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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) 544-4048

G Gross receipts $ 7,425,113,589

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	16,032
6	Total number of volunteers (estimate if necessary)	**6**	1,633
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	97,974
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,930,524	1,122,954
9	Program service revenue (Part VIII, line 2g)	1,985,318,111	2,197,370,267
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,795,011	129,530,513
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,591,612	124,479,154
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,179,635,258	2,452,502,888
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,130,383	541,716
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)	981,810,858	1,072,935,845
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)	842,350,046	938,919,935
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,825,291,287	2,012,397,496
19	Revenue less expenses Subtract line 18 from line 12	354,343,971	440,105,392

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,203,439,424	4,773,622,949
21	Total liabilities (Part X, line 26)	1,528,096,791	1,830,515,052
22	Net assets or fund balances Subtract line 21 from line 20	2,675,342,633	2,943,107,897

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: 2016-05-12

Vinson Yates 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	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 $ 1,133,985,554 including grants of $ 541,716) (Revenue $ 1,922,096,658)

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 $ 441,273,240 including grants of $) (Revenue $ 313,370,098)

In fiscal year 2015 (July 1, 2014 through June 30, 2015), OhioHealth, with its member hospitals and homecare organizations, provided charity care and community benefit programs to a great degree In total, OhioHealth provided $279 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Of this total, $173 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 policies, using patient income and assets to determine payment ability OhioHealth provides community services intended to benefit the underserved and enhance the health status of the communities it serves These services include 24-hour-a-day emergency rooms, community health screenings, forums for various support groups, health education classes, speakers and publications, hospice and medical research OhioHealth has been able to achieve a greater impact in the community by partnering financial and human resources with other organizations These expenditures include a commitment to 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 $ 62,695,121 including grants of $) (Revenue $ 17,747,393)

OhioHealth is teaching the doctors of tomorrow at its three teachinghospitals Together, Riverside Methodist Hospital, Grant Medical Centerand Doctors Hospital trained 478 residents at a cost of $62 7 million These residents performed services to produce offsetting revenue of$17 7 million for a net community benefit of $44 9 million

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,637,953,915

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		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	1,021		
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	16,032		
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 , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring 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**	18		
	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**	10		
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, address, and telephone number of the person who possesses the organization's books and records ▶Craig Bjerke

180 East Broad Street 33rd Floor
Columbus, OH 432153707 (614) 544-4048

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) ▶								23,464,038	589,318	5,049,585

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 ▶ 935

			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 Rd 8th Fl Baltimore, MD 21286	Construction Services	73,371,997
The Daimler Group 1533 Lake Shore Drive Columbus, OH 432044891	Consulting	12,645,673
Cardinal Health - Valuelink 2320 McGaw Road Obetz, OH 43207	Logistics Services	11,612,664
Central Ohio Primary Care Physicians In 570 Polaris Parkway Ste 250 Westerville, OH 43082	Physician Services	8,988,005
Dawson Resources PO Box 711503 Cincinnati, OH 452711503	Professional Staffing Services	8,444,574

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 ▶ 604

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	1,111,441			
	e	Government grants (contributions)	1e	11,513			
	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 . . . . . ▶		1,122,954			
Program Service Revenue			Business Code				
	2a	Health and Medical Svc	900099	1,362,460,967	1,362,460,967		
	b	Medicare and Medicaid	923130	803,979,664	803,979,664		
	c	Joint Venture Income	621990	30,929,636	30,831,662	97,974	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,197,370,267			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		77,715,570			77,715,570
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	39,215,264				
	b	Less rental expenses	15,388,285				
	c	Rental income or (loss)	23,826,979				
	d	Net rental income or (loss) . . . . . ▶			23,826,979		23,826,979
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	5,001,592,094	61,300			
	b	Less cost or other basis and sales expenses	4,949,796,678	41,773			
	c	Gain or (loss)	51,795,416	19,527			
	d	Net gain or (loss) . . . . . ▶			51,814,943		51,814,943
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	7,303,668				
	b	Less cost of goods sold . . b	7,383,965				
	c	Net income or (loss) from sales of inventory . . ▶			-80,297		-80,297
		Miscellaneous Revenue	Business Code				
	11a	Intercompany Admin	900099	51,979,650	51,979,650		
	b	Cafeteria/Food Service	722210	9,889,397			9,889,397
	c	Department Services	812930	3,864,232	3,864,232		
	d	All other revenue		34,999,193			34,999,193
	e	**Total.** Add lines 11a–11d . . . . . ▶		100,732,472			
	12	**Total revenue.** See Instructions . . . . . ▶		2,452,502,888	2,253,116,175	97,974	198,165,785

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 domestic organizations and domestic governments See Part IV, line 21	531,716	531,716		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,389,980	8,480,709	16,909,271	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,088,807	1,128,873	1,959,934	
7 Other salaries and wages	833,367,055	691,846,749	141,520,306	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,731,153	34,298,365	11,432,788	
9 Other employee benefits	109,368,286	82,026,215	27,342,071	
10 Payroll taxes	55,990,564	41,992,923	13,997,641	
11 Fees for services (non-employees)				
a Management				
b Legal	7,223,175	5,417,381	1,805,794	
c Accounting	609,849		609,849	
d Lobbying	301,746		301,746	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,809,982		7,809,982	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	204,296,269	153,222,202	51,074,067	
12 Advertising and promotion	11,399,671		11,399,671	
13 Office expenses	62,533,008	46,899,756	15,633,252	
14 Information technology	37,684,326	28,263,245	9,421,081	
15 Royalties				
16 Occupancy	32,458,171	24,343,628	8,114,543	
17 Travel	2,255,569	1,691,677	563,892	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,138,498	2,353,874	784,624	
20 Interest	16,021,651	12,016,238	4,005,413	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,265,944	67,699,458	22,566,486	
23 Insurance	4,468,768	3,351,576	1,117,192	
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	336,871,065	336,871,065		
b Repair & Maintenance	32,297,375	24,223,031	8,074,344	
c Medicaid Tax Expense	29,821,670	29,821,670		
d Maintenance & Service	11,872,339	11,872,339		
e All other expenses	47,590,859	29,591,225	17,999,634	
25 **Total functional expenses.** Add lines 1 through 24e	2,012,397,496	1,637,953,915	374,443,581	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		25,425	1	27,476
	2	Savings and temporary cash investments		105,896,994	2	78,581,395
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		218,775,935	4	274,209,516
	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		25,326,990	7	56,798,907
	8	Inventories for sale or use		26,126,731	8	31,375,882
	9	Prepaid expenses and deferred charges		39,670,325	9	41,293,059
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,897,343,826			
	b	Less accumulated depreciation	10b 943,720,283	857,583,438	10c	953,623,543
	11	Investments—publicly traded securities		2,103,032,508	11	2,189,881,274
	12	Investments—other securities See Part IV, line 11		501,196,759	12	771,554,998
	13	Investments—program-related See Part IV, line 11		42,964,631	13	43,814,095
	14	Intangible assets		26,746,323	14	27,877,307
	15	Other assets See Part IV, line 11		256,093,365	15	304,585,497
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,203,439,424	16	4,773,622,949
Liabilities	17	Accounts payable and accrued expenses		304,081,415	17	370,659,898
	18	Grants payable			18	
	19	Deferred revenue		3,910,530	19	14,684,894
	20	Tax-exempt bond liabilities		800,071,386	20	951,826,295
	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		213,682	23	45,428
	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		419,819,778	25	493,298,537
	26	**Total liabilities.** Add lines 17 through 25		1,528,096,791	26	1,830,515,052
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		2,675,342,633	27	2,943,107,897
	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		2,675,342,633	33	2,943,107,897
	34	Total liabilities and net assets/fund balances		4,203,439,424	34	4,773,622,949

