868	24,940	342,338	0
	(II)	0	0	0	0	0	0	0
Jablonski Susan F	(I)	286,890	115,000	5,045	92,231	9,500	508,666	0
	(II)	0	0	0	0	0	0	0
Kontner John G	(I)	323,982	162,725	5,268	18,531	18,937	529,443	0
	(II)	0	0	0	0	0	0	0
Krouse Michael T	(I)	345,030	145,018	26,457	133,775	18,925	669,205	0
	(II)	0	0	0	0	0	0	0
Lozada Leonardo J MD	(I)	357,207	51,000	106,823	13,541	17,256	545,827	0
	(II)	0	0	0	0	0	0	0
Markovich Stephen E MD	(I)	457,836	195,000	23,267	189,947	22,643	888,693	0
	(II)	0	0	0	0	0	0	0
Morrison Karen J	(I)	319,244	131,000	23,048	111,636	21,610	606,538	0
	(II)	0	0	0	0	0	0	0
Quinn Andrew S	(I)	483,226	167,000	11,901	150,337	18,970	831,434	0
	(II)	0	0	0	0	0	0	0
Reichfield Michael L	(I)	333,377	137,500	26,954	130,010	23,646	651,487	0
	(II)	0	0	0	0	0	0	0
Tuchow Genevieve	(I)	174,617	0	32	0	3,144	177,793	0
	(II)	0	0	0	0	0	0	0
Umland Steve	(I)	340,193	86,916	31,309	686	14,352	473,456	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Vanderhoff Bruce MD	(I)	479,475	195,000	10,109	166,098	20,757	871,439	0
	(II)	0	0	0	0	0	0	0
Yates Vinson M	(I)	321,827	140,000	22,820	116,287	25,832	626,766	0
	(II)	0	0	0	0	0	0	0
Caulin-Glaser Teresa L MD	(I)	409,548	145,000	27,562	45,985	15,093	643,188	0
	(II)	0	0	0	0	0	0	0
Imm Amy A MD	(I)	330,063	100,000	22,060	23,213	24,027	499,363	0
	(II)	0	0	0	0	0	0	0
Knutson Douglas J MD	(I)	306,581	90,000	22,191	31,071	8,332	458,175	0
	(II)	0	0	0	0	0	0	0
Sanders John W	(I)	295,918	121,000	27,460	20,410	14,570	479,358	0
	(II)	0	0	0	0	0	0	0
Thornhill Hugh A	(I)	346,058	132,000	12,819	123,917	25,915	640,709	0
	(II)	0	0	0	0	0	0	0
Boggs Martha Bruce	(I)	115,471	115,000	277,976	410	12,396	521,253	0
	(II)	0	0	0	0	0	0	0
Connors Karen H	(I)	0	0	508,775	1,395	0	510,170	155,004
	(II)	0	0	0	0	0	0	0
Gallaher Connie	(I)	248,744	75,000	9,051	22,371	21,043	376,209	0
	(II)	0	0	0	0	0	0	0
Lawson Michael S	(I)	235,394	81,442	4,789	12,834	7,640	342,099	0
	(II)	0	0	0	0	0	0	0
Seckinger Mark R	(I)	190,207	55,000	22,289	45,883	15,715	329,094	0
	(II)	0	0	0	0	0	0	0
Tomaszewski James A	(I)	272,923	82,322	25,380	33,826	7,241	421,692	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	County of Franklin Ohio	31-6400067	3531866P9	02-25-2009	165,800,000	To Refund Series 2006, issued on 5/10/06		X		X		X
B	County of Franklin Ohio	31-6400067	3531868AO	06-23-2011	320,668,797	To Refund Series 2008A, issued on 8/1/08 and Series 2001, issued 9/1/01		X		X		X
C	County of Franklin Ohio	31-6400067	3531863Q0	11-05-2003	27,755,000	To Refund Series 2000A, issued on 1/27/00		X		X		X
D	County of Franklin Ohio	31-6400067	353187AV9	05-31-2013	226,000,000	To Refund Series 2003C, issued on 11/05/2003		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,560,000	1,560,000	16,560,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	165,800,000	320,668,797	27,755,000	246,455,971
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,195,000	2,122,360	211,270	
8	Credit enhancement from proceeds	6,710		6,710	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	116,879,007	116,879,007		130,925,971
11	Other spent proceeds	164,605,000	202,446,437	27,537,020	115,530,000
12	Other unspent proceeds				
13	Year of substantial completion	2009	2011	2003	2003

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			X	X	

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 00000%		0%		0%		0%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0 00000%		0%		0%		0%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
Part I		Series 2003D Arbitrage Rebate Report for Period November 4, 2008 through November 4, 2012, showed that no rebate amount had accrued
Part I, Line B, Column (e)		Issue price of $313,765,000 is the par issue price of the bonds Part II, Line 3, Column B total proceeds of issue of $320,668,797 includes a premium of $6,903,797 received over par from the sale of the bonds
Part I, Line C, Column E		Form 8038 for the bonds erroneously presented the issue price for the bonds as $27,755,533, but the correct value is $27,755,000
Part II, Column B, Line 11		$13,336,000 of the proceeds was used to pay off a draw on a taxable line of credit which had been used to pay the termination amount on the 2006 Swap While this is a refunding debt issuance, the proceeds flowed through the project fund
Part III		Part III has not been completed with respect to the 2003D bonds shown in columns C and D, since such bonds refunded pre-2003 bond issues Had completion of Part III been required, line 7 would have been answered "yes" for these bonds
Part IV, Line 2, Column B		Portions of this bond issue bear fixed interest rates, but some bear variable rates Hence, it is a variable yield issue for tax purposes

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Live Technologies Inc	Director of Org - Entity more than 35% owned by Director (Lawrence Abbott)	437,231	Payments - Goods or services provided to OhioHealth Corporation		No
(2) Time Warner Cable	Director of Org - A Director of OhioHealth (Donna James) is a Director	824,924	Payments - Goods or services provided to OhioHealth Corporation		No
(3) Jacob Millen	Officer of Org - Son of Officer (Robert P Millen)	49,044	Comp/Ben - Son is employed at Riverside Methodist Hospital and receives compensation		No
(4) Mark Vanderhoff	Key Employee - Brother of Key Employee (Bruce Vanderhoff, M D)	112,355	Comp/Ben - Brother is employed at Grant Medical Center and receives compensation		No
(5) Sarcom	Director of Org - A Dir/Off of OhioHealth (Randy Wilcox) is a Dir	206,763	Payments - Goods or services provided to OhioHealth Corporation		No
(6) Columbus Radiology Group	Key Employee - Son-in-law of Key Employee (Steven J Garlock) is a Director	113,456	Payments - Goods or services provided to OhioHealth Corporation		No
(7) Abigail Hagen	Key Employee - Daughter of Key Employee (Bruce P Hagen)	17,647	Comp/Ben - Daughter is employed at McConnell Heart and Health Center and receives compensation		No
(8) Ohio Hospital Association Insurance Solutions	Officer of Org - An Officer of OhioHealth (Frank T Pandora) is a Director	201,735	Payments - Goods or services provided to OhioHealth Corporation		No
(9) Linda Kress	Key Employee - Sister of Key Employee (Donna L Hanly)	31,257	Comp/Ben - Sister is employed at OhioHealth Corporation and receives compensation		No
(10) National Backgroup Check Inc	Director of Org - Entity more than 35% owned by a Dir & Off (Linda Hondros)	332,317	Payments - Goods or services provided to OhioHealth Corporation		No
(11) Gregory E Morrison MD	Key Employee - Spouse of a Key Employee (Karen J Morrison)	378,144	Comp/Ben - Husband is employed at OhioHealth Corporation and receives compensation		No
(12) OhioHealth Group Ltd	Officer/Key Employee of Org - An Officer and Key Employees are Directors	2,928,378	Payments - Goods or services provided to OhioHealth Corporation Continued from relationship between interested person and organization CFO, CMO and Sr VP of Managed Care of OhioHealth Corporation are Directors		No
(13) John T Lashbrook	Director of Org - Son-in-Law of Director (Linda Chambers)	39,161	Comp/Ben - Son-in-Law is employed by OhioHealth Corporation and receives compensation		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Hospital PP&E)	X	39	1,153,739	Cost/Selling Price
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributions	Part I, Column (b)	OhioHealth Foundation contributes Property, Plant & Equipment necessary to the operations of OhioHealth Corporation Hospitals The number reported in column (b) for all amounts represents the number of contributions

