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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code
Columbus, OH 432153707

D Employer identification number
31-4394942

E Telephone number
(614) 544-4076

G Gross receipts $ 9,250,852,711

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	15,424
6	Total number of volunteers (estimate if necessary)	**6**	1,690
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,620,074
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,638,009

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,277,159	1,930,524
	9 Program service revenue (Part VIII, line 2g)	1,926,575,576	1,985,318,111
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,959,554	90,795,011
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,365,596	101,591,612
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,104,177,885	2,179,635,258
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,535,474	1,130,383
	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)	947,021,694	981,810,858
	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)	806,919,570	842,350,046
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,755,476,738	1,825,291,287
	19 Revenue less expenses Subtract line 18 from line 12	348,701,147	354,343,971

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	3,757,326,846	4,203,439,424
	21 Total liabilities (Part X, line 26)	1,512,619,851	1,528,096,791
	22 Net assets or fund balances Subtract line 21 from line 20	2,244,706,995	2,675,342,633

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: 2015-05-13

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 or note to any line 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 $ 1,003,625,009 including grants of $ 1,130,383) (Revenue $ 1,760,351,748)

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 $ 457,966,929 including grants of $) (Revenue $ 257,611,426)

In fiscal year 2014 (July 1, 2013 through June 30, 2014), 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 $281 million, excluding MedCentral Health System and Sheltering Arms Hospital Foundation, in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Of this total, $200 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 $ 57,875,036 including grants of $) (Revenue $ 17,332,933)

OhioHealth is teaching the doctors of tomorrow at its three teaching hospitals Together, Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital trained 355 residents at a cost of $52 8 million These residents performed services to produce offsetting revenue of $11 9 million for a net community benefit of $40 9 million

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,519,466,974

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		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**		No
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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,074		
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	15,424			
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" to line 3b, 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 , 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	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	22		
	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**	12		
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 432153707 (614) 544-4076

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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)** . . . . . ▶								18,144,945	0	4,951,378

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 ▶ 803

			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 Company 300 E Joppa Road 8th Floor Baltimore MD 21286	Contruction Services (Sch o)	90,425,886
Cardinal Health - Valuelink 2320 McGaw Road Obetz OH 43207	Logistics Services	41,029,257
Aramark Health Support Services 400 N High Street Columbus OH 43215	Food Service (Sch O)	16,487,999
Central Ohio Primary Care Physicians Inc 570 Polaris Parkway Ste 250 Westerville OH 43082	Physician Services	7,950,875
Coretek Services 38505 Country Club Ste210 Farmington MI 48331	HC IT Solutions	6,291,385

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 ▶ 677

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,837,884			
	e	Government grants (contributions)	1e	92,640			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,930,524			
Program Service Revenue			Business Code				
	2a	Health and Medical Svc	900099	1,260,670,906	1,260,670,906		
	b	Medicare and Medicaid	923130	706,643,859	706,643,859		
	c	Joint Venture Income	621990	18,003,346	19,623,420	-1,620,074	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,985,318,111			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		58,629,502			58,629,502
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	34,154,446				
	b	Less rental expenses	15,234,170				
	c	Rental income or (loss)	18,920,276				
	d	Net rental income or (loss) . . . . . ▶			18,920,276		18,920,276
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7,081,163,827				
	b	Less cost or other basis and sales expenses	7,048,811,688	186,630			
	c	Gain or (loss)	32,352,139	-186,630			
	d	Net gain or (loss) . . . . . ▶			32,165,509		32,165,509
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	6,319,848				
	b	Less cost of goods sold . . b	6,984,965				
	c	Net income or (loss) from sales of inventory . . ▶			-665,117		-665,117
		Miscellaneous Revenue	Business Code				
	11a	Intercompany Admin	900099	44,616,711	44,616,711		
	b	Cafeteria/Food Service	722210	8,299,842			8,299,842
	c	Department Services	812930	3,741,211	3,741,211		
	d	All other revenue		26,678,689			26,678,689
	e	**Total.** Add lines 11a–11d . . . . . ▶		83,336,453			
	12	**Total revenue.** See Instructions . . . . . ▶		2,179,635,258	2,035,296,107	-1,620,074	144,028,701

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,118,383	1,118,383		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	12,000	12,000		
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	18,044,093	3,948,332	14,095,761	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	457,710		457,710	
7 Other salaries and wages	770,784,299	653,132,348	117,651,951	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,076,807	35,999,634	11,077,173	
9 Other employee benefits	92,672,815	70,866,902	21,805,913	
10 Payroll taxes	52,775,134	40,357,145	12,417,989	
11 Fees for services (non-employees)				
a Management				
b Legal	7,496,874	5,732,860	1,764,014	
c Accounting	566,100		566,100	
d Lobbying	164,673		164,673	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	6,342,330		6,342,330	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	192,289,302	147,043,629	45,245,673	
12 Advertising and promotion	8,837,132		8,837,132	
13 Office expenses	57,714,384	44,134,189	13,580,195	
14 Information technology	31,328,063	23,956,570	7,371,493	
15 Royalties . .				
16 Occupancy	29,617,819	22,648,746	6,969,073	
17 Travel	1,779,221	1,360,571	418,650	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,195,184	1,678,657	516,527	
20 Interest	17,960,269	13,734,218	4,226,051	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,601,043	75,400,218	23,200,825	
23 Insurance	6,939,174	5,306,386	1,632,788	
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	309,537,208	309,537,208	0	0
b Medicaid Tax Expense	27,574,476	27,574,476	0	0
c Repair & Maintenance	26,827,544	20,515,023	6,312,521	0
d Maintenance & Service	10,814,199	10,814,199	0	0
e All other expenses	5,765,051	4,595,280	1,169,771	
25 **Total functional expenses.** Add lines 1 through 24e	1,825,291,287	1,519,466,974	305,824,313	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		22,285	1	25,425
	2	Savings and temporary cash investments		128,708,262	2	105,896,994
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		204,736,909	4	218,775,935
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		21,258,919	7	25,326,990
	8	Inventories for sale or use		25,113,550	8	26,126,731
	9	Prepaid expenses and deferred charges		28,810,258	9	39,670,325
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,720,422,270			
	b	Less accumulated depreciation	10b 862,838,832	718,489,117	10c	857,583,438
	11	Investments—publicly traded securities		1,751,638,428	11	2,103,032,508
	12	Investments—other securities See Part IV, line 11		589,171,731	12	501,196,759
	13	Investments—program-related See Part IV, line 11		53,994,668	13	42,964,631
	14	Intangible assets		12,892,130	14	26,746,323
	15	Other assets See Part IV, line 11		222,490,589	15	256,093,365
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,757,326,846	16	4,203,439,424
Liabilities	17	Accounts payable and accrued expenses		297,341,989	17	304,081,415
	18	Grants payable			18	
	19	Deferred revenue		4,114,566	19	3,910,530
	20	Tax-exempt bond liabilities		788,093,973	20	800,071,386
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		932,554	23	213,682
	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		422,136,769	25	419,819,778
	26	**Total liabilities.** Add lines 17 through 25		1,512,619,851	26	1,528,096,791
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		2,244,706,995	27	2,675,342,633
	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		2,244,706,995	33	2,675,342,633
	34	Total liabilities and net assets/fund balances		3,757,326,846	34	4,203,439,424

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,179,635,258
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,825,291,287
3	Revenue less expenses Subtract line 2 from line 1	3	354,343,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,244,706,995
5	Net unrealized gains (losses) on investments	5	166,635,436
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	-90,343,769
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,675,342,633

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
McConnell John P 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
Anderson Kerrii B 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
Akins Nicholas Board Member - OhioHlth (start 7/13)	2 00 1 00	X						0	0	0
Anderson Thomas DO Board Member - OhioHlth (start 7/13)	2 00 1 00	X						0	0	0
Auseon John DO Board Member - OhioHlth (end 10/13)	2 00 1 00	X						0	0	0
Blosser T Laurence MD Ex-Officio - OhioHlth	15 00 1 00	X						124,805	0	0
Chambers Linda MD Ex-Officio - OhioHlth (end 12/13)	2 00 1 00	X						69,448	0	0
Crane Tanny Board Member - OhioHlth	2 00 1 00	X						0	0	0
Dewire Rev Dr Norman E Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Gabriel Paul MD Board Member - OhioHlth (start 7/13)	2 00 1 00	X						16,690	0	0
James Donna Board Member - OhioHlth	2 00 1 00	X						0	0	0
Jennings Matthew Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Johnston Tom Board Member - OhioHlth (start 7/13)	2 00 1 00	X						0	0	0
Levin Howard B DO Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Palmer Bishop Gregory Ex-Officio - OhioHlth	2 00 1 00	X						0	0	0
Scott Bradley N 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
Walter Matt Board Member - OhioHlth (start 7/13)	2 00 1 00	X						0	0	0
Blom David P Pres/CEO/Ex-Off - OhioHlth	40 00 1 00	X		X				1,593,139	0	1,195,088
Louge Michael W Executive VP & CFO (end 10/13)	40 00 1 00			X				1,056,112	0	521,526
Yates Vinson M Executive VP & CFO (start 10/13)	40 00 1 00			X				564,090	0	203,897
Millen Robert P Executive VP & COO	40 00 1 00			X				1,019,846	0	356,567

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			
Pandora Frank T II Esq Sr VP & General Counsel (end 5/14)	20 00 1 00			X				501,802	0	95,928
Barnes II Earl J Esq Sr VP & General Counsel (start 5/14)	40 00 0 00			X				0	0	0
Beckel Johnni C Sr VP - Chief HR Officer	40 00 1 00				X			594,877	0	159,257
Bernstein Michael S Sr VP & CSO	40 00 1 00				X			643,037	0	186,363
Garlock Steven J Sr VP - Oncology Svcs	40 00 1 00				X			434,566	0	84,031
Hagen Bruce P Reg Exec Pres - DMH/GMH	20 00 20 00				X			693,312	0	180,304
Hanly Donna L System CNO	40 00 1 00				X			405,913	0	48,511
Herbert-Sinden Cheryl L Sr VP Sys Clinical Svcs	40 00 1 00				X			473,814	0	184,001
Huffman Michael Sean President - OHNC	40 00 1 00				X			337,330	0	45,511
Jablonski Susan F Sr VP - CCO	40 00 0 00				X			421,948	0	106,549
Kontner John G Sr VP Managed Care	40 00 1 00				X			506,917	0	40,268
Krouse Michael T Sr VP - CIO	40 00 1 00				X			531,712	0	186,490
Markovich Stephen E MD Pres - RMH	40 00 1 00				X			719,275	0	249,671
Morrison Karen J Pres OHF & Sr VP Ext Aff	1 00 40 00				X			646,349	0	200,467
Reichfield Michael L Pres - DH	40 00 1 00				X			513,916	0	169,650
Tuchow Genevieve VP HR Strat & Proj Mgmt	40 00 0 00				X			294,637	0	21,714
Umland Steve Sr VP Finance	40 00 1 00				X			616,829	0	45,134
Vanderhoff Bruce MD Sr VP & CMO	40 00 1 00				X			758,108	0	224,692
Caulin-Glaser Teresa L MD System VP - Heart & Vasc	40 00 1 00					X		641,751	0	92,944
Derrow Solomon Physician - MNMAP	40 00 1 00					X		504,352	0	27,188
Dunning Rick E VP - Real Estate & Const	40 00 1 00					X		495,803	0	23,209
Taylor Jr Philip H MD System VP Int Clin	40 00 1 00					X		502,161	0	39,363
Thornhill Hugh A President - MSF	1 00 40 00					X		521,401	0	163,421
Boggs Martha Bruce Fmr Sr VP HROD (end 5/12)	0 00 0 00						X	222,969	0	5
Gallaher Connie L Fmr System VP Neuro	40 00 0 00						X	350,856	0	43,436

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lawson Michael S COO - GMC	40 00 0 00						X	344,122	0	22,479
Lozada Leonardo J MD Sr VP Med Affairs - RMH (end 11/12)	0 00 0 00						X	154,683	0	6,336
Quinn Andrew S Sr VP - CCO (end 5/13)	40 00 1 00						X	448,783	0	8,927
Tomaszewski James A Fmr VP & Admin MHHC	40 00 0 00						X	419,592	0	18,451

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 ▶ $ _____

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		630
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		87,623
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		76,420
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			164,673
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

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

Return Reference	Explanation
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 OhioHealth Corporation does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	39,913,979	38,114,038	39,340,742	40,797,139	38,589,258
b	Contributions	399,071	288,256	277,730	325,956	266,046
c	Net investment earnings, gains, and losses	5,771,066	2,967,661	745,018	5,688,665	3,942,850
d	Grants or scholarships	81,038	72,449	116,994	63,000	24,850
e	Other expenditures for facilities and programs	1,263,874	833,896	1,435,648	6,681,909	1,288,068
f	Administrative expenses	1,021,132	549,631	696,810	726,109	688,097
g	End of year balance	43,718,072	39,913,979	38,114,038	39,340,742	40,797,139

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

- a Board designated or quasi-endowment ▶ 30 000 %
- b Permanent endowment ▶ 29 390 %
- c Temporarily restricted endowment ▶ 40 610 %

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,704,781		38,704,781
b Buildings		592,033,688	347,360,777	244,672,911
c Leasehold improvements		1,434,586	269,983	1,164,603
d Equipment		564,876,826	382,708,792	182,168,034
e Other		523,372,389	132,499,280	390,873,109
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				857,583,438

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Limited Partnerships	127,606,087	F
(B) Alternative Investments	373,590,672	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	501,196,759	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from Affiliate-Loans & Notes	231,900,061
(2) Unamortized Bond Issue Costs	5,626,986
(3) Investment in Subsidiaries and Non-Program Related Joint Ventures	2,755,780
(4) Other	15,810,538
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	256,093,365

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Due to Affiliates - Loans and Notes	186,774,535
Pension Liability	119,941,281
Swap Liability	32,080,413
Deferred Long-Term Liabilities	21,809,985
Other	59,213,564
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	419,819,778

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
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

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

Return Reference	Explanation
Part V, Line 4	To earn investment income for use in medical charity care, medical procedures, medical education and various other hospital services
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, 2014, 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) Central America & the Caribbean	0	1	Program services	Offshore Captive Management	68,729
(2) Europe (including Iceland & Greenland)	0	0	Investments		18,080,503
(3) Central America & the Caribbean	0	0	Investments		280,828,444
(4)					
(5)					
3a Sub-total	0	1			298,977,676
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	1			298,977,676

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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3	The amounts shown in column (f) for investment activities in Europe (including Iceland & G reenland) and Central America & the Caribbean represent investments in those regions The amount shown as program service activities in Central America & the Caribbean represents t otal expenditures in the region

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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)			104,820,686	20,588,786	84,231,900	4 650 %
b Medicaid (from Worksheet 3, column a)			295,620,044	224,694,063	70,925,981	3 920 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						0 %
d **Total** Financial Assistance and Means-Tested Government Programs			400,440,730	245,282,849	155,157,881	8 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,898,669	57,038	1,841,631	0 100 %
f Health professions education (from Worksheet 5)			52,813,116	11,918,361	40,894,755	2 260 %
g Subsidized health services (from Worksheet 6)			1,053,770	0	1,053,770	0 060 %
h Research (from Worksheet 7)			633,915	314,229	319,686	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,126,729	38,949	1,087,780	0 060 %
j **Total.** Other Benefits			57,526,199	12,328,577	45,197,622	2 500 %
k **Total.** Add lines 7d and 7j			457,966,929	257,611,426	200,355,503	11 070 %

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						0 %
2 Economic development						0 %
3 Community support			161,874		161,874	0 010 %
4 Environmental improvements						0 %
5 Leadership development and training for community members						0 %
6 Coalition building			21,947		21,947	0 %
7 Community health improvement advocacy						0 %
8 Workforce development						0 %
9 Other						0 %
10 **Total**			183,821		183,821	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	72,545,432	
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	527,776,716
6	Enter Medicare allowable costs of care relating to payments on line 5	6	599,428,286
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-71,651,570
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	50 300 %		49 700 %
3 3 OhioHealth Sleep Services LLC	Sleep Lab Services	76 570 %		21 470 %
4 4 Polaris Surgery Center LLC	Ambulatory Surgery Center	51 020 %		48 980 %
5 5 The Eye Center	Opthamological Surgery Center	2 950 %		70 480 %
6 6 Upper Arlington Medical Limited Partnership	Property Management	47 820 %		61 150 %
7 7 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	39 860 %		60 140 %
8 8 Whitehall Surgery Center	Ambulatory Surgery Center	41 640 %		58 360 %
9 9 OhioHealth Group Ltd	Managed Care Services	50 000 %		50 000 %
10 10 The Hand Center LLC	Orthopedic Surgery	49 000 %		51 000 %
11 11 Westerville Endoscopy Center LLC	Ambulatory Surgery Center	50 000 %		50 000 %
12				
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, primary website address, and state license number

	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
See Additional Data Table										

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 _____

If reporting on Part V, Section B for a single hospital facility 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 begining 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 persons who represent the broad interests 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 (list url) Included in Section C, Line 5d			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☑ 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 as of the end of the tax year)			
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 ☑ Residency			
i ☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

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 individual 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 individual 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. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
Part I, Line 7	For the cost of charity care, a cost-to-charge ratio was used that was derived from the Form 990 Schedule H instructions (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