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	2,452,502,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,012,397,496
3	Revenue less expenses Subtract line 2 from line 1	3	440,105,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,675,342,633
5	Net unrealized gains (losses) on investments	5	-73,656,720
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	-98,683,408
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,943,107,897

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			
(1) Rasmussen Steven Chairman - OhioHlth	2 00 5 00	X		X				0	0	0
(1) McConnell John P Vice Chair - OhioHlth	2 00 5 00	X		X				0	0	0
(2) Hondros Linda Secretary - OhioHlth	2 00 4 00	X		X				0	0	0
(3) Anderson Kerri B Treasurer - OhioHlth	2 00 4 00	X		X				0	0	0
(4) Abbott Lawrence C Board Member - OhioHlth	2 00 4 00	X						0	0	0
(5) Akins Nicholas Board Member - OhioHlth	2 00 4 00	X						0	0	0
(6) Anderson Thomas DO Board Member - OhioHlth	2 00 4 00	X						24,000	0	0
(7) Crane Tanny Board Member - OhioHlth	2 00 5 00	X						0	0	0
(8) Dewire Rev Dr Norman E Board Member - OhioHlth	2 00 4 00	X						0	0	0
(9) Gabriel Paul MD Board Member - OhioHlth	2 00 5 00	X						63,358	0	0
(10) Gutheil Paige DO Board Member - OhioHlth (start 1/15)	2 00 5 00	X						10,000	0	0
(11) James Donna Board Member - OhioHlth	2 00 4 00	X						0	0	0
(12) Jennings Matthew Board Member - OhioHlth	2 00 6 00	X						0	0	0
(13) Johnston Tom Board Member - OhioHlth	2 00 5 00	X						0	0	0
(14) Levin Howard B DO Board Member - OhioHlth (end 12/14)	2 00 44 00	X						0	589,318	49,218
(15) Palmer Bishop Gregory Board Member - OhioHlth	2 00 4 00	X						0	0	0
(16) Scott Bradley N Board Member - OhioHlth	2 00 4 00	X						0	0	0
(17) Walter Matt Board Member - OhioHlth	2 00 4 00	X						0	0	0
(18) Blom David P Pres/CEO/Board Member - OhioHlth	40 00 7 00	X		X				2,672,233	0	988,437
(19) Yates Vinson M Senior VP & CFO	40 00 1 00			X				944,942	0	234,234
(20) Millen Robert P Executive VP & COO (end 12/14)	40 00 1 00			X				1,464,482	0	327,477
(21) Louge Michael W Executive VP & COO (start 10/14)	40 00 1 00			X				1,529,246	0	707,735
(22) Barnes II Earl J Esq Sr VP & General Counsel	40 00 1 00				X			459,201	0	162,944
(23) Beckel Johnni C Sr VP & Chief HR Officer	40 00 1 00				X			798,949	0	163,360
(24) Bernstein Michael S Sr VP & CSO	40 00 1 00				X			863,925	0	185,936

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			
(26) Hanly Donna L Sr VP Chief Nursing Executive	40 00 1 00				X			537,125	0	83,169
(1) Markovich Stephen E MD Sr VP Ctrl Ohio Ops (start 10/14)	40 00 1 00				X			1,031,395	0	304,032
(2) Morrison Karen J President OHF & Sr VP Ext Aff	20 00 20 00				X			863,157	0	198,454
(3) Quinn Jessica L Sr VP & CCO (start 8/14)	40 00 1 00				X			206,138	0	8,007
(4) Vanderhoff Bruce MD Sr VP & CMO	40 00 1 00				X			1,116,938	0	254,213
(5) Garlock Steven J Sr VP - Oncology Services (end 9/14)	40 00 0 00					X		930,173	0	34,908
(6) Hagen Bruce P Reg Exec Pres - DMH/GMH	0 00 41 00					X		938,163	0	182,749
(7) Krouse Michael T Sr VP - CIO	40 00 1 00					X		767,052	0	164,649
(8) Pandora Frank T II Esq Frm Sr VP & Gen Counsel (end 5/14)	20 00 1 00					X		2,216,743	0	88
(9) Thornhill Hugh A President OPG	1 00 40 00					X		752,571	0	177,294
(10) Gallaher Connie L Frm System VP Neuro	40 00 0 00						X	373,397	0	45,304
(11) Herbert-Sinden Cheryl L Sr VP Regional Operations	40 00 2 00						X	664,056	0	220,971
(12) Huffman Michael Sean President - OHNC (end 3/15)	40 00 1 00						X	433,107	0	47,218
(13) Jablonski Susan F Sr VP - CCO	40 00 0 00						X	575,027	0	111,961
(14) Kontner John G Sr VP Managed Care	40 00 1 00						X	697,549	0	81,955
(15) Lawson Michael S President GMC	40 00 1 00						X	528,033	0	65,556
(16) Reichfield Michael L President - DH	40 00 1 00						X	688,787	0	157,660
(17) Tomaszewski James A Frm VP & Admin MHHC	1 00 40 00						X	183,809	0	15,118
(18) Tuchow Genevieve Frm VP HR Strat & Proj Mgmt	40 00 1 00						X	296,052	0	35,449
(19) Umland Steven J Frm Sr VP Finance (end 6/14)	40 00 1 00						X	834,430	0	41,489

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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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133019596

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		645
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		211,906
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		89,195
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			301,746
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, lines 1 and 2 (see instructions), 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 political 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3 Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	43,718,072	39,913,979	38,114,038	39,340,742	40,797,139
b	Contributions	1,795,338	399,071	288,256	277,730	325,956
c	Net investment earnings, gains, and losses	1,223,593	5,771,066	2,967,661	745,018	5,688,665
d	Grants or scholarships	81,203	81,038	72,449	116,994	63,000
e	Other expenditures for facilities and programs	1,305,709	1,263,874	833,896	1,435,648	6,681,909
f	Administrative expenses	1,036,395	1,021,132	549,631	696,810	726,109
g	End of year balance	44,313,696	43,718,072	39,913,979	38,114,038	39,340,742