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493114008034

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Identifier	Return Reference	Explanation
	Form 990, Part I, Doing Business As	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Neighborhood Care

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Many of the persons listed in Part VII have a "business relationship" with each other by virtue of sitting on related OhioHealth entity boards OhioHealth Corporation has an ownership interest in limited liability companies (LLCs) that provide healthcare or related services As a member of such LLCs, OhioHealth Corporation has the right to appoint two individuals to the managing board of such LLCs As a result, these individuals may be deemed to have a "business relationship" with each other for purposes of Part VII, Section A, Line 2 Michael J Endres, Treasurer of OhioHealth Corporation, Kerrii B Anderson, Director of OhioHealth Corporation, and John P McConnell, Director of OhioHealth Corporation, have a business relationship

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

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

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The CEO's compensation is set by the Compensation Committee, which is composed of independent and disinterested members of the Board of Directors The CEO's 2012 base salary and his 2012 total compensation (which includes annual incentive and all benefits) were estimated to approximate the 73rd percentile The organization's performance for FY6/30/2013 was at the 82nd percentile as measured by the Balanced Scorecard using Quality, Customer Service, Worklife and Finance indicators The Compensation Committee annually receives a report from its independent executive compensation consultant, which includes third-party comparability data for functionally-similar positions in comparable not-for-profit health systems across the United States The annual report to the Compensation Committee, completed each fall, includes market analyses for base salaries, total cash compensation, benefits and perquisites, and aggregate total compensation values for the Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Entity Presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness The Compensation Committee reviews and approves each executive's compensation, based on performance and the compensation philosophy, and rationale for the Committee's decisions is documented in meeting minutes With respect to non-disqualified positions, compensation is determined in the same manner as set forth above, however it is not reviewed by the Executive Compensation Committee and is instead determined by management

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

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section B	Amounts paid to The Whiting-Turner Contracting Company, Daimler Group, and McKesson Technologies represent amounts paid for materials and services These amounts cannot be separated

Identifier	Return Reference	Explanation
Other Fees	Form 990, Part IX, line 11g	Intercompany Purchased Services Program service expenses 88,044,608 Management and general expenses 18,058,800 Fundraising expenses 0 Total expenses 106,103,408 Physician Fees Program service expenses 29,875,310 Management and general expenses 6,127,715 Fundraising expenses 0 Total expenses 36,003,025 Other Program service expenses 18,987,295 Management and general expenses 18,763,357 Fundraising expenses 0 Total expenses 37,750,652

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Pension-Related Changes Other Than Net Periodic Pension Costs 45,914,055 Change in Fair Value of Interest Rate Swaps 21,092,923 Intercompany Transactions -80,863,007 Other Unrestricted Net Asset Changes 3,063,843

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493114008034

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OhioHealth Sleep Services LLC 6186 Huntley Road STE B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	2,071,905	4,964,262		No			No	78 530 %
(2) Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH 43215 31-1472667	Medical Services	OH	N/A									
(3) ESWL Real Estate & Equipment Limited Partnership 100 West Third Avenue Suite 350 Columbus, OH 43201 31-1138732	Equipment Rental	OH	N/A									
(4) Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH 43215 26-0765486	Endoscopy Services	OH	OhioHealth Corporation	Related	2,127,631	1,131,895		No			No	50 500 %
(5) Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	4,280,288	3,038,064		No		Yes		51 250 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OhioHealth Star Corporation 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1119936	Administrative Services	OH	OhioHealth Corporation	C	292,210	2,487,693	100 000 %		No
(2) MedStart Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1482649	Administrative Services	OH	N/A	C					No
(3) GM Health Services 561 West Central Avenue Delaware, OH 43015 31-1094787	Industrial Health, DME Home, Collection Agency	OH	N/A	C					No
(4) HealthWorks 561 West Central Avenue Delaware, OH 43015 31-1435822	Medical Service Phys Practices	OH	N/A	C					No
(5) Grady Anesthesia Services 561 West Central Avenue Delaware, OH 43015 20-3750671	Anesthesia Services	OH	N/A	C					No
(6) HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	N/A	C					No
(7) Intel Health Services PO Box 1051 Governors Square Bu Grand Cayman KY1-1102 CJ 31-4394942	Insurance/Reinsurance	CJ	OhioHealth Corporation	C	3,256,401	9,087,361	100 000 %		No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
DH Ventures Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
CG Broad Norton LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	2,993	243,155	OhioHealth Corporation
OhioHealth Medical Specialty Foundation LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1210223	Holding Company	OH	0	0	OhioHealth Corporation
OhioHealth Hospital Management Services 180 East Broad Street 33rd Floor Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	272,856	0	OhioHealth Corporation
Pickerington Fairfield Land Company LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-2035147	Real Estate Holding Company	OH	0	7,317,548	OhioHealth Corporation
Grove City Land Company LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-2651557	Real Estate Holding Company	OH	0	3,624,067	OhioHealth Corporation
OhioHealth Urgent Care LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 27-3371022	Urgent Care Services	OH	198,270	3,689,274	OhioHealth Corporation
Marion Practices LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
Marion Area Physicians LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 80-0835324	Physician Practices	OH	0	8,162,720	OhioHealth Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
OhioHealth Star Corporation 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1119936	Administrative Services	OH	OhioHealth Corporation	C	292,210	2,487,693	100 000 %		No
MedStart Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1482649	Administrative Services	OH	N/A	C					No
GM Health Services 561 West Central Avenue Delaware, OH 43015 31-1094787	Industrial Health, DME Home, Collection Agency	OH	N/A	C					No
HealthWorks 561 West Central Avenue Delaware, OH 43015 31-1435822	Medical Service Phys Practices	OH	N/A	C					No
Grady Anesthesia Services 561 West Central Avenue Delaware, OH 43015 20-3750671	Anesthesia Services	OH	N/A	C					No
HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	N/A	C					No
Intel Health Services PO Box 1051 Governors Square Bu Grand Cayman KY1-1102 CJ 31-4394942	Insurance/Reinsurance	CJ	OhioHealth Corporation	C	3,256,401	9,087,361	100 000 %		No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Hospital Properties Inc	K	3,429,553	FMV of Rent
Hospital Properties Inc	K	3,122,569	IC AR and IC Net Assets
hospital Properties Inc	P	57,535	actual Amount Transferred
Hospital Properties Inc	Q	2,916,039	Actual Expenses Paid
Hospital Properties Inc	S	6,109,659	Actual Amount Transferred
Hospital Properties Inc	R	9,274,406	Actual Amount Transferred
Hospital Properties Inc	P	71,588	Actual Amount Transferred
OhioHealth Foundation	C	1,153,739	FMV
OhioHealth Foundation	R	6,968,093	Actual Amount Transferred
Grady Hospital Foundation	R	86,488	Actual Amount Transferred
OhioHealth Research Foundation	R	217,121	Actual Amount Transferred
OhioHealth Star Corporation	R	506,858	Actual Amount Transferred
Grady Memorial Hospital	Q	219,762	Actual Amount Transferred
Marion General Hospital	Q	1,939,860	Actual Amount Transferred
Intel Health Services	O	2,242,266	Actual Amount Transferred

CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

OhioHealth Corporation

Years Ended June 30, 2013 and 2012
With Report of Independent Auditors

OhioHealth Corporation

Consolidated Financial Statements
and Other Financial Information

Years ended June 30, 2013 and 2012

Contents

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2013	2012
	(In Thousands)	
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 172,537**	$ 144,989
Patient Accounts Receivable, Less Allowances for Doubtful Accounts ($127,329 in 2013, $108,243 in 2012)	**271,410**	252,898
Other Receivables	**26,132**	18,369
Inventories	**32,227**	30,755
Other Current Assets	**36,250**	35,062
Total Current Assets	**538,556**	482,073
Property and Equipment, Less Accumulated Depreciation *(Note 3)*	**911,155**	803,499
Assets Limited As To Use *(Note 4)*		
Funds Held by Trustee	**26,988**	27,284
Unrestricted Foundation Investments	**29,438**	28,197
Funds Designated for Future Expansion	**2,379,356**	2,029,612
Board Designated Funds	**13,225**	12,770
Total Assets Limited As To Use	**2,449,007**	2,097,863
Other Assets		
Other	**134,246**	104,813
Total Other Assets	**134,246**	104,813
Restricted Assets		
Restricted Foundation Investments *(Note 4)*	**52,405**	48,225
Restricted Pledges	**6,717**	6,447
Total Restricted Assets	**59,122**	54,672
Total Assets	**$ 4,092,086**	$ 3,542,920