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	A system wide community benefit of $281 million, excluding MedCentral Health System and Sheltering Arms Hospital Foundation, reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The $200 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

Form and Line Reference	Explanation
Part II, Community Building Activities	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

Form and Line Reference	Explanation
Part III, Line 2	For the cost of bad debt, a cost-to-charge ratio was used that was derived from the Form 990 Schedule H instructions (Worksheet 2)

Form and Line Reference	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

Form and Line Reference	Explanation
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 uncollectible

Form and Line Reference	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

Form and Line Reference	Explanation
Part III, Line 9b	The organization has a written debt collection policy The policy provides the following guidelines as it relates to patients who qualify for Charity Care The patient may apply for financial assistance via Medicaid, Victims of Crime, HCAP/Charity, or with an OhioHealth contracted company to help the applicant complete the process when needed The operational practice, consistent with the intent of the policy, is that once the charity determination is made, collection efforts are suspended If a patient qualified for a discount, collection efforts on this balance are consistent with all other self pay collections

Form and Line Reference	Explanation
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 Access Health Columbus in identifying health priorities locally and statewide OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues Access Health Columbus' goal is to improve access to healthcare for all individuals in central Ohio, specifically the most vulnerable A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of central Ohio OhioHealth 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

Form and Line Reference	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

Form and Line Reference	Explanation
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

Form and Line Reference	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 $281 million, excluding MedCentral Health System and Sheltering Arms Hospital Foundation, (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

Form and Line Reference	Explanation
Part VI, Line 6	OhioHealth Corporation operates general acute care hospitals as well as outpatient facilities In addition, OhioHealth Corporation is the parent organization and sole voting member of several rural community hospitals, organizations providing multidisciplinary home care and rehabilitation, medical research, fundraising in support of the system hospitals, medical facility property management, and physician foundations All serving in OhioHealth "systemness" to improve the health of those we serve OhioHealth is a healthcare system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eleven 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

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	OH

Additional Data

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Riverside Methodist Hospital, - Facility 2 Grant Medical Center, - Facility 3 Doctors Hospital, - Facility 4 Dublin Methodist Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 5d	https //www ohiohealth com/communityhealthneedsassessment/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 14g	Signs are posted at multiple Riverside Methodist Hospital entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Riverside Methodist Hospital billing statements also include information regarding HCAP and can be used to apply for financial assistance Hospital patient billing brochures explain that Riverside Methodist Hospital provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospitals charity care programs, how to apply, and the numbers to call with questions Hospital patient billing brochures are handed to every self pay patient with the financial assistance application and available upon request for insured patients Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the pre-registration/preadmissions process, the registration representative will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue All insured patients expressing need for financial assistance will also be transferred to the verbal financial assistance queue and/or provided the telephone number to the verbal financial assistance queue in the Customer Call Center The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 18e	Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 2 -- Grant Medical Center Part V, Section B, line 5d	https //www ohiohealth com/communityhealthneedsassessment/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 hospital's 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 2 -- Grant Medical Center Part V, Section B, line 18e	Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 3 -- Doctors Hospital Part V, Section B, line 5d	https //www ohiohealth com/communityhealthneedsassessment/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 hospital's 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 3 -- Doctors Hospital Part V, Section B, line 18e	Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 5d	https //www ohiohealth com/communityhealthneedsassessment/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 hospital's 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 18e	Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

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

Section D. 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?
_____

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

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

Section D. 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?
_____

Name and address	Type of Facility (describe)
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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . . ▶ 25

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

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	12	12,000	0		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	OhioHealth Corporation primarily makes general contributions and pays for sponsorships to other tax exempt 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

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
Sheltering Arms Hospital Foundation 55 Hospital Drive Athens, OH 45701	31-4446959	501(c)(3)	500,000				Assistance

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
COSI 333 West Broad St Columbus,OH 43215	31-1351334	501(c)(3)	122,000				Annual Contribution, 50th Anniversary Commemorative 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)	61,000				Heart Walk 2013, GR HW 2013

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
Susan G Komen Breast Cancer Foundation 929 Eastwind Drive Suite 211 Westerville,OH 43081	75-2844651	501(c)(3)	28,400				Race for the Cure, Pink Tie Ball

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
Charitable Pharmacy of Central Ohio Inc 200 E Livingtston Ave Columbus,OH 43215	27-0147099	501(c)(3)	27,000				Grant funding for 2013 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
National Multiple Sclerosis Society Ohio Buckeye Chapter 6155 rockside Road Suite 202 Independence, OH 44131	34-0801307	501(c)(3)	26,250				Dinner of Champions, Walk MS

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
Physicians CareConnection 1390 Dublin Road Columbus,OH 43215	31-1373719	501(c)(3)	25,000				PCC Dental Initiative

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 Downtown Development Corp 150 S Front St Suite 210 Columbus,OH 43215	76-0704655	501(c)(3)	25,000				Contribution supporting the new Ohio Veterans Memorial and Museum

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
Alzheimers Association Central Ohio Chapter 1379 Dublin Road Columbus,OH 43215	31-0996236	501(c)(3)	17,700				Walk to end Alzheimers, Golf Outing, Gala Sponsor, Corporate 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
Columbus Symphony Orchestra 55 E State Street Columbus,OH 43215	31-6402408	501(c)(3)	15,510				Picnic with the Pops

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
Community Foundation of Delaware County 3954 N Hampton Drive Powell,OH 43065	31-1450786	501(c)(3)	15,000				An Evening of Generosity, Delaware Veteran's Memorial Plaza

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
Strand Theatre and Cultural Arts Association Inc PO Box 111 Delaware, OH 43015	20-3948576	501(c)(3)	15,000				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
Ohio Parkinson Foundation 2800 Corporate Exchange Dr Suite 265 Columbus,OH 43231	31-1220462	501(c)(3)	14,720				2013 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
Franklin Park Conservatory Womens Sustaining Board 1777 E Broad Street Columbus,OH 43203	31-1191469	501(c)(3)	13,200				Field to Table, Hat Day Luncheon

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
YWCA Housing Corporation 65 S 4th Street Columbus,OH 43215	31-1418939	501(c)(3)	12,978				Meal Sponsorship, Woman to Woman Sponsorship, Woman of Achievement

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)	12,500				2013 Sponsorship, Rodeo 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
March of Dimes Foundation 975 Eastwind Dr Suite 150 Westerville, OH 43081	13-1846366	501(c)(3)	12,500				Signature Chefs Auction, March for Babies

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
Arthritis Foundation 3740 Ridge Mill Drive Hilliard, OH 43026	27-4014550	501(c)(3)	11,650				Golf Classic, Jingle Bell Run, Crystal Ball Silver Sponsorship, Walk to Cure Arthritis

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 Publishing 920 Leona Ave Columbus,OH 43201	26-4163198		10,000				Who's Who in GLBT, Latino Columbus Publication

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
McConnell Education Foundation 200 W Nationwide Blvd Columbus, OH 43215	31-1365344	501(c)(3)	10,000				Birdies for Buddies Golf Tournament

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
LifeCare Alliance 1699 W Mound Street Columbus, OH 43223	31-4379494	501(c)(3)	9,150				Cancer Clinic Screening Program, Big Wheels 2014 Golf 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
Grove City Chamber of Commerce 4069 Broadway Grove City, OH 43123	31-0922925	501(c)(6)	7,555				Arts in the Alley, Taste of Grove City, Annual Meeting, Farmers Market

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 Families 500 South Front Street Suite 930 Columbus,OH 43215	20-8701526	501(c)(3)	7,500				Healthy Families Connections Support

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 Children's Hospital Center for Child and Family Advocacy 655 E Livingson Ave Columbus,OH 43205	02-0627166	501(c)(3)	7,500				New Albany 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
St Vincent Family Center 1490 E Main Street Columbus,OH 43205	31-4379572	501(c)(3)	6,780				Corcoran Award 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
Columbus Speech and Hearing Center 510 E North Broadway Columbus,OH 43214	31-4379449	501(c)(3)	6,550				Great Communications Golf Classic, Capital improvements, Speech Therapy program

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 Links Foundation One Maranova Place Suite 1510 Columbus,OH 43215	52-1170830	501(c)(3)	6,240				A Masked Ball

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
MedCentral Health System 335 Glessner Avenue Mansfield, OH 44903	34-0714456	501(c)(3)	5,940				Heart Gala

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 Urban League 788 Mount Vernon Ave Columbus,OH 43203	31-4379453	501(c)(3)	5,760				Empowerment Day Luncheon, Advocate Circle

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
Part I, Line 1a	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 various 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 (relocation allowance), administered by Human Resources, if relocation is required in order to accept employment with Ohiohealth As part of a relocation package, the following individual 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 Rick E Dunning - $13,470 Johnni C Beckel - $1,362
Part I, Lines 4a-b	The following individuals listed in Form 990, Part VII received severance payments Martha Bruce Boggs - $222,969 Leonardo Lozada MD - $156,330 James A Tomaszewski - $118,224 The following individual listed in Form 990, Part VII received distributions from a supplemental non-qualified retirement plan in the amount as noted Andrew S Quinn - $90,593 Eligible executives listed in the Form 990, Part VII participate in a supplemental non-qualified plan 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

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 Pres/CEO/Ex-Off - OhioHlth	(I) (II)	1,023,172 0	539,500 0	30,467 0	1,176,190 0	18,898 0	2,788,227 0	0 0
Louge Michael W Executive VP & CFO (end 10/13)	(I) (II)	710,995 0	330,000 0	15,117 0	496,058 0	25,468 0	1,577,638 0	0 0
Yates Vinson M Executive VP & CFO (start 10/13)	(I) (II)	383,801 0	147,064 0	33,225 0	178,429 0	25,468 0	767,987 0	0 0
Millen Robert P Executive VP & COO	(I) (II)	691,576 0	305,000 0	23,270 0	331,819 0	24,748 0	1,376,413 0	0 0
Pandora Frank T II Esq Sr VP & General Counsel (end 5/14)	(I) (II)	289,642 0	165,000 0	47,160 0	81,072 0	14,856 0	597,730 0	0 0
Beckel Johnni C Sr VP - Chief HR Officer	(I) (II)	402,453 0	161,000 0	31,424 0	136,419 0	22,838 0	754,134 0	0 0
Bernstein Michael S Sr VP & CSO	(I) (II)	452,066 0	180,000 0	10,971 0	160,592 0	25,771 0	829,400 0	0 0
Garlock Steven J Sr VP - Oncology Svcs	(I) (II)	285,646 0	116,246 0	32,674 0	63,948 0	20,083 0	518,597 0	0 0
Hagen Bruce P Reg Exec Pres - DMH/GMH	(I) (II)	475,430 0	190,892 0	26,990 0	161,783 0	18,521 0	873,616 0	0 0
Hanly Donna L System CNO	(I) (II)	272,280 0	113,880 0	19,753 0	30,950 0	17,561 0	454,424 0	0 0
Herbert-Sinden Cheryl L Sr VP Sys Clinical Svcs	(I) (II)	309,809 0	140,000 0	24,005 0	164,150 0	19,851 0	657,815 0	0 0
Huffman Michael Sean President - OHNC	(I) (II)	233,852 0	100,000 0	3,478 0	19,597 0	25,914 0	382,841 0	0 0
Jablonski Susan F Sr VP - CCO	(I) (II)	297,193 0	120,000 0	4,755 0	96,199 0	10,350 0	528,497 0	0 0
Kontner John G Sr VP Managed Care	(I) (II)	337,525 0	164,390 0	5,002 0	19,250 0	21,018 0	547,185 0	0 0
Krouse Michael T Sr VP - CIO	(I) (II)	362,677 0	145,719 0	23,316 0	165,512 0	20,978 0	718,202 0	0 0
Markovich Stephen E MD Pres - RMH	(I) (II)	483,217 0	210,000 0	26,058 0	224,892 0	24,779 0	968,946 0	0 0
Morrison Karen J Pres OHF & Sr VP Ext Aff	(I) (II)	445,703 0	177,282 0	23,364 0	176,749 0	23,718 0	846,816 0	0 0
Reichfield Michael L Pres - DH	(I) (II)	344,778 0	137,500 0	31,638 0	145,396 0	24,254 0	683,566 0	0 0
Tuchow Genevieve VP HR Strat & Proj Mgmt	(I) (II)	212,230 0	49,759 0	32,648 0	933 0	20,781 0	316,351 0	0 0
Umland Steve Sr VP Finance	(I) (II)	423,316 0	168,300 0	25,213 0	21,003 0	24,131 0	661,963 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 Sr VP & CMO	(I) (II)	528,369 0	220,000 0	9,739 0	201,854 0	22,838 0	982,800 0	0 0
Caulin-Glaser Teresa L MD System VP - Heart & Vasc	(I) (II)	456,638 0	156,520 0	28,593 0	76,211 0	16,733 0	734,695 0	0 0
Derrow Solomon Physician - MNMAP	(I) (II)	464,067 0	39,765 0	520 0	5,100 0	22,088 0	531,540 0	0 0
Dunning Rick E VP - Real Estate & Const	(I) (II)	287,903 0	185,700 0	22,200 0	0 0	23,209 0	519,012 0	0 0
Taylor Jr Philip H MD System VP Int Clin	(I) (II)	349,243 0	100,000 0	52,918 0	18,385 0	20,978 0	541,524 0	0 0
Thornhill Hugh A President - MSF	(I) (II)	356,876 0	140,000 0	24,525 0	137,953 0	25,468 0	684,822 0	0 0
Boggs Martha Bruce Fmr Sr VP HROD (end 5/12)	(I) (II)	0 0	0 0	222,969 0	5 0	0 0	222,974 0	0 0
Gallaher Connie L Fmr System VP Neuro	(I) (II)	261,901 0	80,000 0	8,955 0	23,245 0	20,191 0	394,292 0	0 0
Lawson Michael S COO - GMC	(I) (II)	256,386 0	76,087 0	11,649 0	13,435 0	9,044 0	366,601 0	0 0
Lozada Leonardo J MD Sr VP Med Affairs - RMH (end 11/12)	(I) (II)	0 0	0 0	154,683 0	0 0	6,336 0	161,019 0	0 0
Quinn Andrew S Sr VP - CCO (end 5/13)	(I) (II)	197,044 0	124,124 0	127,615 0	0 0	8,927 0	457,710 0	90,593 0
Tomaszewski James A Fmr VP & Admin MHHC	(I) (II)	169,049 0	86,200 0	164,343 0	13,781 0	4,670 0	438,043 0	0 0

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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.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	Refund Series 2008A, issued 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	o Refund Series 2000A, issued on 1/27/00		X		X		X
D	County of Franklin Ohio	31-6400067	353187BR7	05-01-2013	246,455,971	To Refund Series 2003C, issued on 11/05/2003 and new construction		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		3,455,000	17,050,000	4,845,000
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	
9	Working capital expenditures from proceeds		13,336,000		
10	Capital expenditures from proceeds		102,764,000		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	2013	2003	2015

		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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			
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		
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 %		0 800 %		0 100 %		
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 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 800 %		0 100 %		
7	Does the bond issue meet the private security or payment test?		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		
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		

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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name County of Franklin, Ohio Date the Rebate Computation was Performed 11/04/2008

Return Reference	Explanation
Part VI, Line 2c, Column C	The date of such calculation was 11/4/2008

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

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) Columbus Radiology Group	Key Employee - Son-in-law of Key Employee (Steven J Garlock) is a Director	119,507	Payments - Goods or services provided to OhioHealth Corporation		No
(2) Abigail Hagen	Key Employee - Daughter of Key Employee (Bruce P Hagen)	32,407	Comp/Ben - Daughter is employed at McConnell Heart and Health Center and receives compensation		No
(3) MedCare	Former Officer - Fmr Officer of OhioHealth (Michael Lawson) is a Director	535,102	Payments - Goods or services provided to OhioHealth Corporation		No
(4) OhioHealth Group Ltd	Officer/Key Employees of Org - An Officer and Key Employees are Directors	3,235,806	Payments - Goods or services provided to OhioHealth Corporation		No
(5) Medical Group of Ohio	Key Employee - Entity more than 5% owned by Key Emp (Stephen Markovich)	109,890	Payments - Goods or services provided to OhioHealth Corporation		No
(6) Jacob Millen	Officer of Org - Son of Officer (Robert P Millen)	52,894	Comp/Ben - Son is employed at Riverside Methodist Hospital and receives compensation		No
(7) Gregory E Morrison MD	Key Employee - Spouse of a Key Employee (Karen J Morrison)	388,983	Comp/Ben - Husband is employed at OhioHealth Corporation and receives compensation		No
(8) Mark Vanderhoff	Key Employee - Brother of Key Employee (Bruce Vanderhoff, M D)	133,525	Comp/Ben - Brother is employed at Grant Medical Center and receives compensation		No
(9) Sarah Johnston	Director of Org - Daughter of Director (Tom Johnston)	38,173	Comp/Ben - Daughter is employed at Grant Medical Center and receives compensation		No
(10) Tri-Anim Health Services Inc	Director of Org - Entity more than 35% by Director (Matthew D Walter)	141,389	Payments - Goods or services provided to OhioHealth Corporation		No
(11) Ruth Holzapfel	Officer/Director of Org - Sister of Officer/Director (David P Blom)	30,905	Comp/Ben - Sister is employed at Westerville Health Center and receives compensation		No
(12) Time Warner Cable	Director of Org - Director of OhioHealth (Donna James) is a Director	970,412	Payments - Goods or services provided to OhioHealth Corporation		No
(13) Live Technologies Inc	Director of Org - Entity more than 35% owned by Director (Lawrence Abbott)	411,349	Payments - Goods or services provided to OhioHealth Corporation		No
(14) John T Lashbrook	Director of Org - Son-in-Law of Director (Linda Chambers, M D)	41,730	Comp/Ben - Son-in-Law is employed by Dublin Methodist Hospital and receives compensation		No
(15) National Background Check Inc	Director of Org - Entity more than 35% owned by a Dir & Off (Linda Hondros)	214,120	Payments - Goods or services provided to OhioHealth Corporation		No
(16) Linda Kress	Key Employee - Sister of Key Employee (Donna L Hanly)	37,799	Comp/Ben - Sister is employed at OhioHealth Corporation and receives compensation		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Persons listed in Part VII may have a "business relationship" with each other by virtue of sitting on related OhioHealth entity boards or by virtue of their employment with related OhioHealth entities OhioHealth Corporation has an ownership interest in limited liability companies (LLCs) that provide healthcare or related services As a member of such LLCs, OhioHealth Corporation has the right to appoint two individuals to the managing board of such LLCs As a result, these individuals may be deemed to have a "business relationship" with each other for purposes of Part VI, Section A, Line 2 Kerrii B Anderson, Treasurer of OhioHealth Corporation, and John P McConnell, Vice Chair of OhioHealth Corporation, have a business relationship Michael W Louge, Officer of OhioHealth Corporation, Bruce Vanderhoff, M D , Key Employee of OhioHealth Corporation, and John G Kontner, Key Employee of OhioHealth Corporation, have a business relationship