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

- a Board designated or quasi-endowment ▶ 55 750 %
- b Permanent endowment ▶ 29 040 %
- c Temporarily restricted endowment ▶ 15 210 %

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		622,155,516	387,581,686	234,573,830
c Leasehold improvements		2,092,257	374,503	1,717,754
d Equipment		648,509,837	418,888,453	229,621,384
e Other		585,881,435	136,875,641	449,005,794
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				953,623,543

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) Non-Alternative Investments at NAV	363,352,513	C
(B) Alternative Investments at NAV	408,202,485	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	771,554,998	

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	284,046,140
(2) Unamortized Bond Issue Costs	7,662,779
(3) Investment in Subsidiaries and Non-Program Related Joint Ventures	2,251,886
(4) Other	10,624,692
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	304,585,497

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	309,277,562
Pension Liability	87,157,938
Swap Liability	35,356,508
Deferred Long-Term Liabilities	23,155,913
Other	38,350,616
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	493,298,537

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 (losses) 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, 2015, 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

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.

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

OMB No 1545-0047

2014

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	125,751
(2) Europe (including Iceland & Greenland)	0	0	Investments		11,102,856
(3) Central America & the Caribbean	0	0	Investments		290,518,685
(4) Europe (including Iceland & Greenland)	0	0	Program Service	Travel Expenses	5,863
(5)					
3a Sub-total	0	1			301,753,155
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	1			301,753,155

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ 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 & Greenland) and Central America & the Caribbean represent investments in those regions The amount shown as program service activities in Central America & the Caribbean represents total expenditures in the region

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

OMB No 1545-0047

2014

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 criteria used 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		No
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		
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)			52,139,403	5,517,691	46,621,712	2 320 %
b Medicaid (from Worksheet 3, column a)			383,831,413	307,509,335	76,322,078	3 790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			435,970,816	313,027,026	122,943,790	6 110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,291,331	115,420	2,175,911	0 110 %
f Health professions education (from Worksheet 5)			57,787,229	12,435,411	45,351,818	2 250 %
g Subsidized health services (from Worksheet 6)			1,024,012	0	1,024,012	0 050 %
h Research (from Worksheet 7)			324,404	196,729	127,675	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,662,677	30,923	1,631,754	0 080 %
j **Total.** Other Benefits			63,089,653	12,778,483	50,311,170	2 500 %
k **Total.** Add lines 7d and 7j			499,060,469	325,805,509	173,254,960	8 610 %

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			57,531		57,531	0 %
4	Environmental improvements						0 %
5	Leadership development and training for community members						0 %
6	Coalition building			28,222		28,222	0 %
7	Community health improvement advocacy						0 %
8	Workforce development			14,162		14,162	0 %
9	Other						0 %
10	**Total**			99,915		99,915	

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	66,639,732		
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	558,709,662		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	654,538,526		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-95,828,864		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 Grant Scope Center LLC	Ambulatory Surgery Center	50 500 %		49 490 %
2	2 Knightsbridge Surgery Center	Ambulatory Surgery Center	49 900 %		50 100 %
3	3 OhioHealth Sleep Services LLC	Sleep Lab Services	73 500 %		26 500 %
4	4 Polaris Surgery Center LLC	Ambulatory Surgery Center	53 500 %		46 500 %
5	5 The Eye Center	Opthamological Surgery Center	2 830 %		97 180 %
6	6 Upper Arlington Medical Limited Partnership	Property Management	38 870 %		61 130 %
7	7 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	44 400 %		55 600 %
8	8 Whitehall Surgery Center	Ambulatory Surgery Center	59 100 %		40 900 %
9	9 The Hand Center LLC	Orthopedic Surgery	49 000 %		51 000 %
10	10 Westerville Endoscopy Center LLC	Ambulatory Surgery Center	50 000 %		50 000 %
11					
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? **5**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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)

Name of hospital facility or letter of facility reporting group OhioHealth Rehabilitation Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	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 12	**3**		No
	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		
7	Did the hospital facility make its CHNA report widely available to the public?	**7**		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		
a	If "Yes" (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, 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)*

OhioHealth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) See Part V			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group OhioHealth Rehabilitation Hospital

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☑ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

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 letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	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 7d			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The FAP was widely available on a website (list url) _____			
b ☑ The FAP application form was widely available on a website (list url) See Part V			
c ☑ A plain language summary of the FAP was widely available on a website (list url) See Part V			
d ☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☑ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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? **31**

	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 $279 million reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The $173 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, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC

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 Each OhioHealth entity applies a discount to self-pay patient accounts that do not qualify for charity at the time of billing If the account is deemed uncollectible, the balance is written off to bad debt OhioHealth makes all reasonable efforts to qualify eligible patients for charity, including periodic retrospective account reviews to determine if patients that were written off to bad debt should have qualified for charity

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, 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 Faith, Culture and Community Benefit Committee of the OhioHealth Board of Trustees are responsible for corporate oversight and strategic direction for community benefit services These two entities are responsible for monitoring community health needs and providing oversight of metrics on community benefit and mission effectiveness OhioHealth has ongoing partnerships with Columbus Public Health, Ohio Department of Health, and Healthcare Collaborative of Greater Columbus in identifying health priorities locally and statewide OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues Healthcare Collaborative of Greater Columbus' goal is to improve access to healthcare for all individuals in Central Ohio, specifically the most vulnerable A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of Central Ohio OhioHealth collaborated with other community stakeholders to develop its Community Health Needs Assessment, and in doing so, gathered significant additional demographic and community profile information This information is published in the Community Health Needs Assessment and is available to the public via www OhioHealth com

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 2015 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 1,579,572 to 1,656,045, resulting in a growth of 4 8% Of this area's current year estimated population 69 9% are White alone, 18 1% are Black or African American alone, 4 7% are Hispanic, 4 2% are Asian alone, and 3 1% are other races In 2015, the average household income in the primary service area is estimated to be $76,710 The primary service area demographics are impacted by the number of colleges and universities Currently, it is estimated that 37 4% 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, 24 3% of the population is estimated to be 0-17 years old, 25 2% are between ages 18-34, 27 4% are between ages 35-54, and 23 1% 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 $278,647,000 (per Community Benefit Report) of community benefit (which includes the Medicaid shortfall) The total community benefit represents an appropriate balance of charity care, community health services, subsidized health services, research and net medical education costs, and cash or in-kind community building