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2013	2012
	(In Thousands)	
Liabilities and Net Assets		
Current Liabilities		
Line of Credit *(Note 6)*	**$ 260**	$ 260
Current Portion of Long-Term Debt *(Note 6)*	**15,546**	13,867
Long-Term Debt Subject to Short Term Remarketing Arrangements *(Note 6)*	**92,080**	61,240
Accounts Payable	**91,368**	92,190
Wages and Benefits Payable	**155,699**	137,640
Estimated Third-Party Settlements *(Note 2)*	**24,218**	20,552
Accrued Interest Payable	**3,435**	2,986
Other Current Liabilities	**107,353**	75,005
Total Current Liabilities	**489,959**	403,740
Long-Term Liabilities		
Long-Term Debt, Net of Unamortized Bond Premium and Discount *(Note 6)*	**721,954**	638,400
Accrued Malpractice, Pension and Other *(Note 5)*	**236,233**	286,917
Interest Rate Swap Liability *(Note 7)*	**31,269**	52,362
Total Long-Term Liabilities	**989,456**	977,679
Net Assets		
Unrestricted Net Assets	**2,553,549**	2,106,829
Temporarily Restricted Net Assets	**42,621**	40,021
Permanently Restricted Net Assets	**16,501**	14,651
Total Net Assets	**2,612,671**	2,161,501
Total Liabilities and Net Assets	**$ 4,092,086**	$ 3,542,920

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2013	**2012**
	(In Thousands)	
Revenues		
Patient Service Revenue Net of Contractual Adjustments *(Note 9)*	**$ 2,548,053**	$ 2,394,433
Provision for Bad Debts	**(111,439)**	(99,120)
Patient Service Revenue Net of Bad Debts	**2,436,614**	2,295,313
Operating Income from Equity Ventures	**7,467**	8,510
Net Assets Released from Restrictions	**5,237**	4,805
Other Revenues	**79,211**	62,972
Total Operating Revenues	**2,528,529**	2,371,600
Operating Expenses		
Salaries and Wages	**1,092,582**	996,479
Employee Benefits	**251,992**	233,923
Drugs and Supplies	**393,658**	372,788
Purchased Services	**269,936**	243,271
Depreciation and Amortization	**123,045**	113,999
Interest	**20,092**	20,689
Other	**162,047**	161,294
Total Operating Expenses	**2,313,352**	2,142,443
Net Operating Income	**215,177**	229,157
Nonoperating Income (Loss)		
Interest Income, Dividends and Realized Gains *(Note 4)*	**75,699**	54,567
Change in Net Unrealized Gains (Losses) on Trading Securities *(Note 4)*	**63,192**	(18,912)
Loss on Advance Refunding of Debt *(Note 6)*	**(1,975)**	-
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**20,961**	(32,484)
Nonoperating Income from Equity Ventures	**758**	914
Gain on Purchase of Remaining Interest in Joint Ventures	**5,484**	-
Contributions and Other	**1,193**	(78)
Total Nonoperating Income	**165,312**	4,007
Excess of Revenues Over Expenses	**$ 380,489**	$ 233,164

(Continued on following page)

OhioHealth Corporation

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

	Year Ended June 30	
	2013	**2012**
	(In Thousands)	
Unrestricted Net Assets		
Excess of Revenues Over Expenses	**$ 380,489**	$ 233,164
Change in Net Unrealized Gains (Losses) on Alternative Investments *(Note 4)*	**25,062**	(4,703)
Net Assets Released from Restrictions used for Purchase of Property and Equipment	**1,036**	1,835
Pension Related Changes other than Net Periodic Pension Cost	**46,577**	(80,273)
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**132**	132
Other	**(6,576)**	(6,920)
Increase in Unrestricted Net Assets	**446,720**	143,235
Temporarily Restricted Net Assets		
Investment Income	**858**	675
Change in Net Unrealized Gains (Losses) on Investments *(Note 4)*	**780**	(471)
Net Assets Released from Restrictions	**(6,273)**	(6,640)
Contributions and Other	**7,235**	8,485
Increase in Temporarily Restricted Net Assets	**2,600**	2,049
Permanently Restricted Net Assets		
Contributions and Other	**1,850**	228
Increase in Permanently Restricted Net Assets	**1,850**	228
Increase in Net Assets	**451,170**	145,512
Net Assets at Beginning of Year	**2,161,501**	2,015,989
Net Assets at End of Year	**$ 2,612,671**	$ 2,161,501

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Cash Flows

	Year Ended June 30 2013	2012
	(In Thousands)	
Operating Activities		
Increase in Net Assets	**$ 451,170**	$ 145,512
Adjustments to Reconcile Increase in Net Assets to Cash Provided by Operating Activities		
Depreciation	**122,408**	113,349
Amortization	**637**	650
Bad Debt Expense	**111,439**	99,120
Contributions	**(5,759)**	(6,566)
Loss on Advance Refunding of Debt	**1,975**	-
Gain on Disposition of Assets	**(4,939)**	(2,680)
Contributions of Cash for Long-lived Assets	**(1,243)**	(3,375)
Interest Income, Dividends and Realized Gains	**(76,557)**	(55,242)
Change in Net Unrealized Gains on Investments	**(89,034)**	24,086
Gain on Purchase of Remaining Interest in Joint Ventures	**(5,484)**	-
Pension Related Changes other than Net Periodic Pension Cost	**(46,577)**	80,273
Change in Fair Value of Interest Rate Swaps	**(21,093)**	32,352
Cash (Used for) Provided by Operating Assets and Liabilities		
Patient Accounts Receivable	**(129,951)**	(124,153)
Inventories, Other Receivables and Other Assets	**(36,984)**	(21,737)
Estimated Third-Party Settlements	**3,666**	(7,589)
Accounts Payable, Accrued Interest Payable and Other Current Liabilities	**36,914**	8,988
Wages and Benefits Payable	**18,059**	(11,195)
Accrued Malpractice and Other	**(4,107)**	8,489
Net Cash Provided by Operating Activities	**324,540**	280,283
Investing Activities		
Additions to Property and Equipment, Net	**(219,165)**	(168,442)
Contributions of Cash for Long-lived Assets	**1,243**	3,375
Purchases of Assets Limited As To Use and Restricted Assets	**(5,415,403)**	(7,216,518)
Sales of Assets Limited As To Use and Restricted Assets	**5,231,159**	7,067,144
Business Acquisition - Net of Cash Acquired	**(12,799)**	-
Net Cash Used for Investing Activities	**(414,965)**	(314,441)
Financing Activities		
Proceeds from Long-Term Debt Obligations	**246,456**	-
Refunding of Long-Term Debt Obligations	**126,838**	-
Principal Payments on Long-Term Debt Obligations	**(255,321)**	(11,093)
Net Cash Provided (Used For) by Financing Activities	**117,973**	(11,093)
Increase (Decrease) in Cash and Cash Equivalents	**27,548**	(45,252)
Cash and Cash Equivalents at Beginning of Year	**144,989**	190,241
Cash and Cash Equivalents at End of Year	**$ 172,537**	$ 144,989

See accompanying notes

1. Organization

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

Grady, an Ohio nonprofit corporation, is the parent organization and sole voting member of Healthworks LLC, an Ohio nonprofit SMLLC On January 1, 2013, GM Health Services, Inc and Grady Anesthesia Services, Inc were merged into Healthworks LLC

Nelsonville and Marion are Ohio nonprofit corporations OhioHealth Corporation is the sole member of Nelsonville and Marion On August 1, 2012, Marion purchased the remaining interest in the joint ventures of Marion Area Health Center (MAHC) and Marion Ancillary Services (MAS) Also, on October 28, 2012, the Corporation purchased the assets of Smith Clinic, a nonprofit corporation that employs physicians