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The CEO's compensation is set by the Compensation Committee of OhioHealth Corporation, which is composed of independent and disinterested members of the Board of Directors The CEO's 2013 base salary and his 2013 total compensation (which includes annual incentive and all benefits) were estimated to approximate the 75th percentile The organization's performance for FY 6/30/2014 was at the 85th percentile as measured by the Balanced Scorecard using Quality, Customer Service, Culture and Finance indicators OhioHealth Corporation's 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 OhioHealth Corporation's 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 OhioHealth Corporation's 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

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

Return Reference	Explanation
Form 990, Part IX, line 11g	Intercompany Purchased Services Program service expenses 89,111,455 Management and general expenses 27,419,806 Fundraising expenses 0 Total expenses 116,531,261 Physician Fees Program service expenses 31,586,421 Management and general expenses 9,719,216 Fundraising expenses 0 Total expenses 41,305,637 Other Program service expenses 26,345,753 Management and general expenses 8,106,651 Fundraising expenses 0 Total expenses 34,452,404

Return Reference	Explanation
Form 990, Part XI, line 9	Pension-Related Changes 1,913,449 Change in Fair Value of Interest Rate Swaps -811,561 Intercompany Transactions -83,802,001 Other Unrestricted Net Asset Changes -7,643,656

Return Reference	Explanation
Form 990, Part XII, Line 3	OhioHealth Corporation was required to undergo an A-133 audit due to federal rewards received by OhioHealth Corporation and several of its wholly owned subsidiaries

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) OhioHealth Star Corporation 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1119936	Administrative Services	OH	OhioHealth Corporation	C	341,662	2,177,915	100 000 %		No
(2) HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	N/A	C					No
(3) Intel Health Services PO Box 1051 Governors Square Bu Grand Cayman KY1-1102, Cayman Island CJ 31-4394942	Insurance/Reinsurance	CJ	OhioHealth Corporation	C	2,602,837	8,410,822	100 000 %		No
(4) Athens Medical Laboratory Associates Inc 265 W Union Street Suite B Athens, OH 45701 31-1381808	Medical Lab Services	OH	N/A	S					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f 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		No
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	Yes	
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 related 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" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(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
(1) DH Ventures Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
(1) CG Broad Norton LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	0	243,155	OhioHealth Corporation
(2) OhioHealth Medical Specialty Foundation LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1210223	Holding Company	OH	0	0	OhioHealth Corporation
(3) OhioHealth Hospital Management Services 180 East Broad Street 33rd Floor Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	136,428	0	OhioHealth Corporation
(4) Grove City Land Company LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-2651557	Real Estate Holding Company	OH	-104,586	3,621,256	OhioHealth Corporation
(5) OhioHealth Urgent Care LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 27-3371022	Urgent Care Services	OH	-250,959	3,333,483	OhioHealth Corporation
(6) Marion Practices LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
(7) Marion Area Physicians LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 80-0835324	Physician Practices	OH	0	7,864,610	OhioHealth Corporation
(8) OhioHealth Innovation Development Fund 180 East Broad Street 33rd Floor Columbus, OH 432153707	Research and Development	OH	0	0	OhioHealth Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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	No
(1) Marion General Hospital 1000 McKinley Park Drive Marion, OH 43302 31-1070877	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(1) Grady Memorial Hospital 561 West Central Avenue Delaware, OH 43015 31-4379436	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(2) Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 43326 34-4440479	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(3) Hardin Physician Foundation Inc 921 East Franklin Street Kenton, OH 43326 31-1414276	Foundation	OH	501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital	Yes	
(4) Hardin Memorial Hospital Foundation 921 East Franklin Street Kenton, OH 43326 34-1521537	Foundation	OH	501(c)(3)	Schedule A, Line 3	Hardin Memorial Hospital	Yes	
(5) Doctors Health Corporation of Nelsonville 1950 Mount St Mary Drive Nelsonville, OH 45764 31-1620551	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(6) GrantRiverside Medical Care Foundation (dba OPG) 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1351965	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(7) OhioHealth Foundation 180 East Broad Street 33rd Floor Columbus, OH 432153707 23-7446919	Foundation	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(8) HomeReach 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1372702	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(9) HomeReach HomeCare 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1417595	Health Care	OH	501(c)(3)	Schedule A, Line 3	HomeReach	Yes	
(10) OhioHealth Research Institute 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-6059784	Research	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(11) Hospital Properties Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1206071	Property Management	OH	501(c)(2)	N/A	OhioHealth Corporation	Yes	
(12) Sheltering Arms Hospital Foundation 55 Hospital Drive Athens, OH 45701 31-4446959	Patient Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(13) MedCentral Health System 335 Glessner Avenue Mansfield, OH 44906 34-0714456	Health Care	OH	501(c)(3)	Schedule A, Line 3	OhioHealth Corporation	Yes	
(14) Appalachian Community Visiting Nurses 30 Herrold Avenue Athens, OH 45701 31-1045101	Hospice and Health Services	OH	501(c)(3)	Schedule A, Line 3	Sheltering Arms Foundation	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OhioHealth Sleep Services LLC 6186 Huntley Road STE B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	3,234,686	5,579,250		No			No	74 780 %
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	4,881,361	3,032,003		No		Yes		51 510 %
Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH 43215 31-1472667	Medical Services	OH	OhioHealth Star Corporation	Related	111,134	1,040,837		No			No	47 820 %
ESWL Real Estate & Equipment Limited Partnership 100 West Third Avenue Suite 350 Columbus, OH 43201 31-1138732	Equipment Rental	OH	N/A									
Grant Scope Center LLC 180 East Broad Street 33rd Floor Columbus, OH 43215 26-0765486	Endoscopy Services	OH	OhioHealth Corporation	Related	2,084,307	1,238,451		No			No	50 500 %
OHRH LLC 4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	OhioHealth Corporation	Related	-698,925	2,604,116		No			No	51 000 %
Westerville Endoscopy Center LLC 700 E Broad Street 1st Floor Columbus, OH 43214 46-2755661	Endoscopy Services	OH	OhioHealth Corporation	Related	-36,959	443,139		No		Yes		50 000 %
Knightsbridge Surgery Center LTD 4845 Knightsbridge Blvd Suite 110 Columbus, OH 43214 87-0650797	Medical Services	OH	OhioHealth Corporation	Related	2,262,118	-126,433		No			No	50 030 %
O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	N/A									
Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	N/A									

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	4,425,117	Market Rent
Hospital Properties Inc	Q	1,505,796	Actual Amount Paid
Hospital Properties Inc	P	199,611	Actual Amount Paid
Hospital Properties Inc	S	7,653,523	Actual Amount Paid
Hospital Properties Inc	R	3,749,930	Actual Amount Paid
OhioHealth Foundation	C	1,837,884	Actual Amount Paid
Sheltering Arms Hospital Foundation	Q	3,113,142	Actual Amount Paid
Sheltering Arms Hospital Foundation	D	24,313,000	Loan Balance
Sheltering Arms Hospital Foundation	B	500,000	Actual Amount Transferred
MedCentral Health System	L	327,697	Actual Amount Transferred
MedCentral Health System	O	180,869	Actual Amount Paid
MedCentral Health System	Q	2,818,680	Actual Amount Transferred
MedCentral Health System	R	337,389	Actual Amount Transferred
OhioHealth Foundation	R	5,118,177	Actual Amount Transferred
Grady Memorial Hospital	S	188,390	Actual Amount Transferred
OhioHealth Research Foundation	S	132,209	Actual Amount Transferred
Marion General Hospital	Q	1,844,423	Actual Amount Transferred

CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

OhioHealth Corporation

Years Ended June 30, 2014 and 2013
With Report of Independent Auditors

OhioHealth Corporation

Consolidated Financial Statements
and Other Financial Information

Years ended June 30, 2014 and 2013

Contents

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Independent Auditor's Report

To the Finance and Audit Committee
OhioHealth Corporation

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of OhioHealth Corporation (OhioHealth or the "Corporation") and its subsidiaries, which comprise the consolidated balance sheet as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

To the Finance and Audit Committee
OhioHealth Corporation

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of OhioHealth Corporation and its subsidiaries as of June 30, 2014 and 2013 and the results of its operations and changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 22, 2014 on our consideration of the OhioHealth Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering OhioHealth Corporation's internal control over financial reporting and compliance.

September 22, 2014

Plante & Moran, PLLC

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2014	2013
	(In Thousands)	
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 185,282**	$ 172,537
Patient Accounts Receivable, Less Allowances for Doubtful Accounts ($146,462 in 2014, $127,329 in 2013)	**333,509**	271,410
Other Receivables	**32,802**	26,132
Inventories	**42,039**	32,227
Other Current Assets	**52,513**	36,250
Total Current Assets	**646,145**	538,556
Property and Equipment, Less Accumulated Depreciation *(Note 3)*	**1,238,544**	911,155
Assets Limited As To Use *(Note 4)*		
Funds Held by Trustee	**35,646**	26,988
Unrestricted Foundation Investments	**30,923**	29,438
Funds Designated for Future Expansion	**2,739,246**	2,379,356
Board Designated Funds	**14,696**	13,225
Total Assets Limited As To Use	**2,820,511**	2,449,007
Other Assets		
Other	**136,258**	134,246
Total Other Assets	**136,258**	134,246
Restricted Assets		
Restricted Foundation Investments *(Note 4)*	**59,212**	52,405
Restricted Pledges	**7,919**	6,717
Total Restricted Assets	**67,131**	59,122
Total Assets	**$ 4,908,589**	$ 4,092,086

OhioHealth Corporation

Consolidated Balance Sheets

	June 30 2014	2013
	(In Thousands)	
Liabilities and Net Assets		
Current Liabilities		
Line of Credit *(Note 6)*	**$ 12,308**	$ 260
Commerical Paper *(Note 6)*	**24,313**	-
Current Portion of Long-Term Debt *(Note 6)*	**16,960**	15,546
Long-Term Debt Subject to Short Term Remarketing Arrangements *(Note 6)*	**90,610**	92,080
Accounts Payable	**119,277**	91,368
Wages and Benefits Payable	**172,076**	155,699
Estimated Third-Party Settlements *(Note 2)*	**17,310**	24,218
Accrued Interest Payable	**3,462**	3,435
Other Current Liabilities	**112,491**	107,353
Total Current Liabilities	**568,807**	489,959
Long-Term Liabilities		
Long-Term Debt, Net of Unamortized Bond Premium and Discount *(Note 6)*	**733,357**	721,954
Accrued Malpractice, Pension and Other *(Note 5)*	**253,563**	236,233
Interest Rate Swap Liability *(Note 7)*	**32,080**	31,269
Total Long-Term Liabilities	**1,019,000**	989,456
Net Assets		
Unrestricted Net Assets	**3,253,651**	2,553,549
Temporarily Restricted Net Assets	**48,347**	42,621
Permanently Restricted Net Assets	**18,784**	16,501
Total Net Assets	**3,320,782**	2,612,671
Total Liabilities and Net Assets	**$ 4,908,589**	$ 4,092,086

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2014	**2013**
	(In Thousands)	
Revenues		
Patient Service Revenue Net of Contractual Adjustments *(Note 9)*	**$ 2,783,008**	$ 2,548,053
Provision for Bad Debts	**(104,974)**	(111,439)
Patient Service Revenue Net of Bad Debts	**2,678,034**	2,436,614
Operating Income from Equity Ventures	**5,883**	7,467
Net Assets Released from Restrictions	**5,348**	5,237
Other Revenues	**78,643**	79,211
Total Operating Revenues	**2,767,908**	2,528,529
Operating Expenses		
Salaries and Wages	**1,226,529**	1,092,582
Employee Benefits	**278,304**	251,992
Drugs and Supplies	**432,473**	393,658
Purchased Services	**312,581**	269,936
Depreciation and Amortization	**133,831**	123,045
Interest	**20,028**	20,092
Other	**178,806**	162,047
Total Operating Expenses	**2,582,552**	2,313,352
Net Operating Income	**185,356**	215,177
Nonoperating Income (Loss)		
Interest Income, Dividends and Realized Gains *(Note 4)*	**95,173**	75,699
Change in Net Unrealized Gains on Trading Securities *(Note 4)*	**145,489**	63,192
Loss on Advance Refunding of Debt *(Note 6)*	**-**	(1,975)
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**(943)**	20,961
Nonoperating Income from Equity Ventures	**1,101**	758
Gain on Purchase of Remaining Interest in Joint Ventures	**-**	5,484
Inherent Contributions from Acquisition of Hospitals *(Note 11)*	**248,494**	-
Contributions and Other	**673**	1,193
Total Nonoperating Income	**489,987**	165,312
Excess of Revenues Over Expenses	**$ 675,343**	$ 380,489

(Continued on following page)

OhioHealth Corporation

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

	Year Ended June 30	
	2014	**2013**
	(In Thousands)	
Unrestricted Net Assets		
Excess of Revenues Over Expenses	**$ 675,343**	$ 380,489
Change in Net Unrealized Gains on Alternative Investments *(Note 4)*	**26,626**	25,062
Net Assets Released from Restrictions used for Purchase of Property and Equipment	**1,715**	1,036
Pension Related Changes other than Net Periodic Pension Cost	**2,870**	46,577
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**132**	132
Other	**(6,584)**	(6,576)
Increase in Unrestricted Net Assets	**700,102**	446,720
Temporarily Restricted Net Assets		
Investment Income	**753**	858
Change in Net Unrealized Gains on Investments *(Note 4)*	**1,411**	780
Net Assets Released from Restrictions	**(7,063)**	(6,273)
Contributions and Other	**10,625**	7,235
Increase in Temporarily Restricted Net Assets	**5,726**	2,600
Permanently Restricted Net Assets		
Contributions and Other	**2,283**	1,850
Increase in Permanently Restricted Net Assets	**2,283**	1,850
Increase in Net Assets	**708,111**	451,170
Net Assets at Beginning of Year	**2,612,671**	2,161,501
Net Assets at End of Year	**$ 3,320,782**	$ 2,612,671

See accompanying notes

OhioHealth Corporation

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2014	**2013**
	(In Thousands)	
Operating Activities		
Increase in Net Assets	**$ 708,111**	$ 451,170
Adjustments to Reconcile Increase in Net Assets to Cash Provided by Operating Activities		
Depreciation	**133,308**	122,408
Amortization	**523**	637
Bad Debt Expense	**104,974**	111,439
Contributions	**(6,213)**	(5,759)
Loss on Advance Refunding of Debt	**-**	1,975
Gain on Disposition of Assets	**(5,889)**	(4,939)
Contributions of Cash for Long-lived Assets	**(1,938)**	(1,243)
Interest Income, Dividends and Realized Gains	**(95,926)**	(76,557)
Change in Net Unrealized Gains on Investments	**(173,526)**	(89,034)
Gain on Purchase of Remaining Interest in Joint Ventures	**-**	(5,484)
Contributed Net Assets from Business Combinations	**(3,261)**	-
Contributions from Business Combinations	**(248,494)**	-
Pension Related Changes other than Net Periodic Pension Cost	**(2,870)**	(46,577)
Change in Fair Value of Interest Rate Swaps	**811**	(21,093)
Cash (Used for) Provided by Operating Assets and Liabilities		
Patient Accounts Receivable	**(128,341)**	(129,951)
Inventories, Other Receivables and Other Assets	**(12,805)**	(36,984)
Estimated Third-Party Settlements	**(6,908)**	3,666
Accounts Payable, Accrued Interest Payable and Other Current Liabilities	**25,014**	36,914
Wages and Benefits Payable	**3,731**	18,059
Accrued Malpractice and Other	**(9,086)**	(4,107)
Net Cash Provided by Operating Activities	**281,215**	324,540
Investing Activities		
Additions to Property and Equipment, Net	**(289,589)**	(219,165)
Contributions of Cash for Long-lived Assets	**1,938**	1,243
Purchases of Assets Limited As To Use and Restricted Assets	**(7,264,009)**	(5,415,403)
Sales of Assets Limited As To Use and Restricted Assets	**7,271,984**	5,231,159
Business Acquisitions - Net of Cash Acquired	**21,664**	(12,799)
Net Cash Used for Investing Activities	**(258,012)**	(414,965)
Financing Activities		
Proceeds from Long-Term Debt Obligations	**31,476**	246,456
Refunding of Long-Term Debt Obligations	**(24,313)**	126,838
Principal Payments on Long-Term Debt Obligations	**(17,621)**	(255,321)
Net Cash (Used For) Provided by Financing Activities	**(10,458)**	117,973
Increase in Cash and Cash Equivalents	**12,745**	27,548
Cash and Cash Equivalents at Beginning of Year	**172,537**	144,989
Cash and Cash Equivalents at End of Year	**$ 185,282**	$ 172,537