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 eight hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eight hospitals, OhioHealth Corporation operates four hospitals (OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
OhioHealth Rehabilitation Hospital	Part V, Section B, Line 2 OhioHealth Rehabilitation Hospital ("OHRH") has a tax year ended December 31 OHRH began operations in April of 2013 As such, the initial Community Health Needs Assessment ("CHNA") will be due December 31, 2015 OhioHealth Corporation has a tax year ended June 30 Based on the difference in fiscal years of OHRH and OHC, the CHNA will be included in the June 30, 2016 Form 990 OhioHealth Rehabilitation Hospital Part V, Section B, Line 16b https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistanceOhioHealth Rehabilitation Hospital Part V, Section B, Line 16c https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
OhioHealth Rehabilitation Hospital	Part V, Section B, Line 16i Signs are posted at multiple OhioHealth Rehabilitation Hospital, LLC 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 OhioHealth Rehabilitation Hospital, LLC patient billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that OhioHealth Rehabilitation Hospital, LLC 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 OhioHealth Rehabilitation Hospital, LLC's financial assistance application with the federal poverty guidelines listed During the pre-registration/pre-admissions 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
OhioHealth Rehabilitation Hospital	Part V, Section B, Line 22d Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC utilize the same Charity Care Policy They offer a sliding scale that provides different charity discounts, depending on a patient's family size and income relative to the Federal Poverty Limit (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 333% receives a 70% discount (average Medicare discount) A patient between 334% 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 Part V Section C Supplemental Information for Part V, Section B.

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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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

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 5	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

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 6a	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

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 6b	The following organizations were included in this collaboration Central Ohio Trauma SystemColumbus Neighborhood Health CentersColumbus Public HealthFranklin County Public HealthUnited Way of Central OhioCenter for Public Health PracticeThe Ohio State University College of Public HealthHeart of Ohio Family Health CentersLower Lights Christian Health Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 7d	The hospital facility's CHNA can be found at the following website https //www ohiohealth com/communityhealthneedsassessment/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 11	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital have developed and approved an Implementation Strategy to address the eight health needs as identified in the CHNA The OhioHealth Board of Directors approved the Implementation Strategy at their meeting on June 20, 2013 In order to address each of the eight health needs identified in the CHNA, various community outreach health and wellness programs have been implemented Riverside Methodist Hospital's (Riverside Methodist) community outreach health and wellness programs include Riverside Methodist will continue participating in the web-based "BedBoard" to allow patients in the Central Ohio community timely access to inpatient psychiatric beds The Bing Cancer Center will continue providing free cancer screenings, increase awareness on early detection and lifestyle changes, Second Opinion Clinic, and access to patient navigators Breastfeeding promotion through "Baby-Friendly Hospital and COHC partnerships Riverside Methodist will promote breastfeeding in the hospital and in the community System-wide community outreach health and wellness programs include Collaborations with Physicians CareConnection and OSU College of Dentistry to provide cash donations to a charitable dental clinic Central Ohio Hospital Council (COHC) initiated "Health Information Translations and will continue its involvement with the "Health Information Translations" website to provide free educational resources Riverside Methodist participates in the Central Ohio Hospital Quality Collaborative (COHQC) and adopts standards for (a) pneumonia care, (b) Surgical Care Improvement Project, (c) hand-washing, and (d) "Seconds Count and "Scrub the Hub" OhioHealth's Community Cardiovascular Health and Wellness (CCVHW) program is focused on lifestyle and behavior change OhioHealth WOW outreach projects on sexually transmitted diseases (STDs) will provide classes about STD diagnosis, testing, and prevention to high school students WOW offers STD testing, education and counseling, and referrals Patient education on STDs is part of Teen Options to Prevent Pregnancy (TOPP) and will provide its patients with an "STD Facts" pamphlet Sexual Assault Response Network of Central Ohio (SARNCO) Helpline & Advocacy will provide emotional support, information, and advocacy to rape survivors SARNCO's outreach on sexual assault and intimate partner violence prevention will allow prevention educators to continue providing age- and culture-appropriate outreach on preventing sexual assault, dating and intimate partner violence, and sexual harassment Domestic violence prevention among WOW mobile clinic patients will allow social works to continue psychosocial assessments, counseling and referrals, in addition to, comprehensive prenatal and postpartum care at the WOW mobile clinic OhioHealth Mobile Mammography and Bone Density Service will continue providing life-saving mammograms to underserved communities, and women employees to avail of on-site mammograms at their workplace John J Gerlach Center for Senior Health's safety outreach programs will offer outreach on preventing fraud, abuse and neglect, and promote safety OhioHealth Neighborhood Care's baseline concussion testing for athletes will continue baseline concussion testing as aid to assess post-concussion injuries OhioHealth Neighborhood Care's free training for coaches and sports physicals will provide CPR and Pupil Activity Permit training and free sports physicals Riverside Methodist and OhioHealth will pursue evidence-based evaluation techniques to ensure that the programs are meeting the needs of Franklin County OhioHealth's Community Health and Wellness Department and each member hospital is pursuing evidence-based evaluation techniques to ensure that the community outreach health and wellness programs are addressing the health needs of Franklin County For all programs identified in response to the prioritized health needs, OhioHealth is collecting data on outputs and outcomes and evaluating these for impact OhioHealth works with program managers/directors to determine appropriate data points to be measured and this data is collected on a quarterly basis Group A-Facility 1 -- Riverside Methodist HospitalPart V, Section B, Line 16b https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistanceGroup A-Facility 1 -- Riverside Methodist HospitalPart V, Section B, Line 16c https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistance

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 16i	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 Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English Riverside Methodist Hospital patient billing statements also include information regarding HCAP and can be used to apply for financial assistance Patient billing brochures explain that Riverside Methodist Hospital provides care to everyone who comes for services, regardless of their ability to pay The brochures provide information about HCAP and the 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 Riverside Methodist Hospital's financial assistance application with the federal poverty guidelines listed During the pre-registration/pre-admissions 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

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Form and Line Reference	Explanation
Group A-Facility 1 -- Riverside Methodist Hospital Part V, Section B, line 22d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC utilize the same Charity Care Policy They offer a sliding scale that provides different charity discounts, depending on a patient's family size and income relative to the Federal Poverty Limit (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 333% receives a 70% discount (average Medicare discount) A patient between 334% and 400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 5	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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 6a	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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 6b	The following organizations were included in this collaboration Central Ohio Trauma SystemColumbus Neighborhood Health CentersColumbus Public HealthFranklin County Public HealthUnited Way of Central OhioCenter for Public Health PracticeThe Ohio State University College of Public HealthHeart of Ohio Family Health CentersLower Lights Christian Health Center

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 7d	The hospital facility's CHNA can be found at the following website https //www ohiohealth com/communityhealthneedsassessment/