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

HomeReach, an Ohio nonprofit corporation, is the parent and sole voting member of HomeReach HomeCare (HomeCare) HomeReach operates as a multidisciplinary home care

1. Organization (continued)

business, which includes hospice services, IV therapy, respiratory therapy and durable medical equipment HomeCare operates as a certified home health agency and provides skilled nursing, home health aide and various rehabilitation services

OhioHealth Star is an Ohio for-profit corporation

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

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

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

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

Grant/Riverside Medical Care Foundation, Inc, D B A OhioHealth Medical Specialty Foundation, is a nonprofit corporation that employs physicians who practice at Corporation hospitals

2. Significant Accounting Policies

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

Principles of Consolidation

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

Cash Equivalents

The Corporation considers investments, classified as current assets, with a maturity of three months or less when purchased to be cash equivalents The Corporation's cash and cash equivalents falls into two categories, highly rated money market mutual funds, which invest in only highly rated, short-term fixed income securities, and deposits at banking institutions Historically, the only Federal insurance provided to cover any of these funds was $250,000

2. Significant Accounting Policies (continued)

Cash Equivalents (continued)

per account for funds on deposit in banks provided through the Federal Deposit Insurance Corporation ("FDIC") However, as part of the Dodd-Frank Wall Street Reform and Consumer Protection Act, the FDIC had temporarily expanded insurance coverage to all deposits in banking institutions to an unlimited amount until December 31, 2012 This expanded coverage lapsed at that time and reverted to the original maximum amount of $250,000 Therefore, the Corporation's assets are again insured at the $250,000 maximum, with the excess being uninsured in banking deposits and highly rated money market mutual funds

Accounts Receivable

Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges An allowance for contractual adjustments is based on expected payment rates from payors based on current reimbursement methodologies This amount also includes amounts received as interim payments against unpaid claims by certain payors An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (including uninsured discount) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectable

Third-Party Reimbursement

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

2. Significant Accounting Policies (continued)

Third-Party Reimbursement (continued)

established billing rates The differences between established billing rates and amounts received are deducted in arriving at net patient service revenues

Amounts earned under the Medicare and Medicaid contractual arrangements are subject to audit by appropriate government authorities or their agents Adequate provision has been made in the financial statements for any adjustments that may result from such audits At June 30, 2013, final determinations have not been made for all entities for 2009 through 2013 for Medicare and 2008 through 2013 for Medicaid The amounts reported on the financial statements represent estimated settlements outstanding at June 30, 2013 and 2012 Gains related to prior year settlement and other reserve estimates resulted in an increase to net operating income in 2013 and 2012 of approximately $13,813,000 and $17,960,000, respectively Medicare, Medicaid and Anthem represented approximately 55% and 56% of Corporation's net patient service revenues for the years ended June 30, 2013 and 2012, respectively

The Medicare program has initiated a Recovery Audit Contractor (RAC) initiative, whereby claims subsequent to October 1, 2007 can be reviewed by contractors for validity, accuracy and proper documentation The RAC program began for Ohio hospitals in late 2009 The Corporation charged approximately $9,234,000 and $7,215,000 to contractual deductions related to RAC for the years ended June 30, 2013 and 2012, respectively

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

Inventories

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

2. Significant Accounting Policies (continued)

Property and Equipment

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

Goodwill

The recorded amounts of goodwill from prior business combinations are based on management's best estimates of the fair value of assets acquired and liabilities assumed at the acquisition date Annually, the Corporation assesses goodwill for impairment No impairment charge was recognized in the years ended June 30, 2013 and June 30, 2012

Electronic Health Record Technology (EHR)

The American Recovery and Reinvestment Act of 2009 (ARRA) established funding in order to provide incentive payments to hospitals and physicians that implement the use of electronic health record (EHR) technology by 2014 The Corporation may receive an incentive payment for up to four years, provided the Corporation demonstrates meaningful use of certified EHR technology for the EHR reporting period The revenues from the incentive payments are recognized over the EHR reporting period when there is reasonable assurance that the Corporation will comply with eligibility requirements during the EHR reporting period and an incentive payment will be received The amounts are recorded within other operating revenues as the incentive payments are related to the Corporation's ongoing and central activities yet not critical to the delivery of patient service

During 2013, certain OhioHealth hospitals attested to Centers for Medicare and Medicaid Services (CMS) that they had met the first stage of meaningful use criteria for the first year EHR reporting period The incentive payments were recognized as income within other operating revenues in the amount of $15,921,000 and $4,791,000 for the years ended June 30, 2013 and 2012, respectively

2. Significant Accounting Policies (continued)

Assets Limited As To Use and Restricted Foundation Investments

Assets limited as to use consists of funds held by trustee, unrestricted foundation investments, funds internally designated for future expansion and replacement, and board designated funds Funds held by trustee are principally for debt service and payment of malpractice and general patient liability losses Earnings on these funds are included in investment income Restricted foundation investments consist of assets whose use by the Corporation has been restricted by the donor

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

Equity Investments

Investments in jointly owned companies and other investees in which the Corporation has an equity basis interest are carried at cost, adjusted for the entities proportionate share of their undistributed earnings or losses These investments ($41,324,000 and $32,386,000 as of June 30, 2013 and 2012, respectively) are included in other assets in the accompanying balance sheets (see Note 11)

Fair Value of Financial Instruments

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

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

Investments – Fair values, which are the amounts reported in the consolidated balance sheets, are based on quoted market prices Certain alternative investments are recorded at estimated

2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments (continued)

fair market value, which have been estimated by the investment manager in the absence of readily ascertainable market values

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

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

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

Malpractice and General Patient Liability Contingencies

Because of the nature of its operations, the Corporation is, at all times, subject to pending and threatened legal actions which arise in the normal course of its activities Malpractice and general patient liability claims for incidents which may give rise to litigation have been asserted against the Corporation by various claimants The claims are in various stages of processing and some may ultimately be brought to trial There are also known incidents that have occurred through June 30, 2013 and June 30, 2012, respectively, that may result in the assertion of additional claims At June 30, 2013 and June 30, 2012, an estimate of these contingent losses has been accrued There may be other claims from unreported incidents arising from services provided to patients The reserve for medical malpractice at June 30, 2013 and 2012 includes amounts for claims and related legal expenses for these unreported incidents The reserve was actuarially determined by combining the Corporation's historical experience and industry data The Corporation established a trust for the purpose of setting aside assets for the payment of claims based on actuarial funding recommendations Under the trust agreements, the trust assets can only be used for payment of malpractice losses, related expenses and the cost of administering the trust

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose When a donor restriction expires, temporarily restricted net assets used for non-capital expenditures are reclassified to unrestricted net assets and are included in excess of revenues over expenses The release of restrictions on

2. Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets (continued)

temporarily restricted net assets restricted for the purchase of property and equipment are excluded from excess of revenues over expenses and are reported as an increase in unrestricted net assets

Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity, the income from which is expendable to support health care services The Corporation has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary The Corporation classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment All earnings on permanently restricted net assets during the years ended June 30, 2013 and 2012 have been included in nonoperating income in the years earned The Corporation invests these funds consistent with the investment policies of the Corporation The Corporation has a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Corporation targets a diversified asset allocation to achieve these objectives Changes in the endowment funds (permanently restricted) are presented in the consolidated statement of changes in net assets for the years ended June 30, 2013, and 2012

Federal Income Taxes

OhioHealth and substantially all of its subsidiaries are tax-exempt organizations as defined under various sections of the Internal Revenues Code With respect to the taxable corporations, income taxes are insignificant in fiscal 2013 and 2012 The Corporation files all applicable federal, state and local income tax returns Fiscal years 2010 through 2013 are subject to audit by appropriate government authorities or their agents

Management has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements

Charity Care and Benefits to the Community

The Corporation provides medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, the Corporation not only utilizes generally recognized

2. Significant Accounting Policies (continued)

Charity Care and Benefits to the Community (continued)

poverty income levels of the communities it serves, but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Because the Corporation does not expect to receive payment of amounts determined to qualify as charity care, these amounts are not included in net patient service revenues Charity care is determined based on established polices, using patient income to determine payment ability The amount reflects the cost of free or discounted health services, net of contributions and other revenues received, as direct assistance for the provision of charity care The estimated cost of providing charity services is based on a calculation which applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients The Corporation estimates that it provided $119,073,000 and $104,830,000 of services to indigent patients during 2013 and 2012, respectively