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), Doctors Health Corporation of Nelsonville (Nelsonville), O'Bleness Health System (O'Bleness), and MedCentral Health System (MedCentral) 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 OhioHealth Physician Group, Inc

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 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

1. Organization (continued)

In November 2013, OhioHealth executed an Affiliation Agreement with The Sheltering Arms Hospital Foundation, Inc (D B A O'Bleness Health System) O'Bleness Health System was an organization which OhioHealth had been managing previously, whereby OhioHealth became the sole member of O'Bleness Health System The transaction was effective on January 7, 2014 O'Bleness Health System owns and operates a hospital in Athens, Ohio In addition, Sheltering Arms Hospital Foundation, Inc continued to be the sole voting member of Appalachian Community Visiting Nurses Association, Athens Medical Laboratory Associates, Inc , and Athens Medical Associates, LLC

In December 2013, OhioHealth executed an Affiliation Agreement with MedCentral Health System, whereby OhioHealth became the sole member of MedCentral The transaction was effective on March 1, 2014 MedCentral Health System owns and operates two acute care hospitals in Mansfield and Shelby, Ohio In addition, MedCentral Health System continued to be the sole voting member of MedCentral Professional Foundation and Shelby Memorial Hospital Foundation

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

OhioHealth Physician Group, Inc 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 The Corporation's assets are insured at the $250,000 maximum per banking institution provided through the Federal Deposit Insurance Corporation ("FDIC"), 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

2. Significant Accounting Policies (continued)

Third-Party Reimbursement

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

Amounts earned under the Medicare and Medicaid contractual arrangements are subject to audit by appropriate government authorities or their agents Adequate provision has been made in the financial statements for any adjustments that may result from such audits At June 30, 2014, final determinations have not been made for all entities for 2009 through 2014 for Medicare and 2008 through 2014 for Medicaid The amounts reported on the financial statements represent estimated settlements outstanding at June 30, 2014 and 2013 Gains related to prior year settlement and other reserve estimates resulted in an increase to net operating income in 2014 and 2013 of approximately $12,820,000 and $13,813,000, respectively Medicare, Medicaid and Anthem represented approximately 55% of Corporation's net patient service revenues for both years ended June 30, 2014 and 2013

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 recorded a gain of approximately $3,281,000 and was charged an expense of approximately $9,234,000 to contractual deductions related to RAC for the years ended June 30, 2014 and 2013, 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

2. Significant Accounting Policies (continued)

Inventories

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

Property and Equipment

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

Business Combinations

The assets acquired and liabilities assumed in a business combination, including identifiable intangible assets, are based on their estimated fair values as of the acquisition date

Goodwill

The recorded amounts of goodwill from business combinations are based on management's best estimates of the fair value of assets acquired and liabilities assumed at the acquisition date Annually, or when indicators of impairment exist, the Corporation assesses goodwill for impairment No impairment charge was recognized in the years ended June 30, 2014 and June 30, 2013

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 meaningful 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

2. Significant Accounting Policies (continued)

Electronic Health Record Technology (EHR) (continued)

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 and 2014, certain OhioHealth hospitals attested to Centers for Medicare and Medicaid Services (CMS) that they had met various stages of meaningful use criteria The incentive payments were recognized as income within other operating revenues in the amount of $13,898,000 and $15,921,000 for the years ended June 30, 2014 and 2013, respectively

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 ($30,562,000 and $29,435,000 as of June

2. Significant Accounting Policies (continued)

Equity Investments (continued)

30, 2014 and 2013, respectively) are included in other assets in the accompanying balance sheets (see Note 12)

Fair Value of Financial Instruments

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

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

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

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

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

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

Malpractice and General Patient Liability Contingencies

Because of the nature of its operations, the Corporation is, at all times, subject to pending and threatened legal actions which arise in the normal course of its activities Malpractice and general patient liability claims for incidents which may give rise to litigation have been asserted against the Corporation by various claimants The claims are in various stages of processing and some may ultimately be brought to trial There are also known incidents that have occurred through June 30, 2014 and June 30, 2013, respectively, that may result in the assertion of additional claims At June 30, 2014 and June 30, 2013, 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, 2014 and 2013 includes

2. Significant Accounting Policies (continued)

Malpractice and General Patient Liability Contingencies (continued)

amounts for claims and related legal expenses for these unreported incidents The reserve was actuarially determined by combining the Corporation's historical experience and industry data The Corporation established a trust for the purpose of setting aside assets for the payment of claims based on actuarial funding recommendations Under the trust agreements, the trust assets can only be used for payment of malpractice losses, related expenses and the cost of administering the trust

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose When a donor restriction expires, temporarily restricted net assets used for non-capital expenditures are reclassified to unrestricted net assets and are included in excess of revenues over expenses The release of restrictions on temporarily restricted net assets restricted for the purchase of property and equipment are excluded from excess of revenues over expenses and are reported as an increase in unrestricted net assets Contributions received that are limited by donor restrictions are reported as increases in unrestricted net assets if the restrictions are met in the same reporting period

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, 2014 and 2013 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, 2014, and 2013

2. Significant Accounting Policies (continued)

Federal Income Taxes

OhioHealth and substantially all of its subsidiaries are tax-exempt organizations as defined under various sections of the Internal Revenues Code With respect to the taxable corporations, income taxes are insignificant in fiscal 2014 and 2013 The Corporation files all applicable federal, state and local income tax returns Fiscal years 2011 through 2014 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, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of any tax benefits or liabilities, or disclosure in the financial statements

Charity Care and Benefits to the Community

The Corporation provides medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, the Corporation not only utilizes generally recognized poverty income levels of the communities it serves, but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Because the Corporation does not expect to receive payment of amounts determined to qualify as charity care, these amounts are not included in net patient service revenues Charity care is determined based on established polices, using patient income 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 $115,840,000 and $119,073,000 of services to indigent patients during 2014 and 2013, 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

2. Significant Accounting Policies (continued)

Charity Care and Benefits to the Community (continued)

medical education programs as well as certain programs discussed above The Corporation's benefit to the community was approximately $290,208,000 and $257,920,000 for the years ended June 30, 2014 and 2013, respectively In addition, the unpaid cost of Medicare of approximately $132,151,000 and $79,459,000 was provided as an uncompensated service to the community for the years ended June 30, 2014 and 2013, 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 $33,610,000 and $35,069,000 in net HCAP distributions for the years ended June 30, 2014 and 2013, respectively

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, inherent contribution from acquisitions of hospitals, 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 2014 and 2013 include health care expenses of approximately $2,149,850,000 and $1,919,651,000 respectively, and general and administrative expenses of approximately $432,702,000 and $393,701,000, respectively

2. Significant Accounting Policies (continued)

Use of Estimates

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

Net Patient Service Revenues

The Corporation has agreements with third-party 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

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 from these major payor sources in total for 2014 and 2013 was $2,783,008,000 and 2,548,053,000 respectfully The amounts (net of contractual allowance and discounts, after provision for bad debts) are made up of amounts from third-party payors of $2,669,346,000 and $2,428,092,000, and amounts from self-pay payors of $8,688,000 and $8,522,000, for a total of $2,678,034,000 and $2,436,614,000 for years ended June 30, 2014 and June 30, 2013, respectively

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

2. Significant Accounting Policies (continued)

Conditional Asset Retirement Obligations (continued)

result, management cannot reasonably estimate the liability related to these asset retirement activities as of June 30, 2014 and 2013

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 $9,541,000 and $7,061,000 for the years ended June 30, 2014 and June 30, 2013, respectively, attributable to noncontrolling interest

Unrestricted net assets includes $8,444,000 and $4,794,000 for the years ended June 30, 2014 and June 30, 2013, respectively, attributable to noncontrolling interest

The following table reflects the components of the Corporation's entities with both controlling and noncontrolling interest for the years ended June 30, 2014 and June 30, 2013, respectively (in thousands)

	Controlling Interest	Non-Controlling Interest	Total
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
Excess of revenues over expenses	**11,742**	**9,541**	**21,283**
Distributions	**(9,868)**	**(8,853)**	**(18,721)**
Contributions and Share Exchanges	**3,202**	**2,962**	**6,164**
Balance at June 30, 2014	**$ 13,563**	**$ 8,444**	**$ 22,007**

Reclassifications

Certain reclassifications have been made to the 2013 financials statements to conform with the 2014 presentation

2. Significant Accounting Policies (continued)

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 22, 2014, which is the date the financial statements were issued During the period, there were no material subsequent events that required recognition or disclosure in the accompanying consolidated financial statements

3. Property and Equipment

Property and equipment is summarized as follows

	June 30	
	2014	**2013**
	(In Thousands)	
Land and land improvements	$ **103,526**	$ 87,990
Buildings and fixed equipment	**1,226,553**	1,060,842
Equipment	**750,599**	637,020
Construction-in-progress	**278,320**	142,623
	2,358,998	1,928,475
Accumulated depreciation	**(1,120,454)**	(1,017,320)
	$ **1,238,544**	$ 911,155

Title to certain land and buildings of the Corporation with net book value of $72,404,000 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 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 $316,000,000, with $112,000,000 remaining at June 30, 2014 During fiscal year 2013 the Corporation, began implementing EPIC software The incremental cost will be approximately $229,000,000, with $129,000,000 remaining at June 30, 2014

4. Assets Limited As To Use and Restricted Foundation Investments

Investment income is comprised of the following

	Year ended June 30	
	2014	2013
	(In Thousands)	
Income		
Interest and dividend income	$ 61,611	$ 52,567
Net realized gains on sale of trading securities	33,562	23,132
Change in net unrealized gains on trading securities	145,489	63,192
	$ 240,662	$ 138,891
Other changes in net assets		
Change in net unrealized gains on alternative investments	26,626	25,062
Change in net unrealized gains on investments	1,411	780
	$ 28,037	$ 25,842

The Corporation is exposed to changes in fair value of foreign currency due to changes in foreign currency exchange rates As of June 30, 2014 and 2013, the Corporation has recorded unrealized gains on foreign currency in net assets of $1,509,000 and $726,000, 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	
	2014	2013
	(In Thousands)	
Money markets and short-term investments	$ 163,282	$ 49,764
U S Government obligations	301,579	465,421
Common stocks	464,018	439,030
Certificates of Deposit	332	-
Corporate bonds	546,945	415,159
Limited partnerships	136,162	220,424
Mutual funds	251,087	175,719
Common and Collective Trust	57,775	-
Foreign equities and other	191,204	96,752
Asset backed and collateralized mortgage obligations (CMO)	384,665	347,111
Alternative investments	382,674	292,032
	$ 2,879,723	$ 2,501,412

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

Of the above amounts, $2,820,511,000 and $2,449,007,000 are classified as assets limited as to use at June 30, 2014 and 2013, respectively $59,212,000 and $52,405,000 are classified as restricted foundation investments at the same respective dates in the Corporation's consolidated financial statements

Other-Than-Temporary Declines in Investments

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

The Corporation records all of its investments in equity and debt securities, with the exception of alternative investments, as trading securities Alternative investments remain classified as available-for-sale securities Unrealized losses on alternative investments were $840,000 and $165,000 as of June 30, 2014 and 2013, respectively

The following table reflects OhioHealth's investment gross unrealized losses and fair value, at June 30, 2014 (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	$ 5,190	$ (840)	$ -	$ -	$ 5,190	$ (840)

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)

For the fiscal years ended June 30, 2014 and 2013, existing impairments are temporary and no adjustments to the cost basis are deemed necessary due to the long term nature of the alternative investments In addition, OhioHealth has the intent and ability to retain investments for a period of time sufficient to allow for the anticipated recovery in market value

In order to evaluate the realizable value of its investments, OhioHealth evaluates the available facts and circumstances, including the investment intent, estimated twelve month target prices,

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

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 (the Plans) for employees who meet certain requirements as to age and length of service The Corporation had three defined benefit pension plans in 2013, but with the affiliation of the Corporation and MedCentral in 2014 there are now four defined benefit pension plans 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, 2014 and 2013, and a statement of the funded status as of June 30, 2014 and 2013

	June 30	
	2014	**2013**
	(In Thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year		
Central Ohio	**$ 532,865**	$ 533,593
MedCentral as of March 1, 2014	**90,623**	-
Service cost	**30,650**	31,948
Interest cost	**27,626**	23,839
Actuarial (gains) losses	**39,118**	(33,647)
Benefits paid	**(37,107)**	(22,985)
Settlement losses	**3,505**	117
Projected benefit obligation at end of year	**687,280**	532,865
Change in plans assets		
Fair value of plans assets at beginning of year		
Central Ohio	**420,454**	370,004
MedCentral as of March 1, 2014	**79,638**	-
Actual return on plans assets	**64,190**	23,742
Contributions	**48,401**	49,693
Benefits paid	**(37,107)**	(22,985)
Fair value of plans assets at end of year	**575,576**	420,454
Funded status of the plans at end of year	**$ (111,704)**	$ (112,411)

5. Pension Plans (continued)

The Plans' funded status as a percentage of the projected benefit obligation at June 30, 2014 and 2013, was 84% and 79%, respectively

At June 30, 2014 and 2013, the Plans' accumulated benefit obligation was $631,248,000 and $481,455,000 respectively

The components of net periodic pension expense are

	Year ended June 30	
	2014	2013
	(In Thousands)	
Service cost	$ 30,650	$ 31,948
Interest cost	27,625	23,839
Expected return on plan assets	(29,501)	(25,232)
Net amortization	2,532	999
Net loss recognition	8,897	13,317
Settlement loss recognized	259	117
Pension expense	$ 40,462	$ 44,988

The estimated net loss and prior service cost for the defined benefit pension plans that will be amortized from net assets into net periodic benefit cost over the next fiscal year is $6,881,000

The amount of net loss and prior service cost that has not been amortized into net periodic benefit cost was $139,590,000 and $142,589,000 at June 30, 2014 and 2013, 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	
	2014	2013
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	(In Thousands)	
Transition asset or (obligation)	$ (358)	$ (722)
Accumulated prior service credit (cost)	(1,113)	(3,195)
Actuarial gains (losses)	(138,119)	(138,672)
Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets	(139,590)	(142,589)
Cumulative employer contributions in excess of net periodic pension cost	27,886	30,178
Funded status of the plan at end of year	$ (111,704)	$ (112,411)

5. Pension Plans (continued)

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

	2014	2013
Assumptions - used to determine the benefit obligation as of June 30		
Discount rate	**4.44%-4.57%**	4 50%-5 18%
Rate of compensation increase	**3.00%-4.00%**	3 00%-4 00%

	2014	2013
Assumptions - used to determine net periodic pension expense for the year ended		
Discount rate	**4.50%-5.18%**	4 25%-4 57%
Expected return on plan assets	**5.00%-7.00%**	5 00%-6 60%
Rate of compensation increase	**2.50%-4.00%**	3 00%-4 00%

Asset Allocation

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

	June 30			
	2014	2013	Target Range	Target
Fixed income	**52%**	50%	45%-60%	52%
Domestic and international securities	**33%**	35%	25%-40%	33%
Alternatives	**14%**	15%	10%-20%	15%
Cash equivalents	**1%**	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 2014 were in excess of required amounts Estimated contributions to be made by OhioHealth into the Plans during fiscal year 2015 are $46,020,000 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

2015	$ 42,654,000
2016	36,106,000
2017	38,343,000
2018	40,488,000
2019	43,797,000
2020-2024	272,084,000

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) and 401(k) retirement savings plans Expenses incurred in connection with the Retirement Plans were approximately $19,239,000 and $15,635,000 for the years ended June 30, 2014 and 2013, respectively

5. Pension Plans (continued)

The fair values of the Corporation's defined benefit pension plan assets at June 30, 2014 and 2013 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, 2014 (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	$ 10,779	$ -	$ -	$ 10,779
U.S. Government obligations	7,213	-	-	7,213
Common stocks	22,076	1	-	22,077
Corporate bonds	-	112,514	-	112,514
Asset backed and CMO	-	7,299	-	7,299
Mutual Funds	55,067	-	-	55,067
Common and collective trusts	-	152,722	-	152,722
Limited partnerships	-	128,299	-	128,299
Foreign equities and other	-	21,050	-	21,050
Alternative investments	3,220	45,438	9,898	58,556
Total	**$ 98,355**	**$ 467,323**	**$ 9,898**	**$ 575,576**