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 11	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital have developed and approved an Implementation Strategy to address the eight health needs as identified in the CHNA The OhioHealth Board of Directors approved the Implementation Strategy at their meeting on June 20, 2013 In order to address each of the eight health needs identified in the CHNA, various community outreach health and wellness programs have been implemented Grant Medical Center's (Grant) community outreach health and wellness programs include Grant will continue offering reduced-cost exercise programs for patients who have completed cardiac rehabilitation to maintain heart health and lifestyle and behavior changes Grant will continue offering exercise classes to patients diagnosed with peripheral arterial disease Grant will also continue providing education on prevention, early detection, screening, treatment of various cancers, ConvenientCare Mammography and clinical trial patient support services Grant will promote breastfeeding in the hospital and community OhioHealth will continue funding Mothers Milk Bank of Ohio to provide donor human milk to preterm and/or sick babies Grant will continue "Teen Driver Safety" courses, "A Matter of Balance" courses, counseling about recovery from injury, trauma education, and timely feedback to referring hospitals System-wide community outreach health and wellness programs include Collaborations with Physicians CareConnection and OSU College of Dentistry to provide cash donations to a charitable dental clinic Central Ohio Hospital Council (COHC) initiated "Health Information Translations and will continue its involvement with the "Health Information Translations" website to provide free educational resources Grant participates in the Central Ohio Hospital Quality Collaborative (COHQC) and adopts standards for (a) pneumonia care, (b) Surgical Care Improvement Project, (c) hand-washing, and (d) "Seconds Count and "Scrub the Hub" OhioHealth's Community Cardiovascular Health and Wellness (CCVHW) program is focused on lifestyle and behavior change OhioHealth WOW outreach projects on sexually transmitted diseases (STDs) will provide classes about STD diagnosis, testing, and prevention to high school students WOW offers STD testing, education and counseling, and referrals Patient education on STDs is part of Teen Options to Prevent Pregnancy (TOPP) and will provide its patients with an "STD Facts" pamphlet Sexual Assault Response Network of Central Ohio (SARNCO) Helpline & Advocacy will provide emotional support, information, and advocacy to rape survivors SARNCO's outreach on sexual assault and intimate partner violence prevention will allow prevention educators to continue providing age- and culture-appropriate outreach on preventing sexual assault, dating and intimate partner violence, and sexual harassment Domestic violence prevention among WOW mobile clinic patients will allow social workers to continue psychosocial assessments, counseling and referrals, in addition to, comprehensive prenatal and postpartum care at the WOW mobile clinic OhioHealth Mobile Mammography and Bone Density Service will continue providing life-saving mammograms to underserved communities, and women employees to avail of on-site mammograms at their workplace John J Gerlach Center for Senior Health's safety outreach programs will offer outreach on preventing fraud, abuse and neglect, and promote safety OhioHealth Neighborhood Care's baseline concussion testing for athletes will continue baseline concussion testing as aid to assess post-concussion injuries OhioHealth Neighborhood Care's free training for coaches and sports physicals will provide CPR and Pupil Activity Permit training and free sports physicals Grant and OhioHealth will pursue evidence-based evaluation techniques to ensure that the programs are meeting the needs of Franklin County OhioHealth's Community Health and Wellness Department and each member hospital is pursuing evidence-based evaluation techniques to ensure that the community outreach health and wellness programs are addressing the health needs of Franklin County For all programs identified in response to the prioritized health needs, OhioHealth is collecting data on outputs and outcomes and evaluating these for impact OhioHealth works with program managers/directors to determine appropriate data points to be measured and this data is collected on a quarterly basis Group A-Facility 2 -- Grant Medical CenterPart V, Section B, Line 16b https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistanceGroup A-Facility 2 -- Grant Medical CenterPart V, Section B, Line 16c https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistance

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Form and Line Reference	Explanation
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 16i	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/pre-admissions 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Grant Medical Center Part V, Section B, line 22d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC utilize the same Charity Care Policy They offer a sliding scale that provides different charity discounts, depending on a patient's family size and income relative to the Federal Poverty Limit (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 333% receives a 70% discount (average Medicare discount) A patient between 334% 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 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 5	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 6a	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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 6b	The following organizations were included in this collaboration Central Ohio Trauma SystemColumbus Neighborhood Health CentersColumbus Public HealthFranklin County Public HealthUnited Way of Central OhioCenter for Public Health PracticeThe Ohio State University College of Public HealthHeart of Ohio Family Health CentersLower Lights Christian Health Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 7d	The hospital facility's CHNA can be found at the following website https //www ohiohealth com/communityhealthneedsassessment/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 11	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, and Dublin Methodist Hospital have developed and approved an Implementation Strategy to address the eight health needs as identified in the CHNA The OhioHealth Board of Directors approved the Implementation Strategy at their meeting on June 20, 2013 In order to address each of the eight health needs identified in the CHNA, various community outreach health and wellness programs have been implemented Doctors Hospital's implemented community outreach health and wellness programs include Doctors Hospital Level 3 Patient-Centered Medical Home (PCMH) Doctors Hospital Family Practice Clinic will improve access to care by providing patients with holistic and coordinated care through ongoing relationships with his or her "personal physician and the healthcare team who are jointly responsible for providing high quality patient care Doctors Hospital Cancer Services community outreach programs will continue (a) providing free cancer screenings, (b) promoting lung health and smoking cessation through the "Great American Smokeout" event, and (c) providing access to breast health and lung health navigators System-wide community outreach health and wellness programs include Collaborations with Physicians CareConnection and OSU College of Dentistry to provide cash donations to a charitable dental clinic Central Ohio Hospital Council (COHC) initiated "Health Information Translations and will continue its involvement with the "Health Information Translations" website to provide free educational resources Doctors Hospital participates in the Central Ohio Hospital Quality Collaborative (COHQC) and adopts standards for (a) pneumonia care, (b) Surgical Care Improvement Project, (c) hand-washing, and (d) "Seconds Count and "Scrub the Hub" OhioHealth's Community Cardiovascular Health and Wellness (CCVHW) program is focused on lifestyle and behavior change OhioHealth WOW outreach projects on sexually transmitted diseases (STDs) will provide classes about STD diagnosis, testing, and prevention to high school students WOW offers STD testing, education and counseling, and referrals Patient education on STDs is part of Teen Options to Prevent Pregnancy (TOPP) and will provide its patients with an "STD Facts" pamphlet Sexual Assault Response Network of Central Ohio (SARNCO) Helpline & Advocacy will provide emotional support, information, and advocacy to rape survivors SARNCO's outreach on sexual assault and intimate partner violence prevention will allow prevention educators to continue providing age- and culture-appropriate outreach on preventing sexual assault, dating and intimate partner violence, and sexual harassment Domestic violence prevention among WOW mobile clinic patients will allow social workers to continue psychosocial assessments, counseling and referrals, in addition to, comprehensive prenatal and postpartum care at the WOW mobile clinic OhioHealth Mobile Mammography and Bone Density Service will continue providing life-saving mammograms to underserved communities, and women employees to avail of on-site mammograms at their workplace John J Gerlach Center for Senior Health's safety outreach programs will offer outreach on preventing fraud, abuse and neglect, and promote safety OhioHealth Neighborhood Care's baseline concussion testing for athletes will continue baseline concussion testing as aid to assess post-concussion injuries OhioHealth Neighborhood Care's free training for coaches and sports physicals and will provide CPR and Pupil Activity Permit training and free sports physicals Doctors Hospital and OhioHealth will pursue evidence-based evaluation techniques to ensure that the programs are meeting the needs of Franklin County OhioHealth's Community Health and Wellness Department and each member hospital is pursuing evidence-based evaluation techniques to ensure that the community outreach health and wellness programs are addressing the health needs of Franklin County For all programs identified in response to the prioritized health needs, OhioHealth is collecting data on outputs and outcomes and evaluating these for impact OhioHealth works with program managers/directors to determine appropriate data points to be measured and this data is collected on a quarterly basis Group A-Facility 3 -- Doctors HospitalPart V, Section B, Line 16b https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistanceGroup A-Facility 3 -- Doctors HospitalPart V, Section B, Line 16c https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ FinancialAssistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 16i	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/pre-admissions 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Doctors Hospital Part V, Section B, line 22d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC utilize the same Charity Care Policy They offer a sliding scale that provides different charity discounts, depending on a patient's family size and income relative to the Federal Poverty Limit (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 333% receives a 70% discount (average Medicare discount) A patient between 334% 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 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 5	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