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

The Corporation's total benefit to the community includes the cost of charity care (net of assistance received from the Hospital Care Assurance Program), unpaid cost of Medicaid, and medical education programs as well as certain programs discussed above The Corporation's benefit to the community was approximately $257,920,000 and $230,387,000 for the years ended June 30, 2013 and 2012, respectively In addition, the unpaid cost of Medicare of approximately $79,459,000 and $59,711,000 was provided as an uncompensated service to the community for the years ended June 30, 2013 and 2012, respectively

Hospital Care Assurance Program

The Hospital Care Assurance Program (HCAP) provides financial assistance to hospitals for care provided to the indigent Under HCAP, hospitals are assessed amounts, which are matched with federal funds and subsequently redistributed to the hospitals The Corporation recognized approximately $35,069,000 and $32,189,000 in net HCAP distributions for the years ended June 30, 2013 and 2012, respectively, recorded as a component of excess of revenues over expenses

2. Significant Accounting Policies (continued)

Operating Activities

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

The Corporation provides general health care services to residents within its geographic location Expenses related to providing these services for 2013 and 2012 include health care expenses of approximately $1,919,651,000 and $1,778,447,000 respectively, and general and administrative expenses of approximately $393,701,000 and $363,996,000, respectively

Use of Estimates

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

Net Patient Service Revenues

The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors

2. Significant Accounting Policies (continued)

Net Patient Service Revenues (continued)

Third-party settlements are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined For uninsured patients that do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates provided by policy) On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Corporation records a provision for bad debts related to uninsured patients in the period the services are provided Patient service revenue, net of contractual allowances and discounts (but before provision for bad debts), recognized in the period from these major payor sources in total was $2,548,053,000 during 2013 The amount (net of contractual allowance and discounts, after provision for bad debts) is made up of amounts from third-party payors of $2,428,092,000 and amounts from self-pay payors of $8,522,000 for a total of $2,436,614,000 during 2013

Conditional Asset Retirement Obligations

Financial accounting standards clarified when an entity is required to recognize a liability for a conditional asset retirement obligation Management has considered the standards, specifically as it relates to its legal obligation to perform asset retirement activities on its existing properties and determined any potential exposure to be immaterial Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Corporation may settle the obligations is unknown and cannot be estimated As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of June 30, 2013 and 2012

Noncontrolling Interests in Consolidated Financial Statements

The Corporation has noncontrolling interest, sometimes called a minority interest, which is the portion of equity in a subsidiary not attributable, directly or indirectly, to a parent In accordance with Accounting Standards Update (ASU) 2010-07 Not-for-Profit Entities (Topic 958) Not-for-Profit Entities Mergers and Acquisitions, the Corporation consolidates excess of revenues over expenses at amounts that include the amounts attributable to both the parent and the noncontrolling interest As a result, excess of revenues over expenses includes $7,061,000 and $4,985,000 for the years ended June 30, 2013 and June 30, 2012, respectively, attributable to noncontrolling interest

Unrestricted net assets includes $4,794,000 and $4,578,000 for the years ended June 30, 2013 and June 30, 2012, respectively, attributable to noncontrolling interest

2. Significant Accounting Policies (continued)

Noncontrolling Interests in Consolidated Financial Statements (continued)

The following table reflects the components of the Corporation's controlling and noncontrolling interest for the years ended June 30, 2013 and June 30, 2012, respectively (in thousands)

	Controlling Interest	Non-Controlling Interest	Total
Balance at June 30, 2011	$11,177	$5,882	$17,059
Excess of revenues over expenses	3,876	4,985	8,861
Distributions	(7,220)	(5,751)	(12,971)
Contributions and Share Exchanges	(254)	(538)	(792)
Balance at June 30, 2012	$7,579	$4,578	$12,157
Excess of revenues over expenses	8,891	7,061	15,952
Distributions	(8,122)	(6,904)	(15,026)
Contributions and Share Exchanges	139	59	198
Balance at June 30, 2013	$8,487	$4,794	$13,281

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 1, 2013, which is the date the financial statements were issued

Letters of Intent

The Corporation has signed non-binding Letters of Intent (The Letters) with two health systems The Letters summarize certain areas of agreement relating to possible affiliation transactions whereby the Corporation will become the sole corporate member of the two health systems The Letters do not create or constitute any legally binding obligations whatsoever between the Corporation and the respective health systems as of the date of this report

2. Significant Accounting Policies (continued)

New Accounting Pronouncements

During 2011, the Financial Accounting Standards Board (FASB) adopted Accounting Standards Update (ASU) 2011-07 Health Care Entities (Topic 954) *Presentation and Disclosure of Patient Service Revenues, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* establishing accounting and disclosures for healthcare entities to recognize significant amounts of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay The amendments in the ASU change the presentation of the statement of operations and add new disclosures that are required under current Generally Accepted Accounting Principles for entities within the scope of this Update The provision for bad debts associated with patient service revenue for certain entities is required to be presented on a separate line as a deduction from patient service revenue (net of contractual allowances and discounts) in the statement of operations The ASU is effective for the Corporation for the year ending June 30, 2013 and the provision has been applied retrospectively to the year ended June 30, 2012 As a result of the retrospective application, total unrestricted revenue, gains, and other support and total operating expenses decreased by $99,120,000 with no change to excess of revenues over expenses for the year ended June 30, 2012 The update requires new disclosures be provided on a prospective basis, and have therefore been presented for the year ended June 30, 2013 only

3. Property and Equipment

Property and equipment is summarized as follows

	June 30	
	2013	2012
	(In Thousands)	
Land and land improvements	$ 87,990	$ 82,270
Buildings and fixed equipment	1,060,842	983,398
Equipment	637,020	608,036
Construction-in-progress	142,623	57,265
	1,928,475	1,730,969
Accumulated depreciation	(1,017,320)	(927,470)
	$ 911,155	$ 803,499

Title to certain land and buildings of the Corporation with net book value of $73,679,000 is held by various governmental agencies pursuant to lease agreements in connection with the issuance of tax-exempt revenues bonds Since the terms of the leases are essentially equivalent to a purchase, such assets are included in property and equipment and are subject to depreciation over the lesser of the related estimated useful lives of the assets or lease term The lease obligations have been recorded as long-term obligations During fiscal year 2012 the Corporation began construction on the OhioHealth Neuroscience Institute at Riverside The total cost will be approximately $322,000,000, with $218,000,000 remaining at June 30, 2013

4. Assets Limited As To Use and Restricted Foundation Investments

Investment income is comprised of the following

	Year ended June 30	
	2013	2012
	(In Thousands)	
Income		
Interest and dividend income	$ 52,567	$ 47,458
Net realized gains on sales of trading securities	23,132	7,109
Change in net unrealized (losses) gains on trading securities	63,192	(18,912)
	$ 138,891	$ 35,655
Other changes in net assets		
Change in net unrealized gains (losses) on alternative investments	$ 25,062	$ (4,703)
Change in net unrealized (losses) gains on investments	780	(471)
	$ 25,842	$ (5,174)

The Corporation is exposed to changes in fair value of foreign currency due to changes in foreign currency exchange rates As of June 30, 2013 and 2012, the Corporation has recorded unrealized gains (losses) on foreign currency in net assets of $726,000 and ($2,269,000), respectively All realized gains and losses on foreign currency are included in the statement of operations The Corporation has not recorded significant realized gains or losses on foreign currency

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

	June 30	
	2013	2012
	(In Thousands)	
Money markets and short-term investments	$ 49,764	$ 30,088
U S Government obligations	465,421	649,095
Common stocks	439,030	371,739
Corporate bonds	415,159	332,616
Limited partnerships	220,424	184,572
Foreign equities and other	272,471	239,995
Asset backed and collateralized mortgage obligations (CMO)	347,111	97,777
Alternative investments	292,032	240,206
	$ 2,501,412	$ 2,146,088

Of the above amounts, $2,449,007,000 and $2,097,863,000 are classified as assets limited as to use at June 30, 2013 and 2012, respectively $52,405,000 and $48,225,000 are classified

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

as restricted foundation investments at the same respective dates in the Corporation's consolidated financial statements