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	1	-	11,392
Corporate bonds	-	76,575	-	76,575
Asset backed and CMO	-	518	-	518
Mutual Funds	25,614	-	-	25,614
Common and Collective Trust	-	64,569	-	64,569
Limited partnerships	-	180,046	-	180,046
Foreign equities and other	-	22,254	-	22,254
Alternative investments	-	35,531	-	35,531
Total	$ 40,623	$ 379,831	$ -	$ 420,454

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 2014 and 2013

5. Pension Plans (continued)

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis at June 30, 2014 (in thousands)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	Total
Beginning balance at July 1, 2013 – Central Ohio	$ 0
Beginning balance at March 1, 2014 – MedCentral	8,808
Total gains or losses	
Total realized gains included in excess of revenues over expenses	0
Total unrealized gains included in unrestricted net assets	590
Purchases, issuances, sales and settlements	
Purchases	500
Sales	0
Ending balance at June 30, 2014	$ 9,898

6. Long-Term Obligations and Notes Payable

Long-term debt and notes payable consist of the following

Series	Description	Principal Maturities Ranges	June 30, 2014 Interest Rate	Outstanding Principal June 30 2014	2013
				(in thousands)	
2013	Fixed Rate Hospital Facilities Revenue Refunding and Improvement Bonds	From $2,885,000 on May 15, 2034 to $42,450,000 at maturity on May 15, 2043	4.32%	**$ 221,155**	$ 226,000
2011A	Fixed Rate Hospital Facilities Revenue Bonds	From $125,000 on November 15, 2027 to $19,280,000 at maturity on November 15, 2041	4.99%	**126,570**	128,465
2011B	Variable Rate Hospital Facilities Refunding Revenue Bonds-Mandatory Tender July 12, 2017	From $10,000 on November 15, 2016 to $7,105,000 at maturity on November 15, 2033	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 at maturity on November 15, 2033	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 at maturity on November 15, 2033	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	0.05%	**165,800**	165,800
2003D	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $240,000 on July 1, 2014 to $455,000 at maturity on July 1, 2029	0.06%	**10,705**	11,195
1998B	Variable Rate Demand Hospital Facilities Revenue Bonds	From $1,405,000 on December 1, 2014 to $2,765,000 at maturity on December 1, 2028	0.06%	**30,840**	32,245
1996A	Variable Rate Demand Hospital Facilities Refunding and Improvement Revenue Bonds	From $1,940,000 on December 1, 2014 to $3,355,000 on June 1, 2021, maturing on December 1, 2021	0.06%	**36,975**	40,935
1996B	Variable Rate Demand Hospital Facilities Refunding Revenue Bonds	From $895,000 on December 1, 2014 to $1,220,000 at maturity on December 1, 2020	0.06%	**14,070**	15,900
2006	Fixed Rate Hospital Facilities Revenue Refunding Bonds (MedCentral Health System)	From $725,000 on November 15, 2031 to $1,625,000 on November 15, 2030, maturing on November 15, 2036	5.21%	**23,215**	-
	Lines of Credit Draw	N/A	Various	**12,308**	260
	Other	Various installments	Various	**3,189**	2,022
	Commercial Paper			**24,313**	-
		Total obligations		**852,880**	806,562
		Unamortized net premium and discount		**24,668**	23,278
				877,548	829,840
		Less current portion of debt		**53,581**	15,806
		Less long-term debt subject to short-term remarketing arrangements		**90,610**	92,080
		Long-term portion of debt		**$ 733,357**	$ 721,954

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 addition, with the acquisitions of MedCentral Health System and O'Bleness Health System for the year ended June 30, 2014, OhioHealth Corporation assumed the debt of these entities This debt includes

The O'Bleness Series 2003A bonds, originally issued by the County of Athens, Ohio in the amount of $31,755,000 for the purpose of refunding the Series 1993 bonds and for construction and improvements In March 2014, the Corporation refinanced the outstanding balance on the O'Bleness Series 2003A bonds, in the amount of $24,313,000 with a taxable commercial paper program with a borrowing capacity of $100,000,000 The commercial paper can be remarketed in periods of up to 270 days OhioHealth has been remarketing the commercial paper approximately every 60 days, as that tenor has offered the most advantageous interest rate during the period leading up to June 30, 2014 The interest rate at June 30, 2014 for the commercial paper program was 0 18%

The MedCentral Series 2006 bonds, were originally issued by the County of Richland, Ohio in the amount of $24,875,000 for the purpose of refunding the Series 2000A&B bonds

Five notes payable to various financial institutions with a combined outstanding balance of $1,363,000 at June 30, 2014 These notes are used to secure financing for space and equipment

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

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

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 reimbursement of prior capital expenditures, the acquisition, construction, installation and equipping of certain hospital facilities owned and/or operated by the Corporation and its affiliates, to refund the Series 2008A Bonds in the amount of $186,700,000, to terminate a tax-exempt synthetic operating lease and to pay the costs of issuance relating to this financing

The Series 2011B bonds are subject to a mandatory tender date of July 12, 2017

The OhioHealth Obligated Group's Hospital Facilities Refunding Revenue Bonds, Series 2011C of $61,240,000, while subject to a long-term amortization period, are also subject to mandatory tenders in connection with the remarketing date of June 4, 2014 and accordingly were reflected under current liabilities as long-term debt subject to short term remarketing arrangements on the financial statements as of June 30, 2014 These bonds were remarketed on June 4, 2014 with a new mandatory tender date of June 3, 2015 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 Standby Bond Purchase Agreements (Liquidity Facilities) with expiration dates of February 24, 2016 and February 24, 2017, respectively

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

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

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 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, 2014, 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

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

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 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

Certain of the financing agreements contain financial and non-financial covenant provisions (with the exception of the commercial paper program and outstanding lines of credit) As of June 30, 2014 and 2013, the Corporation was in compliance with these covenants

Interest costs incurred on the above debt obligations and line of credit agreements in 2014 and 2013 were approximately $23,670,000 and $21,444,000, respectively At June 30, 2014 and June 30, 2013, the Corporation capitalized interest costs of approximately $3,642,000 and $1,352,000, respectively, as part of the cost of various construction projects Interest paid on the above debt obligations and line of credit agreements was approximately $23,642,000 and $20,996,000 for the years ended June 30, 2014 and 2013, respectively

The fair value of fixed rate long-term debt is estimated using comparable issues in the security market The fair values of such long-term borrowings at June 30, 2014 and 2013 were approximately $855,830,000 and $829,766,000, respectively, and were categorized as Level 2 within the fair value hierarchy

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

2015	$ 15,255,000
2016	15,785,000
2017	16,865,000
2018	17,650,000
2019	18,335,000

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

As of June 30, 2014, the Corporation had outstanding lines of credit with banks totaling $12,308,000 and $260,000 at June 30, 2014 and June 30, 2013, respectively The credit limit for these credit lines was $12,550,000 at June 30, 2014 and $500,000 at June 30, 2013 These expire between October 2014 and May 2015

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, 2014 and June 30, 2013

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

Swap Type	Expiration Date	Corporation Receives	Corporation Pays	Notional Amount at June 30, 2014	Notional Amount at June 30, 2013
				(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 2014	June 30 2013
Derivatives not designated as hedging instruments		
Asset derivatives interest rate swaps	$ -	$ -
(Liability) derivatives interest rate swaps	**(32,080)**	(31.269)

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)

	Year ended June 30 2014	Year ended June 30 2013	Reported in Consolidated Statement of Operations as:
Interest expense	$ **(6,440)**	$ (6.380)	Interest expense
Change in fair value of interest swap agreements	**(943)**	20.961	Nonoperating investment income
Total gain (loss)	$ **(7,383)**	14.581	

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, 2014 and June 30, 2013, 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, 2014 (In Thousands)

Assets	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 (see Note 4)	$ 45,482	$ 117,800	$ -	$ 163,282
U.S. Government obligations	301,579	-	-	301,579
Common stocks	463,816	202	-	464,018
Certificates of deposit	-	332	-	332
Corporate bonds	-	546,945	-	546,945
Asset backed and CMO	-	384,665	-	384,665
Limited partnerships	-	136,162	-	136,162
Mutual funds	238,312	12,775	-	251,087
Common and Collective Trust	-	57,775	-	57,775
Foreign equities and other	-	191,204	-	191,204
Alternative investments	-	272,566	110,108	382,674
Total Assets Limited As To Use and Restricted Foundation Investments	**$ 1,049,189**	**$ 1,720,426**	**$ 110,108**	**$ 2,879,723**
Liabilities				
Swap liability	$ -	$ 32,080	$ -	$ 32,080

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

Assets	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 (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
Mutual Funds	175,719	-	-	175,719
Foreign equities and other	-	96,752	-	96,752
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

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

The fair value of all Level 2 securities at June 30, 2014 and June 30, 2013 was determined by the Corporation's custodial bank based on automated feeds and supplemental sources such as evaluated prices received from fixed income vendors

Change in Level 3 Assets and Liabilities Measured at Fair Value on a Recurring Basis at June 30, 2014 (in thousands)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		Total
Beginning balance at July 1, 2013 – Central Ohio	$	**41,017**
Beginning balance at March 1, 2014 – MedCentral		**10,128**
Total gains and losses		
Total realized gains (losses) included in excess of revenues over expenses		**(152)**
Total unrealized gains (losses) included in unrestricted net assets		**5,390**
Purchases, issuances, sales and settlements		
Purchases		**57,568**
Sales		**(3,843)**
Ending balance at June 30, 2014	$	**110,108**

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

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

The fair value of the above alternative investments at June 30, 2014 was determined primarily based on Level 3 inputs Realized gains and losses on alternative investments are included in nonoperating income on the consolidated statements of operations Changes in unrealized gains and losses on alternative investments are excluded from excess of revenues over expenses Both observable and unobservable inputs may be used to determine the 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 2014 and 2013

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

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

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

At June 30, 2014 and 2013, respectively, the fair value, unfunded commitments, and redemption rules of those investments is as follows

	Investments Held at June 30, 2014 (In Thousands)			
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Multi-strategy hedge fund	$ 4,523	$ -	Annual	105 days
Multi-strategy hedge fund	4,560	-	Quarterly	65 days
Multi-strategy hedge funds	272,566	-	Semi-annual	95 days
Common and Collective Trust	57,775	-	Monthly	30 days
Fixed Income Funds	4,568	-	Bi-monthly	5-30 days
Domestic Equities	3,584	-	Bi-monthly	5-30 days
International Equities	3,669	-	Bi-monthly	5-30 days
International Equities	127,691	-	Monthly	5 days
International Equities	136,162	-	Monthly	15 days
International Equities	63,513	-	Monthly	30days
Real estate funds	9,391	27,332	Not redeemable	N/A
Private equity funds	55,588	106,093	Not redeemable	N/A
Private debt fund	36,046	26,564	Not redeemable	N/A
Total	$ 779,636	$ 159,989		

	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	$ -	Semi-annual	95 days
International Equities	204,533	-	Monthly	5 days
International Equities	112,643	-	Monthly	15 days
Real estate funds	5,688	17,232	Not redeemable	N/A
Private equity funds	35,329	47,610	Not redeemable	N/A
Total	$ 609,208	$ 64,842		

The multi-strategy hedge fund class are investments in hedge fund of 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

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

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

The real estate funds class includes four real estate funds Two invest in U S university student housing, one seeks attractive risk-adjusted returns by acquiring positions of control or significant influence in real estate assets and real estate companies globally, and the last one invests in the domestic hospitality sector 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 private equity funds class includes ten private equity funds These investments cover various strategies across the U S as well as Europe and Asia such as investments in mezzanine financing, secondaries, and distressed credit funds as well as buyouts and growth strategies 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 debt class includes one direct lending fund that invests in senior secured debt of private U S lower middle-market companies following a credit focused preservation of capital strategy 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 investments in the real estate, private debt 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 5 to 12 years

9. Net Patient Service Revenues

	Year ended June 30	
	2014	**2013**
	(In Thousands)	
Charges at established rates	**$ 7,978,886**	$ 7,198,019
Deductions		
Governmental	**3,339,578**	2,878,163
HCAP receipts	**(33,610)**	(35,069)
Non-governmental	**1,410,192**	1,305,491
Charity care	**479,718**	501,381
Total deductions	**5,195,878**	4,649,966
Patient service revenue net of contractual adjustments	**$ 2,783,008**	$ 2,548,053
Provision for bad debts	**(104,974)**	(111,439)
Patient service revenue net of bad debts	**$ 2,678,034**	$ 2,436,614

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 $7,354,000 and $7,378,000 for the years ended June 30, 2014 and 2013, respectively

The Corporation leases various equipment and facilities under operating lease arrangements Total rental expense for the years ended June 30, 2014 and 2013 was $59,798,000 and $56,706,000, respectively Minimum non-cancelable operating lease payments over the next five years are as follows 2015—$43,642,000, 2016—$35,174,000, 2017—$26,390,000, 2018—$19,163,000, 2019—$14,195,000 and thereafter—$39,475,000

11. Business Combinations

O'Bleness Memorial Hospital (O'Bleness)

Effective January 7, 2014, the Corporation became the sole corporate member, through a non-cash business combination transaction, of O'Bleness Health System ("O'Bleness") The primary reason for the transaction was to further along a more unified and collective health care delivery system that is in the best interest of the residents of the communities served For the past three years prior to the transaction, O'Bleness had been managed by the Corporation pursuant to a Hospital Management Agreement

The fair value of the assets acquired and liabilities assumed were determined on the basis of an independent valuation, which used a weighted average of cost (adjusted book value method), market (guideline public company method) and income (discounted cash flow method) approaches As a result, the Corporation recognized a nonoperating contribution of $44,460,000 in the accompanying statement of operations for the year ended June 30, 2014 In addition, the transaction resulted in contributions of temporarily and permanently restricted net assets of $270,000 and $610,000, respectively

MedCentral Health System (MedCentral)

Effective March 1, 2014, the Corporation became the sole corporate member, through a non-cash business combination transaction, of MedCentral Health System ("MedCentral") The primary reason for the transaction was to further along a more unified and collective health care delivery system that is in the best interest of the residents of the communities served MedCentral operates acute care hospitals in Mansfield and Shelby, Ohio

As part of the post-closing covenants, the Corporation provided a capital commitment for the construction of twelve surgical suites and a multi-purpose medical office building with a total

11. Business Combinations (continued)

project cost not to exceed $80 million The Corporation has committed to also provide MedCentral annual routine capital of up to $20 million for each of the three calendar years after the closing

The fair value of the assets acquired and liabilities assumed were determined on the basis of an independent valuation, which used a weighted average of cost (adjusted book value method), market (guideline public company method) and income (discounted cash flow method) approaches As a result, the Corporation recognized a nonoperating contribution of $204,034,000 in the accompanying statement of operations for the year ended June 30, 2014 In addition, the transaction resulted in contributions of temporarily and permanently restricted net assets of $1,271,000 and $1,110,000, respectively

The following table summarizes the fair value of assets acquired and liabilities assumed based on independent valuations, as of the transaction dates in conjunction with the business combinations

	O'Bleness	MedCentral
	January 7, 2014	March 1, 2014
	(In Thousands)	
Cash and cash equivalents	$ 20,605	$ 8,827
Net patient accounts receivable	10,388	28,345
Accounts receivable, other	1,296	3,420
Property and equipment, net	43,843	133,039
Assets limited as to use	7,480	96,001
Other assets	4,644	16,373
Total assets acquired	88,256	286,005
Line of credit	(30)	(12,726)
Debt	(28,351)	(25,060)
Other liabilities	(14,535)	(41,804)
Total liabilities assumed	(42,916)	(79,590)
Fair value of net assets acquired	$ 45,340	$ 206,415

11. Business Combinations (continued)

The following table summarizes the inherent contributions recognized, as of the transaction date, in conjunction with the business combinations

	O'Bleness	MedCentral
	(In Thousands)	
Fair value of assets acquired	$ 88,256	$ 286,005
Liabilities assumed	(42,916)	(79,590)
	45,340	206,415
Temporarily restricted net assets	(270)	(1,271)
Permanently restricted net assets	(610)	(1,110)
Inherent contribution received in business combinations recognized in unrestricted net assets	$ 44,460	$ 204,034

For the period, from the date of acquisition to June 30, 2014, O'Bleness had $47,071,000 of operating revenue, ($605,000) of excess of revenues over expenses and ($662,000) of changes in net assets For the period, from the date of acquisition to June 30, 2014, MedCentral had $83,331,000 of operating revenue, ($957,000) of excess of revenues over expenses and $123,000 of changes in net assets

The following unaudited pro forma financial information presents the combined results of operations of the Corporation and the entities for the years ended June 30, 2014 and 2013, as though the business combination transactions had occurred on July 1, 2012 This pro forma financial information is not necessarily indicative of the results of the operations that would have occurred had the Corporation and the entities constituted a single entity during those periods, nor is it necessarily indicative of future operating results

	Year ended June 30, 2014 Combined	Year ended June 30, 2013 Combined
	(In Thousands)	
Total operating revenue	$ 2,970,698	$ 2,872,272
Net operating income	171,950	214,885
Excess of revenues over expenses	425,124	637,532
Increase in unrestricted net assets	464,809	695,940
Increase in temporarily restricted net assets	6,157	4,044
Increase in permanently restricted net assets	2,341	3,542