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Form and Line Reference	Explanation
Group A-Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 6a	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

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Form and Line Reference	Explanation
Group A-Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 6b	The following organizations were included in this collaboration Central Ohio Trauma SystemColumbus Neighborhood Health CentersColumbus Public HealthFranklin County Public HealthUnited Way of Central OhioCenter for Public Health PracticeThe Ohio State University College of Public HealthHeart of Ohio Family Health CentersLower Lights Christian Health Center

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 16i	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/pre-admissions 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 4 -- Dublin Methodist Hospital Part V, Section B, line 22d	Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC utilize the same Charity Care Policy They offer a sliding scale that provides different charity discounts, depending on a patient's family size and income relative to the Federal Poverty Limit (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 333% receives a 70% discount (average Medicare discount) A patient between 334% 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 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 16b website	See Part V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 Part V, Section B, line 16c website	See Part V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Part V, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
OhioHealth Rehabilitation Hospital Part V, Section B, line 16b website	See Part V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
OhioHealth Rehabilitation Hospital Part V, Section B, line 16c website	See Part V

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Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 16b website	See Part V

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 16c website	See Part V

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 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 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 Sleep Services 7450 Hospital Drive Suite 270 Dublin, OH 43016	Surgery Center
OhioHealth Sleep Services 801 OhioHealth Blvd Suite 250 Delaware, OH 43015	Surgery Center
OhioHealth Sleep Services 340 East Town Street Suite 7-225 Columbus, OH 43212	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 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 1050 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
OhioHealth Urgent Care 895 West 3rd Avenue Columbus, OH 43212	Surgery Center
OhioHealth Urgent Care 4343 All Seasons Drive Suite 160 Hilliard, OH 43026	Surgery Center
OhioHealth Sleep Services 1131 Chestnut Street Nelsonville, OH 45764	Surgery Center
OhioHealth Sleep Services 75 Hospital Drive Suite 200 Athens, OH 45701	Surgery Center
OhioHealth Urgent Care 5610 North Hamilton Road Columbus, OH 43230	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 Urgent Care 24 Hidden Ravines Drive Powell, OH 43068	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

2014

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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** 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	10	10,000			

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 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Aids Resource Center of Ohio440 North High Street Columbus,OH 43214	31-1126780	501(c)(3)	10,000	0			Art for Life 2014
Alzheimers Assn of Central Ohio1379 Dublin Road Columbus,OH 43215	31-0996236	501(c)(3)	14,180	0			Columbus Walk to End Alzheimer's, Gala Table Sponsorship
American Brain Tumor8550 W Bryn Mawr Ave Chicago,IL 60631	23-7286648	501(c)(3)	24,340	0			Columbus Ohio BT5K 2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	16,720	0			Drive for Life, CBB, Relay
American Heart Association 5455 N High St Columbus,OH 43214	13-5613797	501(c)(3)	126,400	0			GR GRFW 2015
Arthritis Foundation3740 Ridge Mill Drive Hilliard,OH 43026	27-4014550	501(c)(3)	6,500	0			Crystal Ball Bronze Level 2015, Jingle Bell Run/Walk

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Central Ohio Diabetes Assn 1100 Dennison Avenue Columbus,OH 43201	31-6054100	501(c)(3)	6,800	0			2014 Celebrities for Diabetes Event, Detection Outreach program, 2014 Len Immke Memorial Swing for Diabetes
Charitable Pharmacy of Central Ohio Inc200 E Livingston Ave Columbus,OH 43215	27-0147099	501(c)(3)	27,000	0			Grant Funding of 2014 Operations
The Columbus Blue Jackets Foundation200 W Nationwide Blvd Columbus,OH 43215	31-1688700	501(c)(3)	19,000	0			2015 All STAR GALA The Crease

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Columbus Metropolitan Club 100 E Broad St Ste 100 Columbus,OH 43215	31-0889324	501(c)(3)	18,900	0			Our Healthy Community Series
Columbus Symphony Orchestra55 E State Street Columbus,OH 43215	31-6402408	501(c)(3)	10,000	0			Picnic with the Pops Sponsorship
COSI Columbus333 West Broad St Columbus,OH 43215	31-1351334	501(c)(3)	8,438	0			Annual Contribution-Sponsorship of Blast

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 1777 E Broad Street Columbus,OH 43203	31-1191469	501(c)(3)	13,200	0			Field to Table 2014, 2015 Hat Day Luncheon
McConnell Education Foundation200 W Nationwide Blvd Columbus,OH 43215	31-1365344	501(c)(3)	10,000	0			Birdies for Buddies Golf Tournament
Mid Ohio Regional Planning Commission111 Liberty St Ste 100 Columbus,OH 43215	31-1009675	501(c)(3)	10,000	0			State of the Region Luncheon