Other-Than-Temporary Declines in Investments

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

The Corporation records all of its investments in equity and debt securities, with the exception of alternative investments, as trading securities Alternative investments remain classified as available-for-sale securities Unrealized losses on alternative investments were $165,000 and $368,000 as of June 30, 2013 and 2012, respectively

Other-Than-Temporary Declines in Investments (continued)

The following table reflects OhioHealth's investment gross unrealized losses and fair value, at June 30, 2013 (in thousands)

	Loss Position for Less than 12 Months		Loss Position for 12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Alternative investments	$1.502	$(165)	$ -	$ -	$1.502	$(165)

The following table reflects OhioHealth's investment gross unrealized losses and fair value, at June 30, 2012 (in thousands)

	Loss Position for Less than 12 Months		Loss Position for 12 Months or More		Total	
Description of Securities	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Alternative investments	$19.172	$(368)	$ -	$ -	$19.172	$(368)

For the fiscal years ended June 30, 2013 and 2012, existing impairments are temporary and no adjustments to the cost basis are deemed necessary due to the long term nature of the alternative investments In addition, OhioHealth has the intent and ability to retain investments for a period of time sufficient to allow for the anticipated recovery in market value

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

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

5. Pension Plans

The Corporation has separate contributory and non-contributory defined benefit pension plans for employees who meet certain requirements as to age and length of service The following table provides a reconciliation of the changes in the Plans' projected benefit obligations and fair value of assets for the years ended June 30, 2013 and 2012, and a statement of the funded status as of June 30, 2013 and 2012

	June 30	
	2013	**2012**
	(In Thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 533,593**	$ 432,377
Service cost	**31,948**	27,006
Interest cost	**23,839**	24,738
Actuarial (gains) losses	**(33,647)**	73,119
Benefits paid	**(22,985)**	(23,647)
Settlement (gain) or loss	**117**	-
Projected benefit obligation at end of year	**532,865**	533,593
Change in plan assets		
Fair value of plan assets at beginning of year	**370,004**	335,807
Actual return on plan assets	**23,742**	9,569
Contributions	**49,693**	48,275
Benefits paid	**(22,985)**	(23,647)
Fair value of plan assets at end of year	**420,454**	370,004
Funded status of the plan at end of year	**$ (112,411)**	$ (163,589)

5. Pension Plans (continued)

At June 30, 2013 and 2012, the Plans' accumulated benefit obligation was $481,455,000 and $473,682,000 respectively

The components of net periodic pension expense are

	Year ended June 30	
	2013	2012
	(In Thousands)	
Service cost	$ 31,948	$ 27,006
Interest cost	23,839	24,738
Expected return on plan assets	(25,232)	(22,629)
Net amortization	999	369
Net loss recognition	13,317	5,448
Settlement (gain) or loss recognized	117	-
Pension expense	$ 44,988	$ 34,932

The estimated net loss and prior service cost for the defined benefit pension plan that will be amortized from net assets into net periodic benefit cost over the next fiscal year is $7,979,000

The amount of net loss and prior service cost that has not been amortized into net periodic benefit cost was $142,589,000 and $187,851,000 at June 30, 2013 and 2012, respectively The amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets are shown in the following table

	Year ended June 30	
	2013	2012
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	(In Thousands)	
Transition asset or (obligation)	$ (722)	$ (963)
Accumulated prior service credit (cost)	(3,195)	(3,880)
Actuarial gains (losses)	(138,672)	(183,008)
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	(142,589)	(187,851)
Cumulative employer contributions in excess of net periodic pension cost	30,178	24,262
Funded status of the plan at end of year	$ (112,411)	$ (163,589)

5. Pension Plans (continued)

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

	2013	2012
Assumptions - used to determine the benefit obligation as of June 30		
Discount rate	**4.50%-5.18%**	4.25%-4.57%
Rate of compensation increase	**3.00%-4.00%**	3.00%-4.00%

	2013	2012
Assumptions - used to determine net periodic pension expense for the year ended		
Discount rate	**4.25%-4.57%**	5.86%
Expected return on plan assets	**5.00%-6.60%**	5.00%-6.50%
Rate of compensation increase	**3.00%-4.00%**	3.00%-4.20%

Asset Allocation

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

	June 30			
	2013	2012	Target Range	Target
Fixed income	**50%**	43%	45%-60%	50%
Domestic and international securities	**35%**	44%	25%-40%	35%
Alternatives	**15%**	13%	10%-20%	15%
Cash equivalents	**0%**	0%	0%-5%	0%
	100%	100%		100%

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

Future Contributions

Contributions made to the Plans in fiscal year 2013 were in excess of required amounts Estimated contributions to be made by OhioHealth into the Plans during fiscal year 2014 are $44,000,000 based on current actuarial assumptions

5. Pension Plans (continued)

Future Benefit Payments

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

2014	$ 29.888.000
2015	29.400.000
2016	29.677.000
2017	32.219.000
2018	33.987.000
2019-2023	212.792.000

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

Retirement Savings Plans

The Corporation has multiple 403(b) retirement savings plans (the Retirement Plans) which include the OhioHealth Retirement Savings Plan, the Nelsonville Hospital Retirement Savings Plan, the Marion General Hospital Retirement Savings Plan, and the Hardin Memorial Hospital Retirement Savings Plan All eligible employees who meet certain requirements as to age and length of service are eligible for the employer matching contribution, which is 50% of employee contributions ranging from 2% to 3% of the employee's salary Expenses incurred in connection with the Retirement Plans were approximately $15,492,000 and $13,204,000 for the years ended June 30, 2013 and 2012, respectively

5. Pension Plans (continued)

The fair values of the Corporation's defined benefit pension plan assets at June 30, 2013 and 2012 by major asset categories and the valuation techniques used by the Corporation to determine those fair values (see Note 8), are as follows

Fair Value Measurements at June 30, 2013 (In Thousands)

Asset category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money markets and short-term investments	$ 2 524	$ -	$ -	$ 2 524
U S Government obligations	1 094	337	-	1 431
Common stocks	11 391	64 570	-	75 961
Corporate bonds	-	76 575	-	76 575
Asset backed and CMO	-	518	-	518
Limited partnerships	-	180 046	-	180 046
Foreign equities and other	25 614	22 254	-	47 868
Alternative investments	-	35 531	-	35 531
Total	**$ 40,623**	**$ 379,831**	**$ -**	**$ 420,454**

Fair Value Measurements at June 30, 2012 (In Thousands)

Asset category	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money markets and short-term investments	$ 3 867	$ 6 300	$ -	$ 10 167
U S Government obligations	66 236	7 802	-	74 038
Common stocks	73 051	-	-	73 051
Corporate bonds	-	66 805	-	66 805
Asset backed and CMO	2 302	394	-	2 696
Limited partnerships	-	75 343	-	75 343
Foreign equities and other	23 138	12 795	-	35 933
Alternative investments	-	31 971	-	31 971
Total	**$ 168,594**	**$ 201,410**	**$ -**	**$ 370,004**

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer There were no significant transfers between levels of the fair value hierarchy during 2013 and 2012