11. Business Combinations (continued)

The increase in unrestricted net assets for the year ended June 30, 2013, in the table above include the nonoperating contributions from business combinations reflected in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, to reflect the business combinations as if they had occurred on July 1, 2012 was as follows

	2014
	(In Thousands)
O'Bleness	$ 44,460
MedCentral	204,034
Total	$ 248,494

In addition, the increase in temporarily restricted net assets and permanently restricted net assets for the year ended June 30, 2013, in the table above include the contributions from business combinations as if it had occurred on July 1, 2012

12. Equity Investments

Summarized unaudited financial information reported by unconsolidated entities accounted for on the equity method for the years ended June 30, 2014 and 2013 follows

	2014	2013
	(In Thousands)	
Total assets	$ 89,585	$ 80,370
Total liabilities	$ 41,172	$ 39,109
Net revenues	$ 124,539	$ 121,254
Net earnings	$ 19,316	$ 19,342
OhioHealth's equity share	1% - 50%	1% - 50%
OhioHealth's share of income	$ 6,984	$ 8,225

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To the Finance and Audit Committee
OhioHealth Corporation

We have audited the consolidated financial statements of OhioHealth Corporation (OhioHealth or the "Corporation") as of and for the years ended June 30, 2014 and 2013 and have issued our report thereon dated September 22, 2014 which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information in the accompanying schedules for OhioHealth Corporation is presented for the purpose of additional analysis rather than to present the financial position, results of operations, and changes in net assets of the individual entities and is not a required part of the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and, in our opinion, is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

September 22, 2014

Plante & Moran, PLLC

OhioHealth Corporation

Details of Consolidated Balance Sheet

June 30, 2014

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Hospital	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	OhioHealth Home Care and Subsidiary	Other Activities	Marion General Hospital	Hardin Memorial Hospital	O'Bleness Health System	MedCentral Health System	OhioHealth Corporation	Elimination Entries	Total Consolidated
Assets														
Current Assets														
Cash and Cash Equivalents	$ 21,851	$ 636	$ 607	$ 1,224	$ 6,071	$ 7	$ (6,949)	$ 29,472	$ 10,749	$ 9,838	$ 12,808	$ 98,968	$ -	$ 185,282
Patient Accounts Receivable, Less Allowances for Doubtful Accounts	192,127	21,187	9,425	20,249	1,407	10,327	6,969	29,820	4,381	11,450	26,167	-	-	333,509
Other Receivables	17,291	2,307	1,792	1,337	17	234	1,934	1,879	82	2,593	3,331	5	-	32,802
Inventories	20,892	3,578	1,705	2,401	297	1,972	63	3,545	253	2,738	4,595	-	-	42,039
Other Current Assets	8,156	1,383	3,822	836	160	331	328	1,964	177	1,026	3,542	30,788	-	52,513
Total Current Assets	260,317	29,091	17,351	26,047	7,952	12,871	2,345	66,680	15,642	27,645	50,443	129,761	-	646,145
Intercompany Receivables	-	-	-	-	-	14	12,101	8	-	-	-	244,955	(257,078)	-
Property and Equipment, Less Accumulated Depreciation	571,934	97,072	29,624	110,371	2,326	11,676	13,944	74,117	17,608	43,339	140,989	125,544	-	1,238,544
Assets Limited As To Use														
Funds Held by Trustee	-	-	-	-	-	-	-	-	-	-	8,758	26,888	-	35,646
Unrestricted Foundation Investments	-	-	-	-	-	-	27,689	-	-	3,319	-	(85)	-	30,923
Funds Designated for Future Expansion	-	-	3,481	-	-	-	13,890	53,025	4,509	8,306	79,697	2,576,338	-	2,739,246
Board Designated Funds	-	-	-	-	-	-	13,978	-	-	718	-	-	-	14,696
Total Assets Limited As To Use	-	-	3,481	-	-	-	55,557	53,025	4,509	12,343	88,455	2,603,141	-	2,820,511
Other Assets														
Other	55,530	894	7,438	262	725	37	8,782	27,451	88	165	6,032	30,269	(1,415)	136,258
Total Other Assets	55,530	894	7,438	262	725	37	8,782	27,451	88	165	6,032	30,269	(1,415)	136,258
Restricted Assets														
Restricted Foundation Investments	-	-	30	-	-	-	55,955	-	91	610	2,441	85	-	59,212
Restricted Pledges	-	-	-	-	-	-	4,623	3,025	-	271	-	-	-	7,919
Total Restricted Assets	-	-	30	-	-	-	60,578	3,025	91	881	2,441	85	-	67,131
Total Assets	$ 887,781	$ 127,057	$ 57,924	$ 136,680	$ 11,003	$ 24,598	$ 153,307	$ 224,306	$ 37,938	$ 84,373	$ 288,360	$ 3,133,755	$ (258,493)	$ 4,908,589

OhioHealth Corporation

Details of Consolidated Balance Sheet

June 30, 2014

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Hospital	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	OhioHealth Home Care and Subsidiary	Other Activities	Marion General Hospital	Hardin Memorial Hospital	O'Bleness Health System	MedCentral Health System	OhioHealth Corporation	Elimination Entries	Total Consolidated
Liabilities and Net Assets														
Current Liabilities														
Lines of Credit	$ 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10	$ 12,276	$ -	$ -	$ 12,308
Commercial Paper	-	-	-	-	-	-	-	-	-	-	-	24,313	-	24,313
Current Portion of Long-Term Debt	55,129	34,176	856	10,532	3,743	-	-	1,768	145	294	927	(90,610)	-	16,960
Long-Term Debt Subject to Short Term Remarketing Arrangements	-	-	-	-	-	-	-	-	-	-	-	90,610	-	90,610
Accounts Payable	56,484	7,935	2,605	6,296	287	1,033	2,902	5,304	1,228	3,320	10,415	21,487	(19)	119,277
Wages and Benefits Payable	55,902	7,643	7,096	4,345	937	3,544	7,278	10,429	1,642	4,708	12,037	56,515	-	172,076
Estimated Third-Party Settlements	9,746	2,712	886	399	152	-	-	1,055	857	840	663	-	-	17,310
Accrued Interest Payable	-	-	-	-	-	-	-	-	-	6	155	3,301	-	3,462
Other Current Liabilities	57,245	3,609	1,390	3,107	733	1,628	2,723	3,859	(1)	392	3,596	34,210	-	112,491
Total Current Liabilities	234,528	56,075	12,833	24,679	5,852	6,205	12,903	22,415	3,871	9,570	40,069	139,826	(19)	568,807
Intercompany Payables	165,172	14,407	22,094	20,902	1,422	-	-	7,601	547	24,631	283	-	(257,059)	-
Long-Term Liabilities														
Long-Term Debt, Net of Unamortized Bond Premium and Discount	440,080	84,978	9,576	126,339	5,860	-	-	18,160	775	1,121	23,215	24,668	(1,415)	733,357
Accrued Malpractice, Pension and Other	51,436	8,136	1,882	2,055	-	37	16,593	8,792	-	4,373	18,254	142,005	-	253,563
Interest Rate Swap Liability	-	-	-	-	-	-	-	-	-	-	-	32,080	-	32,080
Total Long-Term Liabilities	491,516	93,114	11,458	128,394	5,860	37	16,593	26,952	775	5,494	41,469	198,753	(1,415)	1,019,000
Net Assets														
Unrestricted Net Assets	(3,435)	(36,539)	11,509	(37,295)	(2,131)	18,356	63,233	164,313	32,654	43,797	204,098	2,795,091	-	3,253,651
Temporarily Restricted Net Assets	-	-	30	-	-	-	43,630	3,025	-	271	1,306	85	-	48,347
Permanently Restricted Net Assets	-	-	-	-	-	-	16,948	-	91	610	1,135	-	-	18,784
Total Net Assets	(3,435)	(36,539)	11,539	(37,295)	(2,131)	18,356	123,811	167,338	32,745	44,678	206,539	2,795,176	-	3,320,782
Total Liabilities and Net Assets	$ 887,781	$ 127,057	$ 57,924	$ 136,680	$ 11,003	$ 24,598	$ 153,307	$ 224,306	$ 37,938	$ 84,373	$ 288,360	$ 3,133,755	$ (258,493)	$ 4,908,589

OhioHealth Corporation

Details of Consolidated Balance Sheet

June 30, 2013

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Hospital	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	OhioHealth Home Care and Subsidiary	Other Activities	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Elimination Entries	Total Consolidated
Assets												
Current Assets												
Cash and Cash Equivalents	$ 10,046	$ 644	$ 518	$ 947	$ 5,473	$ 4	$ (307)	$ 21,355	$ 11,830	$ 122,027	$ -	$ 172,537
Patient Accounts Receivable, Less Allowances for Doubtful Accounts	177,958	18,877	9,844	16,269	1,433	8,779	4,703	30,026	3,521	-	-	271,410
Other Receivables	12,224	2,958	2,032	1,262	21	6	1,670	3,246	28	2,685	-	26,132
Inventories	20,000	3,078	1,709	2,109	306	1,274	3	3,528	220	-	-	32,227
Other Current Assets	7,928	1,302	2,452	618	157	252	348	2,071	176	20,946	-	36,250
Total Current Assets	228,156	26,859	16,555	21,205	7,390	10,315	6,417	60,226	15,775	145,658	-	538,556
Intercompany Receivables	36	-	-	-	-	-	6,854	57	-	202,612	(209,559)	-
Property and Equipment, Less Accumulated Depreciation	484,526	90,760	32,439	110,391	2,665	12,912	9,212	75,875	15,253	77,122	-	911,155
Assets Limited As To Use												
Funds Held by Trustee	-	-	-	-	-	-	-	-	-	26,988	-	26,988
Unrestricted Foundation Investments	-	-	-	-	-	-	29,656	-	-	(218)	-	29,438
Funds Designated for Future Expansion	-	-	3,673	-	-	-	10,700	47,377	4,088	2,313,518	-	2,379,356
Board Designated Funds	-	-	-	-	-	-	13,225	-	-	-	-	13,225
Total Assets Limited As To Use	-	-	3,673	-	-	-	53,581	47,377	4,088	2,340,288	-	2,449,007
Other Assets												
Other	54,046	729	7,997	414	736	-	7,471	27,378	110	36,780	(1,415)	134,246
Total Other Assets	54,046	729	7,997	414	736	-	7,471	27,378	110	36,780	(1,415)	134,246
Restricted Assets												
Restricted Foundation Investments	-	-	30	-	-	-	52,067	-	91	217	-	52,405
Restricted Pledges	-	-	-	-	-	-	4,129	2,588	-	-	-	6,717
Total Restricted Assets	-	-	30	-	-	-	56,196	2,588	91	217	-	59,122
Total Assets	$ 766,764	$ 118,348	$ 60,694	$ 132,010	$ 10,791	$ 23,227	$ 139,731	$ 213,501	$ 35,317	$ 2,802,677	$ (210,974)	$ 4,092,086

OhioHealth Corporation

Details of Consolidated Balance Sheet

June 30, 2013

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Hospital	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	OhioHealth Home Care and Subsidiary	Other Activities	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Elimination Entries	Total Consolidated
Liabilities and Net Assets												
Current Liabilities												
Lines of Credit	$ 260	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260
Current Portion of Long-Term Debt	55,672	34,273	864	10,696	3,750	-	-	1,877	141	(91,727)	-	15,546
Long-Term Debt Subject to Short Term Remarketing Arrangements	-	-	-	-	-	-	-	-	-	92,080	-	92,080
Accounts Payable	49,423	5,476	3,018	6,681	405	974	1,427	4,766	1,136	18,147	(85)	91,368
Wages and Benefits Payable	55,818	8,228	5,974	3,450	738	3,478	9,359	9,618	1,701	57,335	-	155,699
Estimated Third-Party Settlements	15,509	3,880	697	786	427	-	-	1,680	1,239	-	-	24,218
Accrued Interest Payable	-	-	-	-	-	-	-	-	-	3,435	-	3,435
Other Current Liabilities	50,448	4,041	2,294	2,602	726	1,897	2,213	4,645	-	38,487	-	107,353
Total Current Liabilities	227,130	55,898	12,847	24,215	6,046	6,349	12,999	22,586	4,217	117,757	(85)	489,959
Intercompany Payables	155,046	12,265	15,892	18,434	1,371	-	-	6,159	307	-	(209,474)	-
Long-Term Liabilities												
Long-Term Debt, Net of Unamortized Bond Premium and Discount	448,878	87,027	9,756	128,758	6,001	-	-	18,819	853	23,277	(1,415)	721,954
Accrued Malpractice, Pension and Other	56,908	5,052	2,845	2,709	-	-	10,464	6,954	38	151,263	-	236,233
Interest Rate Swap Liability	-	-	-	-	-	-	-	-	-	31,269	-	31,269
Total Long-Term Liabilities	505,786	92,079	12,601	131,467	6,001	-	10,464	25,773	891	205,809	(1,415)	989,456
Net Assets												
Unrestricted Net Assets	(121,198)	(41,894)	19,324	(42,106)	(2,627)	16,878	60,072	156,395	29,811	2,478,894	-	2,553,549
Temporarily Restricted Net Assets	-	-	30	-	-	-	39,786	2,588	-	217	-	42,621
Permanently Restricted Net Assets	-	-	-	-	-	-	16,410	-	91	-	-	16,501
Total Net Assets	(121,198)	(41,894)	19,354	(42,106)	(2,627)	16,878	116,268	158,983	29,902	2,479,111	-	2,612,671
Total Liabilities and Net Assets	$ 766,764	$ 118,348	$ 60,694	$ 132,010	$ 10,791	$ 23,227	$ 139,731	$ 213,501	$ 35,317	$ 2,802,677	$ (210,974)	$ 4,092,086

OhioHealth Corporation

Details of Consolidated Statements of Operations

Year Ended June 30, 2014

(In Thousands)

	Grant Medical Center	Riverside Methodist Hospital	Doctors Hospital	OhioHealth Neighborhood Care	OhioHealth Home Care and Subsidiary	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	O'Bleness Health System	MedCentral Health System	Other Activities	OhioHealth Corporation	Elimination Entries	Total Consolidated
Revenues																
Patient Service Revenue Net of Contractual Adjustments	$ 621,324	$ 1,057,485	$ 232,761	$ 134,722	$ 63,873	$ 104,748	$ 175,263	$ 15,493	$ 219,489	$ 26,888	$ 47,184	$ 83,778	$ -	$ -	$ -	$ 2,783,008
Provision for Bad Debts	(31,350)	(24,830)	(11,436)	(4,122)	(1,390)	(4,186)	(5,663)	(932)	(11,377)	(2,690)	(3,248)	(3,750)	-	-	-	(104,974)
Patient Service Revenue Net of Bad Debts	589,974	1,032,655	221,325	130,600	62,483	100,562	169,600	14,561	208,112	24,198	43,936	80,028	-	-	-	2,678,034
Operating Income from Equity Ventures	52	-	-	5,831	-	-	-	-	-	-	-	-	-	-	-	5,883
Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	-	-	5,348	-	-	5,348
Other Revenues	40,320	61,250	16,193	8,407	3,012	2,796	4,499	128	3,147	410	3,135	3,303	3,269	313,584	(384,810)	78,643
Total Operating Revenues	630,346	1,093,905	237,518	144,838	65,495	103,358	174,099	14,689	211,259	24,608	47,071	83,331	8,617	313,584	(384,810)	2,767,908
Operating Expenses																
Salaries and Wages	278,748	457,935	116,706	54,030	33,708	44,885	52,175	6,854	98,901	9,983	19,331	36,922	2,490	166,264	(152,403)	1,226,529
Employee Benefits	60,931	109,348	26,161	14,044	8,230	10,524	12,277	1,405	21,213	2,360	6,146	10,937	390	38,022	(43,684)	278,304
Drugs and Supplies	100,586	196,663	27,532	9,949	8,736	12,433	23,569	995	28,320	2,560	7,003	15,296	33	2,417	(3,619)	432,473
Purchased Services	88,288	138,623	32,106	16,396	7,417	11,525	19,254	3,383	33,715	1,882	9,826	12,814	1,894	89,513	(154,055)	312,581
Depreciation and Amortization	23,978	45,104	12,013	5,663	1,545	5,502	9,824	497	11,151	1,385	1,805	5,377	2,111	7,876	-	133,831
Interest	3,530	7,198	3,328	160	-	296	3,857	233	642	46	392	456	-	-	(110)	20,028
Other	36,732	65,190	18,638	20,550	3,305	6,777	7,574	943	12,417	4,026	4,028	4,633	1,201	23,731	(30,939)	178,806
Total Operating Expenses	592,793	1,020,061	236,484	120,792	62,941	91,942	128,530	14,310	206,359	22,242	48,531	86,435	8,119	327,823	(384,810)	2,582,552
Net Operating Income (Loss)	37,553	73,844	1,034	24,046	2,554	11,416	45,569	379	4,900	2,366	(1,460)	(3,104)	498	(14,239)	-	185,356
Nonoperating Income (Loss)																
Interest Income, Dividends and Realized Gains (Losses)	(16)	150	9	4	2	(11)	-	97	1,816	228	53	5,925	2,420	84,496	-	95,173
Change in Net Unrealized (Losses)/Gains on Trading Securities	-	-	-	-	-	(8)	-	-	3,256	238	678	(3,311)	4,627	140,009	-	145,489
Change in Fair Value of Interest Rate Swaps	-	-	-	-	-	-	-	-	-	-	-	-	-	(943)	-	(943)
Nonoperating Income from Equity Ventures	-	-	-	182	-	233	-	-	-	-	-	-	232	454	-	1,101
Inherent Contributions from Acquisition of Hospitals	-	-	-	-	-	-	-	-	-	-	44,460	204,034	-	-	-	248,494
Contributions and Other	-	(1)	-	-	1	-	-	19	86	65	124	(467)	633	213	-	673
Total Nonoperating Income	(16)	149	9	186	3	214	-	116	5,158	531	45,315	206,181	7,912	224,229	-	489,987
Excess of Revenues Over (Under) Expenses	$ 37,537	$ 73,993	$ 1,043	$ 24,232	$ 2,557	$ 11,630	$ 45,569	$ 495	$ 10,058	$ 2,897	$ 43,855	$ 203,077	$ 8,410	$ 209,990	$ -	$ 675,343