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAHSE1050 Connecticut Avenue NW FL10 Washington, DC 20036	62-1312239	501(c)(3)	20,000	0			Executive 29th Annual Educational Conference 2014 Gold Level
National Multiple Sclerosis Society6155 Rockside Road Suite 202 Independence, OH 44131	34-0801307	501(c)(3)	8,750	0			The National MS Walk, Dinner of Champions
National Parkinson Foundation2800 Corp Exchange Dr Ste 265 Columbus, OH 43231	31-1220462	501(c)(3)	14,600	0			National Parkinson Foundation-2014 Partnership

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Wesleyan University61 S Sandusky St Delaware,OH 43015	31-4379585	501(c)(3)	12,500	0			2014 Gifts
Physicians Careconnection 1390 Dublin Road Columbus,OH 43215	31-1373719	501(c)(3)	25,000	0			PCC Dental Initiative
Simon Kenton Council807 Kinnear Road Columbus,OH 43212	31-4388520	501(c)(3)	5,738	0			Leadership Luncheon, Eagle Scout Recognition Dinner, Grove City Breakfast, 2014 Clay Target Classic

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Stephen's Community House1500 E 17th Ave Columbus,OH 43219	31-4379568	501(c)(3)	7,500	0			Bravo! For the Children
Stonewall Columbus Inc 1160 N High St Columbus,OH 43201	31-1189481	501(c)(3)	6,000	0			Stonewall C
Susan G Komen For The Cure Foundation929 Eastwind Drive Suite 211 Westerville,OH 43081	75-2844651	501(c)(3)	27,500	0			2015 Race for the Cure/2014 Tackle Breast Cancer Tailgate

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Westerville Area Chamber of Commerce99 Commerce Park Drive A Westerville,OH 43082	31-0737083	501(c)(6)	5,270	0			Golf Outing 2014, Evening of Elegance 2014, Annual Dinner and Awards Program 2014-2015, Quarterly Membership Luncheon
YWCA Columbus65 S 4th St Columbus,OH 43215	31-4379597	501(c)(3)	6,250	0			2014 Woman to Woman Luncheon, Family Center dinner donation, Women of Achievement luncheon

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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.**

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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 in column(B) 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	OhioHealth's travel policy states "No fare higher than coach accommodations is 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 first class travel flights by executives as a result of international travel
Part I, Line 4a	The following individuals listed in Form 990, Part VII received severance payments James A Tomaszewski $184,290 Steven J Umland $255,779 Part I, Line 4b The following individuals listed in Form 990, Part VII received distributions from a supplemental non-qualified retirement plan in the amount as noted Steven J Garlock $400,191 Frank T Pandora II Esq $2,072,599 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Levin Howard B DO, Board Member - OhioHlth (end 12/14)	(I)	0	0	0	0	0	0	0
	(II)	521,075	416	67,827	25,262	23,956	638,536	0
Blom David P, Pres/CEO/Board Member - OhioHlth	(I)	1,061,837	1,577,330	33,066	968,603	19,834	3,660,670	0
	(II)	0	0	0	0	0	0	0
Yates Vinson M, Senior VP & CFO	(I)	495,114	416,942	32,886	207,738	26,496	1,179,176	0
	(II)	0	0	0	0	0	0	0
Millen Robert P, Executive VP & COO (end 12/14)	(I)	723,453	713,775	27,254	301,702	25,775	1,791,959	0
	(II)	0	0	0	0	0	0	0
Louge Michael W, Executive VP & COO (start 10/14)	(I)	776,890	737,225	15,131	681,739	25,996	2,236,981	0
	(II)	0	0	0	0	0	0	0
Barnes II Earl J Esq, Sr VP & General Counsel	(I)	278,290	160,000	20,911	147,574	15,370	622,145	0
	(II)	0	0	0	0	0	0	0
Beckel Johnni C, Sr VP & Chief HR Officer	(I)	404,905	370,938	23,106	139,364	23,996	962,309	0
	(II)	0	0	0	0	0	0	0
Bernstein Michael S, Sr VP & CSO	(I)	469,388	382,812	11,725	159,183	26,753	1,049,861	0
	(II)	0	0	0	0	0	0	0
Hanly Donna L, Sr VP Chief Nursing Executive	(I)	292,548	215,797	28,780	64,151	19,018	620,294	0
	(II)	0	0	0	0	0	0	0
Markovich Stephen E MD, Sr VP Ctrl Ohio Ops (start 10/14)	(I)	545,190	460,415	25,790	277,750	26,282	1,335,427	0
	(II)	0	0	0	0	0	0	0
Morrison Karen J, President OHF & Sr VP Ext Aff	(I)	445,703	393,688	23,766	173,708	24,746	1,061,611	0
	(II)	0	0	0	0	0	0	0
Quinn Jessica L, Sr VP & CCO (start 8/14)	(I)	120,682	50,000	35,456	0	8,007	214,145	0
	(II)	0	0	0	0	0	0	0
Vanderhoff Bruce MD, Sr VP & CMO	(I)	592,638	500,500	23,800	230,217	23,996	1,371,151	0
	(II)	0	0	0	0	0	0	0
Garlock Steven J, Sr VP - Oncology Services (end 9/14)	(I)	221,143	269,581	439,449	18,812	16,096	965,081	279,233
	(II)	0	0	0	0	0	0	0
Hagen Bruce P, Reg Exec Pres - DMH/GMH	(I)	489,813	419,275	29,075	163,276	19,473	1,120,912	0
	(II)	0	0	0	0	0	0	0
Krouse Michael T, Sr VP - CIO	(I)	394,509	345,707	26,836	142,873	21,776	931,701	0
	(II)	0	0	0	0	0	0	0
Pandora Frank T II Esq, Frm Sr VP & Gen Counsel (end 5/14)	(I)	1,360	120,000	2,095,383	0	88	2,216,831	861,393
	(II)	0	0	0	0	0	0	0
Thornhill Hugh A, President OPG	(I)	385,561	342,188	24,822	150,798	26,496	929,865	0
	(II)	0	0	0	0	0	0	0
Gallaher Connie L, Frm System VP Neuro	(I)	273,880	90,215	9,302	24,141	21,163	418,701	0
	(II)	0	0	0	0	0	0	0
Herbert-Sinden Cheryl L, Sr VP Regional Operations	(I)	347,698	288,563	27,795	200,325	20,646	885,027	0
	(II)	0	0	0	0	0	0	0