6. Long-Term Obligations and Notes Payable

Long-term debt and notes payable consist of the following

Series	Description	Principal Maturities Ranges	June 30, 2013 Interest Rate	Outstanding Principal June 30 (in thousands) 2013	2012
2013	Fixed Rate Hospital Facilities Revenue Refunding and Improvement Bonds	From $2,885,000 on May 15, 2034 to $42,450,000 on May 15, 2043, the final maturity	4.33%	**$ 226,000**	$ -
2011A	Fixed Rate Hospital Facilities Revenue Bonds	From $125,000 on November 15, 2027 to $19,280,000 on November 15, 2041, the final maturity	4.98%	**$ 128,465**	$ 130,025
2011B	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender July 12, 2017	From $10,000 on November 15, 2016 to $7,105,000 on November 15, 2033, the final maturity	5.00%	**61,205**	61,205
2011C	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender June 4, 2014	From $10,000 on November 15, 2016 to $7,110,000 on November 15, 2033, the final maturity	0.09%	**61,240**	61,240
2011D	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender August 1, 2016	From $20,000 on November 15, 2016 to $7,115,000 on November 15, 2033, the final maturity	4.00%	**61,295**	61,295
2009A&B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $17,950,000 on November 15, 2039, to $24,350,000 on November 15, 2037, maturing on November 15, 2041	0.07%	**165,800**	165,800
2003C-1	Fixed Rate Hospital Facilities Refunding Revenue Bonds	Refunded by Series 2013 Bonds	-	-	86,350
2003C-2	Fixed Rate Hospital Facilities Refunding Revenue Bonds	Refunded by Series 2013 Bonds	-	-	33,145
2003D	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $240,000 on July 1, 2013 to $455,000 on July 1, 2029, the final maturity	0.06%	**11,195**	11,670
1998B	Variable Rate Demand Hospital Facilities Revenue Bonds	From $1,405,000 on December 1, 2013 to $2,765,000 on December 1, 2028, the final maturity	0.10%	**32,245**	33,590
1996A	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	From $1,940,000 on December 1, 2013 to $3,355,000 on June 1, 2021, maturing on December 1, 2021	0.07%	**40,935**	41,735
1996B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $895,000 on December 1, 2013 to $1,220,000 on December 1, 2020, the final maturity	0.07%	**15,900**	17,645
	Lines of Credit Draw	N/A	2.67%	**260**	260
	Other	Various installments	Various	**2,022**	1,569
		Total obligations		**806,562**	708,529
		Unamortized net premium and discount		**23,278**	5,238
				829,840	713,767
		Less current portion of debt		**15,806**	14,127
		Less long-term debt subject to short-term remarketing arrangements		**92,080**	61,240
		Long-term portion of debt		**$ 721,954**	$ 638,400

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

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

In May 2013, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $226,000,000 of Hospital Facilities Revenue Refunding and Improvement Bonds, Series 2013 The Series 2013 Bond proceeds were used to finance, through reimbursement of prior capital expenditures, the acquisition, construction, installation and equipping of certain hospital facilities owned and/or operated by the Corporation and its affiliates, and to refund the Series 2003C-1 and 2003C-2 Bonds in the amounts of $86,350,000 and $33,145,000, respectively The Corporation recorded a defeasance loss related to the refunding of Series 2003C-1 and 2003C-2 Bonds of $1,975,000 in June 2013

In June 2011, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $313,765,000 Revenue and Refunding Revenue Bonds consisting of $130,025,000 Hospital Facilities Revenue Bonds, Series 2011A, $61,205,000 Hospital Facilities Refunding Revenue Bonds, Series 2011B, $61,240,000 Hospital Facilities Refunding Revenue Bonds, Series 2011C, and $61,295,000 Hospital Facilities Refunding Revenue Bonds, Series 2011D The Series 2011 Bond proceeds were used to finance and refinance, including through reimbursement of prior capital expenditures, the acquisition, construction, installation and equipping of certain hospital facilities owned and/or operated by the Corporation and its affiliates, to refund the Series 2008A Bonds in the amount of $186,700,000, to terminate a tax-exempt synthetic operating lease and to pay the costs of issuance relating to this financing

As of June 30, 2013, the Series 2011B bonds were subject to a mandatory tender date of July 9, 2013 These bonds were remarketed on June 26, 2013 with a new mandatory tender date of July 12, 2017 Since these bonds were remarketed prior to the date the financial statements were issued, these bonds are being presented on the June 30, 2013 balance sheet as long-term debt

As of June 30, 2012, the Series 2011B bonds were subject to a mandatory tender date of July 2, 2012 These bonds were remarketed on July 3, 2012 with a new mandatory tender date of July 9, 2013 Since these bonds were remarketed prior to the date the financial statements

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

were issued, these bonds are being presented on the June 30, 2012 balance sheet as long-term debt

The OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011C of $61,240,000, while subject to a long-term amortization period, the bonds are also subject to mandatory tenders in connection with the remarketing date of June 4, 2014 and accordingly are reflected under current liabilities as long-term debt subject to short term remarketing arrangements on the financial statements To address the possibility that a material amount of these bonds would be tendered to the Corporation, steps have been taken to provide various sources of liquidity in such event, including maintaining unrestricted assets as a source of self-liquidity In addition, the OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011D of $61,295,000 are also subject to a mandatory tender to the Corporation on August 1, 2016 The Corporation has taken steps to provide various sources of liquidity

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

The owners of the 2009A and B Bonds have the option to demand payment of their outstanding bond OhioHealth has entered into a remarketing agreement that requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 2009A and B Bonds cannot be remarketed, or the Standby Bond Purchase Agreement (SBPA) expires without a replacement liquidity facility, the SBPA provides that the liquidity provider will make payment for the 2009A and B Bonds tendered OhioHealth has an obligation to make payments to the liquidity facility provider in equal quarterly principal installments, the first such installment being payable on the first quarterly business day following the first anniversary of the draw on the facility, such that the draw is paid in full no later than the fifth anniversary of the draw

In November 2003, the County of Franklin, Ohio issued, on behalf of the OhioHealth Obligated Group, $150,375,000, Hospital Facilities Refunding Revenue Bonds, Series 2003C-1, 2003C-2 and Series 2003D The 2003D Bonds are secured by a letter of credit with an expiration date of January 31, 2015 The OhioHealth Obligated Group has obtained financial guaranty insurance from MBIA Insurance Corporation for the 2003 C-1 Bonds to guarantee the payment of principal and interest when due In May 2013, the 2003 C-1 and 2003 C-2 Bonds were refunded by the Series 2013 Bonds The owners of the 2003D Bonds

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

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

In November 1998, the County of Franklin, Ohio issued on behalf of the Doctors OhioHealth Obligated Group $117,900,000 of County of Franklin, Ohio Hospital Facilities Revenue Bonds, Senior Series 1998A (1998A Bonds) and $46,500,000 of County of Franklin, Ohio Variable Rate Demand Hospital Facilities Revenue Bonds, Subordinate Series 1998B (1998B Bonds) The 1998A Bonds are secured by the gross revenues and a mortgage on certain properties of the Obligated Group In addition, Doctors OhioHealth Corporation has obtained a letter of credit from a bank expiring on December 16, 2013, to guarantee payment of the 1998B Bonds outstanding principal plus 45 days accrued interest The letter of credit also guarantees payment for any unremarketed bonds resulting from tender drawings Doctors OhioHealth Corporation's obligation to reimburse the letter of credit bank for draws against the letter of credit is guaranteed by OhioHealth The final maturity of the 1998A bonds was satisfied on December 1, 2011.

The owners of the 1998B Bonds have the option to demand payment of their outstanding bonds Doctors OhioHealth Corporation has entered into a remarketing agreement that requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 1998B Bonds cannot be remarketed, the letter of credit provides that the letter of credit bank will make payment for the 1998B Bonds tendered Doctors OhioHealth Corporation has an obligation to make payment to the letter of credit bank for unremarketed bonds by the expiration date of the letter of credit, plus any accrued interest and accordingly are reflected under current liabilities as long-term debt subject to short term remarketing arrangements on the financial statements

In November 1996, the County of Franklin, Ohio on behalf of the OhioHealth Obligated Group issued $168,000,000 County of Franklin, Ohio Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds, Series 1996 A, B and C (1996 Bonds) The OhioHealth Obligated Group has obtained letters of credit from a bank expiring on January 31, 2015, to guarantee payment of the 1996 Bonds outstanding principal plus accrued interest The letters of credit also guarantee payment for any unremarketed bonds resulting from tender drawings The owners of the 1996 Bonds have the option to demand payment of their outstanding bonds OhioHealth has entered into a Remarketing Agreement

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

which requires the remarketing agent to utilize its best efforts to remarket any such bonds that may be tendered for payment In the event the 1996 Bonds cannot be remarketed, the letters of credit provide that the letter of credit bank will make payment for the 1996 Bonds tendered The OhioHealth Obligated Group has an obligation to make payment to the letter of credit bank for unremarketed bonds over a period of five years from the date of a draw on the letter of credit with no principal being due in the first year The final maturity of the 1996C bonds was satisfied on December 1, 2011

Interest costs incurred on the above debt obligations and line of credit agreements in 2013 and 2012 were approximately $21,444,000 and $21,104,000, respectively At June 30, 2013 and June 30, 2012, the Corporation capitalized interest costs of approximately $1,352,000 and $415,000, respectively, as part of the cost of various construction projects Interest paid on the above debt obligations and line of credit agreements was approximately $20,996,000 and $20,015,000 for the years ended June 30, 2013 and 2012, respectively