OhioHealth Corporation

Details of Consolidated Statements of Operations

Year Ended June 30, 2013

(In Thousands)

	Grant Medical Center	Riverside Methodist Hospital	Doctors Hospital	OhioHealth Neighborhood Care	OhioHealth Home Care and Subsidiary	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	Other Activities	OhioHealth Corporation	Elimination Entries	Total Consolidated
Revenues														
Patient Service Revenue Net of Contractual Adjustments	$ 631,416	$ 1,017,198	$ 220,696	$ 112,864	$ 61,528	$ 105,833	$ 162,854	$ 15,390	$ 194,154	$ 26,120	$ -	$ -	$ -	$ 2,548,053
Provision for Bad Debts	(35,911)	(31,093)	(13,779)	(4,015)	(1,502)	(4,399)	(6,247)	(759)	(10,868)	(2,866)	-	-	-	(111,439)
Patient Service Revenue Net of Bad Debts	595,505	986,105	206,917	108,849	60,026	101,434	156,607	14,631	183,286	23,254	-	-	-	2,436,614
Operating Income from Equity Ventures	2,409	-	-	4,904	-	-	-	-	154	-	-	-	-	7,467
Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	5,237	-	-	5,237
Other Revenues	40,559	58,934	16,993	8,898	2,704	3,060	2,549	162	7,387	253	2,390	278,703	(343,381)	79,211
Total Operating Revenues	638,473	1,045,039	223,910	122,651	62,730	104,494	159,156	14,793	190,827	23,507	7,627	278,703	(343,381)	2,528,529
Operating Expenses														
Salaries and Wages	268,297	429,037	110,899	45,513	31,654	44,742	47,627	6,384	87,548	9,481	2,029	145,746	(136,375)	1,092,582
Employee Benefits	59,103	105,044	22,490	11,681	8,412	10,385	11,790	1,930	18,794	2,120	435	37,869	(38,061)	251,992
Drugs and Supplies	105,023	182,830	26,646	6,663	8,693	12,475	23,584	1,055	25,541	2,513	44	2,012	(3,421)	393,658
Purchased Services	87,563	126,405	31,054	13,374	7,069	12,579	16,481	3,695	30,865	1,478	1,030	76,272	(137,929)	269,936
Depreciation and Amortization	22,287	47,868	11,474	5,552	1,721	5,064	9,670	516	9,164	1,381	2,263	6,085	-	123,045
Interest	3,200	7,716	3,463	239	-	315	4,136	247	678	47	-	158	(107)	20,092
Other	35,561	59,097	17,112	18,114	3,145	7,436	8,592	647	11,736	4,102	2,483	21,510	(27,488)	162,047
Total Operating Expenses	581,034	957,997	223,138	101,136	60,694	92,996	121,880	14,474	184,326	21,122	8,284	289,652	(343,381)	2,313,352
Net Operating Income (Loss)	57,439	87,042	772	21,515	2,036	11,498	37,276	319	6,501	2,385	(657)	(10,949)	-	215,177
Nonoperating Income (Loss)														
Interest Income, Dividends and Realized Gains (Losses)	76	55	13	(15)	-	4	10	124	1,740	161	2,136	71,395	-	75,699
Change in Net Unrealized (Losses)/Gains on Trading Securities	-	-	-	-	-	(6)	-	-	2,454	172	2,684	57,888	-	63,192
Loss on Advance Refunding of Debt	-	-	-	-	-	-	-	-	-	-	-	(1,975)	-	(1,975)
Change in Fair Value of Interest Rate Swaps	-	-	-	-	-	-	-	-	-	-	-	20,961	-	20,961
Nonoperating Income from Equity Ventures	-	-	-	127	-	158	-	-	-	-	197	276	-	758
Gain on Purchase of Remaining Interest in Joint Ventures	-	-	-	-	-	-	-	-	5,484	-	-	-	-	5,484
Contributions and Other	-	-	-	-	-	1	-	23	104	61	1,004	-	-	1,193
Total Nonoperating Income	76	55	13	112	-	157	10	147	9,782	394	6,021	148,545	-	165,312
Excess of Revenues Over Expenses	$ 57,515	$ 87,097	$ 785	$ 21,627	$ 2,036	$ 11,655	$ 37,286	$ 466	$ 16,283	$ 2,779	$ 5,364	$ 137,596	$ -	$ 380,489

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To the Finance and Audit Committee
OhioHealth Corporation

We have audited the consolidated financial statements of OhioHealth Corporation (the "Corporation") as of and for the years ended June 30, 2014 and 2013 and have issued our report thereon dated September 22, 2014 which contained an unmodified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The combined and combining obligated group information in the accompanying schedules are presented for the purpose of additional analysis rather than to present the financial position, results of operations, and changes in net assets of the combined OhioHealth Obligated Group (as defined by the master trust indenture between Ohio Health Corporation and U.S. Bank National Association) and is not a required part of the consolidated financial statements. The OhioHealth Obligated Group special purpose financial statements were prepared in accordance with the accounting prescribed in the master trust indenture and are not presented in accordance with generally accepted accounting principles. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The combined and combining obligated group information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The details of combination include the subsidiaries segregated between the Obligated Group (as defined by the master trust indenture between OhioHealth Corporation and U.S. Bank National Association) and the Nonobligated Group. The Obligated Group includes OhioHealth Corporation, Grady Memorial Hospital, Doctors Health Corporation of Nelsonville, Marion General Hospital, Inc., and Hardin Memorial Hospital. The Nonobligated Group includes MedCentral Health System, O'Bleness Health System, OhioHealth Star Corporation, HomeReach, and other controlled affiliates of OhioHealth Corporation.

This report is intended solely for the information and use of the board of directors, finance and audit committee, management of OhioHealth Corporation, and the trustee under the master trust indenture and is not intended to be and should not be used by anyone other than these specified parties.

September 22, 2014

Plante & Moran, PLLC

OhioHealth Obligated Group

Combined Balance Sheets

	June 30 2014	2013
	(In Thousands)	
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 160,272**	$ 172,394
Patient Accounts Receivable, Less Allowances for Doubtful Accounts ($107,720 in 2014, $119,378 in 2013)	**262,557**	243,697
Other Receivables	**22,957**	22,192
Inventories	**32,064**	30,380
Other Current Assets	**43,697**	32,933
Total Current Assets	**521,547**	501,596
Receivables Due from OhioHealth Affiliates	**27,252**	-
Property and Equipment, Less Accumulated Depreciation *(Note 3)*	**971,157**	831,203
Assets Limited As To Use *(Note 4)*		
Funds Held by Trustee	**26,888**	26,988
Funds Designated for Future Expansion	**2,636,325**	2,368,327
Total Assets Limited As To Use	**2,663,213**	2,395,315
Other Assets		
Other	**134,073**	139,452
Total Other Assets	**134,073**	139,452
Restricted Assets		
Restricted Foundation Investments *(Note 4)*	**121**	121
Restricted Pledges	**3,025**	2,589
Total Restricted Assets	**3,146**	2,710
Total Assets	**$ 4,320,388**	$ 3,870,276

OhioHealth Obligated Group

Combined Balance Sheets

	June 30	
	2014	**2013**
	(In Thousands)	
Liabilities and Net Assets		
Current Liabilities		
Line of Credit *(Note 6)*	**$ 22**	$ 260
Commercial Paper	**24,313**	-
Current Portion of Long-Term Debt *(Note 6)*	**15,651**	15,463
Long-Term Debt Subject to Short Term Remarketing Arrangements *(Note 6)*	**90,610**	92,080
Accounts Payable	**98,687**	86,885
Wages and Benefits Payable	**127,865**	125,921
Estimated Third-Party Settlements *(Note 2)*	**15,807**	24,218
Accrued Interest Payable	**3,301**	3,435
Other Current Liabilities	**98,004**	96,702
Total Current Liabilities	**474,260**	444,964
Payables Due to OhioHealth Affiliates	**-**	839
Long-Term Liabilities		
Long-Term Debt, Net of Unamortized Bond Premium and Discount *(Note 6)*	**708,943**	721,788
Accrued Malpractice, Pension and Other *(Note 5)*	**203,138**	215,275
Interest Rate Swap Liability *(Note 7)*	**32,080**	31,269
Total Long-Term Liabilities	**944,161**	968,332
Net Assets		
Unrestricted Net Assets	**2,898,821**	2,453,431
Temporarily Restricted Net Assets	**3,055**	2,619
Permanently Restricted Net Assets	**91**	91
Total Net Assets	**2,901,967**	2,456,141
Total Liabilities and Net Assets	**$ 4,320,388**	$ 3,870,276

See accompanying notes

OhioHealth Obligated Group

Combined Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2014	**2013**
	(In Thousands)	
Revenues		
Patient Service Revenue Net of Contractual Adjustments	**$ 2,370,458**	$ 2,298,543
Provision for Bad Debts	**(87,680)**	(99,822)
Patient Service Revenue Net of Bad Debts	**2,282,778**	2,198,721
Operating Income from Equity Ventures	**5,882**	7,467
Other Revenues	**76,460**	81,581
Total Operating Revenues	**2,365,120**	2,287,769
Operating Expenses		
Salaries and Wages	**857,464**	826,430
Employee Benefits	**212,014**	208,269
Drugs and Supplies	**385,560**	368,861
Purchased Services	**313,746**	301,868
Depreciation and Amortization	**116,355**	114,169
Interest	**19,157**	20,070
Other	**142,097**	137,147
Total Operating Expenses	**2,046,393**	1,976,814
Net Operating Income	**318,727**	310,955
Nonoperating Income (Loss)		
Interest Income, Dividends and Realized Gains *(Note 4)*	**86,792**	73,591
Change in Net Unrealized Gains on Trading Securities *(Note 4)*	**143,495**	60,508
Loss on Advance Refunding of Debt *(Note 6)*	**-**	(1,975)
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**(943)**	20,961
Nonoperating Income from Equity Ventures	**869**	561
Gain on Purchase of Remaining Interest in Joint Ventures	**-**	5,484
Contributions and Other	**321**	132
Total Nonoperating Income	**230,534**	159,262
Excess of Revenues Over Expenses	**$ 549,261**	$ 470,217

(Continued on following page)

OhioHealth Obligated Group

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

	Year Ended June 30	
	2014	**2013**
	(In Thousands)	
Unrestricted Net Assets		
Excess of Revenues Over Expenses	**$ 549,261**	$ 470,217
Change in Net Unrealized Gains on Alternative Investments *(Note 4)*	**26,626**	25,062
Transfers to Related Organizations	**(107,838)**	(89,387)
Pension Related Changes other than Net Periodic Pension Cost	**1,848**	46,577
Change in Fair Value of Interest Rate Swaps *(Note 7)*	**132**	132
Other	**(24,639)**	(5,989)
Increase in Unrestricted Net Assets	**445,390**	446,612
Temporarily Restricted Net Assets		
Contributions and Other	**436**	201
Increase in Temporarily Restricted Net Assets	**436**	201
Increase in Net Assets	**445,826**	446,813
Net Assets at Beginning of Year	**2,456,141**	2,009,328
Net Assets at End of Year	**$ 2,901,967**	$ 2,456,141

See accompanying notes

OhioHealth Obligated Group

Combined Statements of Cash Flows

	Year Ended June 30 2014	2013
	(In Thousands)	
Operating Activities		
Increase in Net Assets	**$ 445,826**	$ 446,813
Adjustments to Reconcile Increase in Net Assets to Cash Provided by Operating Activities		
Depreciation	**116,093**	113,852
Amortization	**262**	317
Bad Debt Expense	**87,680**	99,822
Loss on Advance Refunding of Debt	**-**	1,975
Contributions of Cash for Long-lived Assets	**(1,938)**	(1,243)
Interest Income, Dividends and Realized Gains	**(86,792)**	(73,591)
Change in Net Unrealized Gains on Investments	**(170,121)**	(85,570)
Gain on Purchase of Remaining Interest in Joint Ventures	**-**	(5,484)
Pension Related Changes other than Net Periodic Pension Cost	**(1,848)**	(46,577)
Change in Fair Value of Interest Rate Swaps	**811**	(21,093)
Cash (Used for) Provided by Operating Assets and Liabilities		
Patient Accounts Receivable	**(106,540)**	(117,455)
Inventories, Other Receivables and Other Assets	**(8,096)**	(33,369)
Estimated Third-Party Settlements	**(8,411)**	3,665
Accounts Payable, Accrued Interest Payable and Other Current Liabilities	**12,970**	29,280
Receivable/Payable due from/to OhioHealth Affiliates	**(28,091)**	(764)
Wages and Benefits Payable	**1,944**	9,049
Accrued Malpractice and Other	**(10,290)**	(7,716)
Net Cash Provided by Operating Activities	**243,459**	311,911
Investing Activities		
Additions to Property and Equipment, Net	**(256,047)**	(203,715)
Contributions of Cash for Long-lived Assets	**1,938**	1,243
Purchases of Assets Limited As To Use and Restricted Assets	**(6,932,770)**	(5,179,774)
Sales of Assets Limited As To Use and Restricted Assets	**6,891,918**	4,992,618
Business Acquisition - Net of Cash Acquired	**29,432**	(12,799)
Net Cash Used for Investing Activities	**(265,529)**	(402,427)
Financing Activities		
Proceeds from Long-Term Debt Obligations	**7,163**	246,456
Refunding of Long-Term Debt Obligations	**-**	126,838
Principal Payments on Long-Term Debt Obligations	**2,785**	(255,277)
Net Cash Provided by Financing Activities	**9,948**	118,017
(Decrease) Increase in Cash and Cash Equivalents	**(12,122)**	27,501
Cash and Cash Equivalents at Beginning of Year	**172,394**	144,893
Cash and Cash Equivalents at End of Year	**$ 160,272**	$ 172,394

See accompanying notes

OhioHealth Obligated Group

Details of Combined Balance Sheet

June 30, 2014

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Corporation	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Assets												
Current Assets												
Cash and Cash Equivalents	$ 12,998	$ 634	$ 629	$ 1,223	$ 6,071	$ 29,448	$ 10,435	$ 98,834	$ -	$ 160,272	$ 25,010	$ 185,282
Patient Accounts Receivable,												
Less Allowances for Doubtful Accounts	183,509	19,114	8,408	19,935	1,407	25,870	4,314	-	-	262,557	70,952	333,509
Other Receivables	16,937	2,297	1,652	1,335	17	1,407	63	(751)	-	22,957	9,845	32,802
Inventories	20,650	3,500	1,565	2,401	297	3,420	231	-	-	32,064	9,975	42,039
Other Current Assets	8,026	1,304	677	826	160	1,850	158	30,696	-	43,697	8,816	52,513
Total Current Assets	242,120	26,849	12,931	25,720	7,952	61,995	15,201	128,779	-	521,547	124,598	646,145
Intercompany Receivables	-	-	-	-	-	8	877	244,870	(218,503)	27,252	(27,252)	-
Property and Equipment,												
Less Accumulated Depreciation	523,077	92,753	28,735	109,519	2,326	72,404	16,799	125,544	-	971,157	267,387	1,238,544
Assets Limited As To Use												
Funds Held by Trustee	-	-	-	-	-	-	-	26,888	-	26,888	8,758	35,646
Unrestricted Foundation Investments	-	-	-	-	-	-	-	-	-	-	30,923	30,923
Funds Designated for Future Expansion	-	-	3,481	-	-	52,022	4,484	2,576,338	-	2,636,325	102,921	2,739,246
Board Designated Funds	-	-	-	-	-	-	-	-	-	-	14,696	14,696
Total Assets Limited As To Use	-	-	3,481	-	-	52,022	4,484	2,603,226	-	2,663,213	157,298	2,820,511
Other Assets												
Other	55,043	504	21,609	262	725	26,988	88	30,269	(1,415)	134,073	2,185	136,258
Other Assets	55,043	504	21,609	262	725	26,988	88	30,269	(1,415)	134,073	2,185	136,258
Restricted Assets												
Restricted Foundation Investments	-	-	30	-	-	-	91	-	-	121	59,091	59,212
Restricted Pledges	-	-	-	-	-	3,025	-	-	-	3,025	4,894	7,919
Total Restricted Assets	-	-	30	-	-	3,025	91	-	-	3,146	63,985	67,131
Total Assets	$ 820,240	$ 120,106	$ 66,786	$ 135,501	$ 11,003	$ 216,442	$ 37,540	$ 3,132,688	$ (219,918)	$ 4,320,388	$ 588,201	$ 4,908,589