The fair value of fixed rate long-term debt is estimated using comparable issues in the security market The fair values of the long-term borrowings at June 30, 2013 and 2012 were approximately $829,766,000 and $731,600,000, respectively

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

2014	$ 14.425.000
2015	15.255.000
2016	15.785.000
2017	16.865.000
2018	17.650.000

At June 30, 2013, the Corporation had no unsecured revolving lines of credit In place of the lines of credit the Corporation entered into a commercial paper program of $100,000,000 There were no borrowings against the commercial paper program at June 30, 2013

One of the Corporation's joint ventures has an unsecured revolving line of credit with a bank totaling $500,000 This line of credit is at an interest rate equal to Daily LIBOR plus 250 basis points The $500,000 line of credit expires on June 22, 2014 The borrowing against this line of credit was $260,000 at June 30, 2013

7. Derivatives and Hedging Activities

The Corporation's objectives with respect to its use of derivative instruments include managing the risk of increased debt service resulting from rising long-term interest rates Consistent with its interest rate risk management objectives, the Corporation entered into various interest rate swap agreements with a total outstanding notional amount of $184,650,000 at June 30, 2013 and June 30, 2012

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

Swap Type	Expiration Date	Corporation Receives	Corporation Pays	Notional Amount at June 30 2013	Notional Amount at June 30 2012
				(In Thousands)	
Fixed Payor	11 14 2031	75% of 1 month LIBOR	4 17%	**$67,250**	$67.250
Fixed Payor	10 17 2031	75% of 1 month LIBOR	4 17%	**67,400**	67.400
Fixed Payor	11 15 2041	62% of 1 month LIBOR + 0 31%	2 414%	**50,000**	50.000

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

	June 30 2013	June 30 2012
Derivatives not designated as hedging instruments		
Asset derivatives interest rate swaps	**$ 0**	$ 0
(Liability) derivatives interest rate swaps	**(31,269)**	(52.362)

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

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

	Amount of Gain (Loss) Recognized Year ended June 30 2013	Amount of Gain (Loss) Recognized Year ended June 30 2012	Reported in Consolidated Statement of Operations as:
Interest expense	**$ (6,380)**	$ (6.346)	Interest expense
Change in fair value of interest swap agreements	**20,961**	(32.484)	Nonoperating investment income
Total gain (loss)	**$ 14,581**	$ (38.830)	

8. Assets and Liabilities Measured at Fair Value

The following tables present information about the Corporation's assets and liabilities measured at fair value on a recurring basis at June 30, 2013 and June 30, 2012, and the valuation techniques used by the Corporation to determine those fair values

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

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

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

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

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

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

Fair Value Measurements at June 30, 2013 (In Thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset category				
Money markets and short-term investments (see Note 4)	$ 49,408	$ 356	$ -	$ 49,764
U.S. Government obligations	464,784	637	-	465,421
Common stocks	439,028	2	-	439,030
Corporate bonds	-	415,159	-	415,159
Asset backed and CMO	-	347,111	-	347,111
Limited partnerships	-	220,424	-	220,424
Foreign equities and other	175,719	96,752	-	272,471
Alternative investments	-	251,015	41,017	292,032
Total Assets Limited As To Use and Restricted Foundation Investments	**$ 1,128,939**	**$ 1,331,456**	**$ 41,017**	**$ 2,501,412**
Liabilities				
Swap liability	**$ -**	**$ 31,269**	**$ -**	**$ 31,269**

Fair Value Measurements at June 30, 2012 (In Thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Asset category				
Money markets and short-term investments (see Note 4)	$ 21,697	$ 8,391	$ -	$ 30,088
U.S. Government obligations	293,996	355,099	-	649,095
Common stocks	371,737	2	-	371,739
Corporate bonds	-	332,616	-	332,616
Asset backed and CMO	-	97,777	-	97,777
Limited partnerships	-	184,572	-	184,572
Foreign equities and other	133,732	106,263	-	239,995
Alternative investments	-	208,712	31,494	240,206
Total Assets Limited As To Use and Restricted Foundation Investments	**$ 821,162**	**$ 1,293,432**	**$ 31,494**	**$ 2,146,088**
Liabilities				
Swap liability	**$ -**	**$ 52,362**	**$ -**	**$ 52,362**

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

The fair value of the Level 2 fixed income securities and commingled international equity funds at June 30, 2013 and June 30, 2012 was determined primarily based on quoted market prices from the Corporation's custodial bank and the administrators of the funds

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis at June 30, 2013 (in thousands)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	Total
Beginning balance at July 1, 2012	**$ 31,494**
Total gains or losses	
Total realized gains (losses) included in excess of revenues over expenses	**(362)**
Total unrealized gains (losses) included in unrestricted net assets	**2,608**
Purchases, issuances, sales, and settlements	
Purchases	**10,892**
Sales	**(3,615)**
Ending balance at June 30, 2013	**$ 41,017**

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis at June 30, 2012 (in thousands)

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

The fair value of the above alternative investments at June 30, 2013 was determined primarily based on Level 3 inputs Realized gains and losses on alternative investments are included in nonoperating income on the consolidated statements of operations Changes in

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

unrealized gains and losses on alternative investments are excluded from excess of revenues over expenses Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs The Corporation's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer There were no significant transfers between levels of the fair value hierarchy during 2013 and 2012

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

Investments in Entities that Calculate Net Asset Value per Share

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

At June 30, 2013 and 2012, respectively, the fair value, unfunded commitments, and redemption rules of those investments is as follows

Investments Held at June 30, 2013 (In Thousands)

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Multi-strategy hedge fund	251.015	N A	Semi annual	95 days
Real estate funds	5.688	17.232	Not redeemable	N A
Private equity funds	35.329	47.610	Not redeemable	N A
Total	$ 292.032	$ 64.842		

Investments Held at June 30, 2012 (In Thousands)

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

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

The multi-strategy hedge fund class invests in hedge funds that pursue multiple strategies to generate investment return, diversify risks and reduce volatility The fair values of the investments in this class have been estimated using the net asset value per share of the investments

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

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

Disclosures Regarding Redemption Only Upon Liquidation

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

9. Net Patient Service Revenues

	Year ended June 30	
	2013	**2012**
	(In Thousands)	
Charges at established rates	**$ 7,198,019**	$ 6,675,145
Deductions		
Governmental	**2,878,163**	2,613,862
HCAP receipts	**(35,069)**	(32,189)
Non-governmental	**1,305,491**	1,256,610
Charity care	**501,381**	442,429
Total deductions	**4,649,966**	4,280,712
Patient service revenue net of contractual adjustments	**$ 2,548,053**	$ 2,394,433
Provision for bad debts	**(111,439)**	(99,120)
Patient service revenue net of bad debts	**$ 2,436,614**	$ 2,295,313

10. Commitments

The Corporation purchases laundry services under a long-term agreement expiring in 2022 The service provider is an entity in which OhioHealth is a 50% equity owner Total expenses incurred under this contract were approximately $7,378,000 and $7,251,000 for the years ended June 30, 2013 and 2012, respectively

The Corporation leases various equipment and facilities under operating lease arrangements Total rental expense for the years ended June 30, 2013 and 2012 was $56,706,000 and $55,969,000, respectively Minimum non-cancelable operating lease payments over the next five years are as follows 2014—$36,943,000, 2015—$29,739,000, 2016—$22,521,000, 2017—$15,258,000, 2018—$11,092,000 and thereafter—$36,262,000

11. Equity Investments

On August 1, 2012, Marion purchased the remaining interest in the joint ventures of Marion Area Health Center (MAHC) and Marion Ancillary Services (MAS) and they are now consolidated within the financial statements Summarized unaudited financial information reported by unconsolidated entities accounted for on the equity method for the years ended June 30, 2013 and 2012 follows

	2013	2012
	(In Thousands)	
Total assets	$ 80,370	$ 83,039
Total liabilities	$ 39,109	$ 43,186
Net revenues	$ 121,254	$ 177,847
Net earnings	$ 19,342	$ 22,648
OhioHealth's equity share	1% - 50%	1% - 55%
OhioHealth's share of income	$ 8,225	$ 9,423