OhioHealth Obligated Group

Details of Combined Balance Sheet

June 30, 2014

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Corporation	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Liabilities and Net Assets												
Current Liabilities												
Lines of Credit	$ 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22	$ 12,286	$ 12,308
Commercial Paper	-	-	-	-	-	-	-	24,313	-	24,313	-	24,313
Current Portion of Long-Term Debt	55,129	34,176	856	10,532	3,743	1,744	81	(90,610)	-	15,651	1,309	16,960
Long-Term Debt Subject to Short Term Remarketing Arrangements	-	-	-	-	-	-	-	90,610	-	90,610	-	90,610
Accounts Payable	54,975	7,340	2,332	6,262	287	4,836	1,203	21,471	(19)	98,687	20,590	119,277
Wages and Benefits Payable	47,952	6,048	3,139	3,858	937	8,340	1,603	55,988	-	127,865	44,211	172,076
Estimated Third-Party Settlements	9,746	2,712	886	399	152	1,055	857	-	-	15,807	1,503	17,310
Accrued Interest Payable	-	-	-	-	-	-	-	3,301	-	3,301	161	3,462
Other Current Liabilities	53,257	2,480	1,220	3,076	733	3,284	-	33,954	-	98,004	14,487	112,491
Total Current Liabilities	221,081	52,756	8,433	24,127	5,852	19,259	3,744	139,027	(19)	474,260	94,547	568,807
Intercompany Payables	165,172	14,407	1,199	20,902	1,422	4,427	548	-	(208,077)	-	-	-
Long-Term Liabilities												
Long-Term Debt, Net of Unamortized Bond Premium and Discount	440,081	84,978	9,576	126,339	5,860	18,115	741	24,668	(1,415)	708,943	24,414	733,357
Accrued Malpractice, Pension and Other	43,556	6,370	1,878	2,026	-	7,303	-	142,005	-	203,138	50,425	253,563
Interest Rate Swap Liability	-	-	-	-	-	-	-	32,080	-	32,080	-	32,080
Total Long-Term Liabilities	483,637	91,348	11,454	128,365	5,860	25,418	741	198,753	(1,415)	944,161	74,839	1,019,000
Net Assets												
Unrestricted Net Assets	(49,650)	(38,405)	45,670	(37,893)	(2,131)	164,313	32,416	2,794,908	(10,407)	2,898,821	354,830	3,253,651
Temporarily Restricted Net Assets	-	-	30	-	-	3,025	-	-	-	3,055	45,292	48,347
Permanently Restricted Net Assets	-	-	-	-	-	-	91	-	-	91	18,693	18,784
Total Net Assets	(49,650)	(38,405)	45,700	(37,893)	(2,131)	167,338	32,507	2,794,908	(10,407)	2,901,967	418,815	3,320,782
Total Liabilities and Net Assets	$ 820,240	$ 120,106	$ 66,786	$ 135,501	$ 11,003	$ 216,442	$ 37,540	$ 3,132,688	$ (219,918)	$ 4,320,388	$ 588,201	$ 4,908,589

OhioHealth Obligated Group

Details of Combined Balance Sheet

June 30, 2013

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Corporation	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Assets												
Current Assets												
Cash and Cash Equivalents	$ 10,043	$ 644	$ 528	$ 947	$ 5,473	$ 21,318	$ 11,545	$ 121,896	$ -	$ 172,394	$ 143	$ 172,537
Patient Accounts Receivable,												
Less Allowances for Doubtful Accounts	171,272	16,667	9,021	16,180	1,433	25,677	3,447	-	-	243,697	27,713	271,410
Other Receivables	10,759	2,950	2,032	1,259	21	3,001	8	2,162	-	22,192	3,940	26,132
Inventories	19,890	3,058	1,606	2,109	306	3,213	198	-	-	30,380	1,847	32,227
Other Current Assets	7,544	1,069	689	598	157	1,925	152	20,799	-	32,933	3,317	36,250
Total Current Assets	219,508	24,388	13,876	21,093	7,390	55,134	15,350	144,857	-	501,596	36,960	538,556
Intercompany Receivables	36	-	-	-	-	12	867	195,238	(196,153)	-	-	-
Property and Equipment,												
Less Accumulated Depreciation	434,284	87,496	31,595	109,983	2,665	73,679	14,379	77,122	-	831,203	79,952	911,155
Assets Limited As To Use												
Funds Held by Trustee	-	-	-	-	-	-	-	26,988	-	26,988	-	26,988
Unrestricted Foundation Investments	-	-	-	-	-	-	-	-	-	-	29,438	29,438
Funds Designated for Future Expansion	-	-	3,673	-	-	47,073	4,063	2,313,518	-	2,368,327	11,029	2,379,356
Board Designated Funds	-	-	-	-	-	-	-	-	-	-	13,225	13,225
Total Assets Limited As To Use	-	-	3,673	-	-	47,073	4,063	2,340,506	-	2,395,315	53,692	2,449,007
Other Assets												
Other	53,399	400	22,181	410	736	26,852	110	36,779	(1,415)	139,452	(5,206)	134,246
Other Assets	53,399	400	22,181	410	736	26,852	110	36,779	(1,415)	139,452	(5,206)	134,246
Restricted Assets												
Restricted Foundation Investments	-	-	30	-	-	-	91	-	-	121	52,284	52,405
Restricted Pledges	-	-	-	-	-	2,589	-	-	-	2,589	4,128	6,717
Total Restricted Assets	-	-	30	-	-	2,589	91	-	-	2,710	56,412	59,122
Total Assets	$ 707,227	$ 112,284	$ 71,355	$ 131,486	$ 10,791	$ 205,339	$ 34,860	$ 2,794,502	$ (197,568)	$ 3,870,276	$ 221,810	$ 4,092,086

OhioHealth Obligated Group

Details of Combined Balance Sheet

June 30, 2013

(In Thousands)

	Grant/Riverside Methodist Hospitals	Doctors Corporation	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Liabilities and Net Assets												
Current Liabilities												
Lines of Credit	$ 260	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260	$ -	$ 260
Current Portion of Long-Term Debt	55,672	34,273	864	10,696	3,750	1,853	82	(91,727)	-	15,463	83	15,546
Long-Term Debt Subject to Short Term Remarketing Arrangements	-	-	-	-	-	-	-	92,080	-	92,080	-	92,080
Accounts Payable	48,543	5,144	2,789	6,665	405	4,130	1,133	18,162	(86)	86,885	4,483	91,368
Wages and Benefits Payable	46,373	6,079	3,533	3,291	738	7,392	1,643	56,872	-	125,921	29,778	155,699
Estimated Third-Party Settlements	15,509	3,880	697	786	427	1,680	1,239	-	-	24,218	-	24,218
Accrued Interest Payable	-	-	-	-	-	-	-	3,435	-	3,435	-	3,435
Other Current Liabilities	45,796	3,565	2,041	2,584	726	3,600	-	38,390	-	96,702	10,651	107,353
Total Current Liabilities	212,153	52,941	9,924	24,022	6,046	18,655	4,097	117,212	(86)	444,964	44,995	489,959
Intercompany Payables	155,046	12,265	1,011	18,434	1,371	2,580	307	-	(190,175)	839	(839)	-
Long-Term Liabilities												
Long-Term Debt, Net of Unamortized Bond Premium and Discount	448,878	87,027	9,756	128,758	6,001	18,750	756	23,277	(1,415)	721,788	166	721,954
Accrued Malpractice, Pension and Other	47,697	4,354	2,845	2,708	-	6,370	38	151,263	-	215,275	20,958	236,233
Interest Rate Swap Liability	-	-	-	-	-	-	-	31,269	-	31,269	-	31,269
Total Long-Term Liabilities	496,575	91,381	12,601	131,466	6,001	25,120	794	205,809	(1,415)	968,332	21,124	989,456
Net Assets												
Unrestricted Net Assets	(156,547)	(44,303)	47,789	(42,436)	(2,627)	156,395	29,571	2,471,481	(5,892)	2,453,431	100,118	2,553,549
Temporarily Restricted Net Assets	-	-	30	-	-	2,589	-	-	-	2,619	40,002	42,621
Permanently Restricted Net Assets	-	-	-	-	-	-	91	-	-	91	16,410	16,501
Total Net Assets	(156,547)	(44,303)	47,819	(42,436)	(2,627)	158,984	29,662	2,471,481	(5,892)	2,456,141	156,530	2,612,671
Total Liabilities and Net Assets	$ 707,227	$ 112,284	$ 71,355	$ 131,486	$ 10,791	$ 205,339	$ 34,860	$ 2,794,502	$ (197,568)	$ 3,870,276	$ 221,810	$ 4,092,086

OhioHealth Obligated Group

Details of Combined Statements of Operations

Year Ended June 30, 2014

(In Thousands)

	Grant Medical Center	Riverside Methodist Hospital	Doctors OhioHealth Corporation	OhioHealth Neighborhood Care	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Revenues														
Patient Service Revenue Net of Contractual Adjustments	$ 555,826	$ 992,238	$ 208,097	$ 134,722	$ 92,032	$ 172,332	$ 15,493	$ 173,748	$ 25,970	$ -	$ -	$ 2,370,458	$ 412,550	$ 2,783,008
Provision for Bad Debts	(28,344)	(23,095)	(10,396)	(4,122)	(3,830)	(5,610)	(932)	(8,677)	(2,674)	-	-	(87,680)	(17,294)	(104,974)
Patient Service Revenue Net of Bad Debts	527,482	969,143	197,701	130,600	88,202	166,722	14,561	165,071	23,296	-	-	2,282,778	395,256	2,678,034
Operating Income from Equity Ventures	52	-	-	5,830	-	-	-	-	-	-	-	5,882	1	5,883
Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	-	-	5,348	5,348
Other Revenues	13,645	36,935	8,752	8,408	2,205	3,017	128	3,206	226	310,417	(310,479)	76,460	2,183	78,643
Total Operating Revenues	541,179	1,006,078	206,453	144,838	90,407	169,739	14,689	168,277	23,522	310,417	(310,479)	2,365,120	402,788	2,767,908
Operating Expenses														
Salaries and Wages	188,437	358,733	84,262	54,030	31,813	47,830	6,854	61,309	8,826	162,834	(147,464)	857,464	369,065	1,226,529
Employee Benefits	47,803	95,251	21,667	14,044	8,300	11,634	1,405	14,877	2,176	37,296	(42,439)	212,014	66,290	278,304
Drugs and Supplies	97,381	189,630	26,210	9,940	11,358	23,425	995	25,295	2,388	2,370	(3,432)	385,560	46,913	432,473
Purchased Services	79,604	131,348	29,502	16,612	10,847	18,880	3,383	29,004	1,785	88,079	(95,298)	313,746	(1,165)	312,581
Depreciation and Amortization	21,870	43,356	10,755	5,663	5,287	9,542	497	10,193	1,316	7,876	-	116,355	17,476	133,831
Interest	3,531	7,199	3,328	160	296	3,857	233	639	24	-	(110)	19,157	871	20,028
Other	27,714	55,015	14,140	20,343	5,393	6,907	943	6,082	3,876	23,420	(21,736)	142,097	36,709	178,806
Total Operating Expenses	466,340	880,532	189,864	120,792	73,294	122,075	14,310	147,399	20,391	321,875	(310,479)	2,046,393	536,159	2,582,552
Net Operating Income (Loss)	74,839	125,546	16,589	24,046	17,113	47,664	379	20,878	3,131	(11,458)	-	318,727	(133,371)	185,356
Nonoperating Income (Loss)														
Interest Income, Dividends and Realized (Losses) Gains	(16)	150	9	4	(11)	-	97	1,816	251	84,492	-	86,792	8,381	95,173
Change in Net Unrealized (Losses) Gains on Trading Securities	-	-	-	-	(8)	-	-	3,256	238	140,009	-	143,495	1,994	145,489
Change in Fair Value of Interest Rate Swaps	-	-	-	-	-	-	-	-	-	(943)	-	(943)	-	(943)
Nonoperating Income from Equity Ventures	-	-	-	182	233	-	-	-	-	454	-	869	232	1,101
Inherent Contribution from Acquisition of Hospital	-	-	-	-	-	-	-	-	-	-	-	-	248,494	248,494
Contributions and Other	-	-	-	-	-	-	19	86	3	213	-	321	352	673
Total Nonoperating Income	(16)	150	9	186	214	0	116	5,158	492	224,225	0	230,534	259,453	489,987
Excess of Revenues Over Expenses	$ 74,823	$ 125,696	$ 16,598	$ 24,232	$ 17,327	$ 47,664	$ 495	$ 26,036	$ 3,623	$ 212,767	$ 0	$ 549,261	$ 126,082	$ 675,343

OhioHealth Obligated Group

Details of Combined Statements of Operations

Year Ended June 30, 2013

(In Thousands)

	Grant Medical Center	Riverside Methodist Hospital	Doctors Corporation	OhioHealth Neighborhood Care	Grady Memorial Hospital	Dublin Methodist Hospital	Doctors Health Corporation of Nelsonville	Marion General Hospital	Hardin Memorial Hospital	OhioHealth Corporation	Eliminating Entries	Total Obligated Group	Non-Obligated Group	Consolidated
Revenues														
Patient Service Revenue Net of Contractual Adjustments	$ 568,879	$ 960,934	$ 198,197	$ 112,864	$ 94,076	$ 161,898	$ 15,390	$ 160,931	$ 25,374	$ -	$ -	$ 2,298,543	$ 249,510	$ 2,548,053
Provision for Bad Debts	(31,800)	(28,273)	(12,421)	(4,015)	(3,869)	(6,202)	(759)	(9,631)	(2,852)	-	-	(99,822)	(11,617)	(111,439)
Patient Service Revenue Net of Bad Debts	537,079	932,661	185,776	108,849	90,207	155,696	14,631	151,300	22,522	-	-	2,198,721	237,893	2,436,614
Operating (Loss) Income from Equity Ventures	2,409	-	-	4,904	-	-	-	154	-	-	-	7,467	-	7,467
Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	-	-	5,237	5,237
Other Revenues	13,986	37,367	9,148	8,898	2,747	2,534	162	6,347	148	276,728	(276,484)	81,581	(2,370)	79,211
Total Operating Revenues	553,474	970,028	194,924	122,651	92,954	158,230	14,793	157,801	22,670	276,728	(276,484)	2,287,769	240,760	2,528,529
Operating Expenses														
Salaries and Wages	184,670	348,929	81,454	45,513	33,271	45,667	6,384	60,695	8,520	142,824	(131,497)	826,430	266,152	1,092,582
Employee Benefits	46,689	92,838	18,185	11,681	8,562	11,404	1,930	14,683	1,962	37,196	(36,861)	208,269	43,723	251,992
Drugs and Supplies	102,054	177,007	25,440	6,663	11,330	23,502	1,055	20,740	2,326	1,972	(3,228)	368,861	24,797	393,658
Purchased Services	78,975	120,388	28,467	13,374	12,039	16,305	3,695	36,637	1,465	75,317	(84,794)	301,868	(31,932)	269,936
Depreciation and Amortization	20,831	46,268	10,592	5,552	4,837	9,556	516	8,602	1,336	6,079	-	114,169	8,876	123,045
Interest	3,200	7,717	3,463	239	315	4,137	247	676	25	158	(107)	20,070	22	20,092
Other	27,022	49,612	13,037	18,114	6,122	8,113	647	9,267	3,981	21,229	(19,997)	137,147	24,900	162,047
Total Operating Expenses	463,441	842,759	180,638	101,136	76,476	118,684	14,474	151,300	19,615	284,775	(276,484)	1,976,814	336,538	2,313,352
Net Operating Income	90,033	127,269	14,286	21,515	16,478	39,546	319	6,501	3,055	(8,047)	-	310,955	(95,778)	215,177
Nonoperating Income (Loss)														
Interest Income, Dividends and Realized Gains (Losses)	76	55	13	(15)	4	10	124	1,740	194	71,390	-	73,591	2,108	75,699
Change in Net Unrealized (Losses) Gains on Trading Securities	-	-	-	-	(6)	-	-	2,454	172	57,888	-	60,508	2,684	63,192
Loss on Advance Refunding of Debt	-	-	-	-	-	-	-	-	-	(1,975)	-	(1,975)	-	(1,975)
Change in Fair Value of Interest Rate Swaps	-	-	-	-	-	-	-	-	-	20,961	-	20,961	-	20,961
Nonoperating Income from Equity Ventures	-	-	-	127	158	-	-	-	-	276	-	561	197	758
Gain on Purchase of Remaining Interest in Joint Ventures	-	-	-	-	-	-	-	5,484	-	-	-	5,484	-	5,484
Contributions and Other	-	-	-	-	1	-	23	104	4	-	-	132	1,061	1,193
Total Nonoperating Income	76	55	13	112	157	10	147	9,782	370	148,540	-	159,262	6,050	165,312
Excess of Revenues Over Expenses	$ 90,109	$ 127,324	$ 14,299	$ 21,627	$ 16,635	$ 39,556	$ 466	$ 16,283	$ 3,425	$ 140,493	$ -	$ 470,217	$ (89,728)	$ 380,489