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Huffman Michael Sean, President - OHNC (end 3/15)	(I)	243,118	185,332	4,657	20,343	26,875	480,325	0
	(II)	0	0	0	0	0	0	0
Jablonski Susan F, Sr VP - CCO	(I)	308,459	259,980	6,588	101,117	10,844	686,988	0
	(II)	0	0	0	0	0	0	0
Kontner John G, Sr VP Managed Care	(I)	352,764	337,203	7,582	59,152	22,803	779,504	0
	(II)	0	0	0	0	0	0	0
Lawson Michael S, President GMC	(I)	363,487	160,000	4,546	55,852	9,704	593,589	0
	(II)	0	0	0	0	0	0	0
Reichfield Michael L, President - DH	(I)	355,339	304,465	28,983	133,738	23,922	846,447	0
	(II)	0	0	0	0	0	0	0
Tomaszewski James A, Frm VP & Admin MHHC	(I)	0	0	183,809	14,471	647	198,927	0
	(II)	0	0	0	0	0	0	0
Tuchow Genevieve, Frm VP HR Strat & Proj Mgmt	(I)	194,593	71,040	30,419	16,644	18,805	331,501	0
	(II)	0	0	0	0	0	0	0
Umland Steven J, Frm Sr VP Finance (end 6/14)	(I)	189,178	347,195	298,057	18,616	22,873	875,919	0
	(II)	0	0	0	0	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	To 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		4,950,000	17,560,000	10,575,000
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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
Part I, Line C, Column (e)	Form 8038 for the bonds erroneously presented the issue price for the bonds as $27,755,533, but the correct value is $27,755,000

Return Reference	Explanation
Part II, Line 9, Column B	The amount shown is a payment to terminate a swap agreement, such amount constitutes an extraordinary working capital expenditure

Return Reference	Explanation
Schedule K, Part IV Arbitrage, Line 2c	(a) Issuer Name County of Franklin, Ohio Date the Rebate Computation was Performed 11/04/2008

Return Reference	Explanation
Part III Line 9, Part IV Line 7, and Part V	Written compliance procedures were adopted on June 23, 2015

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

OMB No 1545-0047

2014

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	353187CR6	06-23-2015	299,999,256	Improvement		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	299,999,256			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	299,999,256			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		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						
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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148?	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							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 Benefiting 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) Mark Vanderhoff	Key Employee - Brother of Key Employee (Bruce Vanderhoff, M D)	87,214	Comp/Ben - Brother is employed at Grant Medical Center and receives compensation		No
(2) Linda Kress	Key Employee - Sister of Key Employee (Donna L Hanly)	15,527	Comp/Ben - Sister is employed at OhioHealth Corporation and receives compensation		No
(3) Gregory E Morrison MD	Key Employee - Spouse of Key Employee (Karen J Morrison)	389,408	Comp/Ben - Spouse is employed at OhioHealth Corporation and receives compensation		No
(4) Live Technologies Inc	Director of Org - Entity more than 35% owned by Dir (Lawrence C Abbott)	423,768	Payments - Goods or services provided to Ohiohealth Corporation		No
(5) National Background Check Inc	Off/Dir of Org - Entity more than 35% owned by Off/Dir (Linda Hondros)	263,328	Payments - Goods or services provided to OhioHealth Corporation		No
(6) Jacob P Millen	Officer of Org - Son of Officer (Robert P Millen)	54,844	Comp/Ben - Son is employed at Riverside Methodist Hospital and receives compensation		No
(7) Ruth Holzapfel	Officer/Director of Org - Sister of Officer/Director (David P Blom)	36,154	Comp/Ben - Sister is employed at Westerville Health Center and receives compensation		No
(8) Sarah Johnston Dibling	Director of Org - Daughter of Director (Tom Johnston)	39,865	Comp/Ben - Daughter is employed at Grant Medical Center 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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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 John P McConnell, Vice Chair of OhioHealth Corporation, and Kerrii B Anderson, Treasurer 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 OhioHealth CEO's compensation is set by the Compensation Committee, which is composed of independent and disinterested members of the Board of Directors The CEO's 2014 base salary and his 2014 total compensation which includes all incentive plans and benefits were estimated to approximate the 77th percentile of a peer group of comparable high performing health systems across the United States In 2014, OhioHealth implemented an incentive plan to reward achievement of long-term strategic priorities for certain key senior executives The payout reflects performance over a two year period The organization's performance for FY 6/30/2013 was at the 82nd percentile and for FY 6/30/2014 was at the 85th percentile as measured by the Balanced Scorecard using Quality, Customer Service, Culture, and Finance indicators The 990 reporting of Compensation Committee approved CEO compensation for 2014 is in alignment with the CEO's tenure, experience and demonstrated level of sustained top quartile performance of OhioHealth The 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 the 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 The 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 for related organization employment 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 90,613,035 Management and general expenses 27,881,846 Fundraising expenses 0 Total expenses 118,494,881 Physician Fees Program service expenses 32,020,240 Management and general expenses 9,852,704 Fundraising expenses 0 Total expenses 41,872,944 Other Program service expenses 30,588,927 Management and general expenses 13,339,517 Fundraising expenses 0 Total expenses 43,928,444

Return Reference	Explanation
Form 990, Part XI, line 9	Pension-Related Changes 31,019,016 Change in Fair Value of Interest Rate Swaps -3,407,972 Intercompany Transactions -131,000,182 Other 3,181,977 Net Assets Released from Restriction for PP&E 1,523,753

Return Reference	Explanation
Form 990, Part XII, Line 3b	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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	760,631	2,362,934			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 CJ 31-4394942	Insurance/Reinsurance	CJ	OhioHealth Corporation	C	5,773,283	20,475,171			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		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		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		No
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
DH Ventures Ltd 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
CG Broad Norton LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	0	243,155	OhioHealth Corporation
OhioHealth Medical Specialty Foundation LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 26-1210223	Holding Company	OH	0	0	OhioHealth Corporation
OhioHealth Hospital Management Services 180 East Broad Street 33rd Floor Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	0	0	OhioHealth Corporation
Grove City Land Company LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-2651557	Real Estate Holding Company	OH	-262,841	3,616,932	OhioHealth Corporation
OhioHealth Urgent Care LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 27-3371022	Urgent Care Services	OH	-343,831	9,071,030	OhioHealth Corporation
Marion Practices LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
Marion Area Physicians LLC 180 East Broad Street 33rd Floor Columbus, OH 432153707 80-0835324	Physician Practices	OH	0	8,482,385	OhioHealth Corporation
OhioHealth Innovation Development Fund 180 East Broad Street 33rd Floor Columbus, OH 432153707	Research and Development	OH	0	500,000	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 9	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 11a	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) OhioHealth Physicians Group Inc 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1351965	Health Care	OH	501(c)(3)	Schedule A, Line 9	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 11a	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 9	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 9	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 11a	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 9	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? 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
OhioHealth Sleep Services LLC 6186 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related				No			No	
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	5,410,859	8,078,173		No		Yes		53 900 %
ESWL Real Estate & Equipment Ltd Partnership 100 W Third Ave Ste 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	1,881,534	977,599		No			No	50 500 %
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									
OHRH LLC 4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	OhioHealth Corporation	Related	1,242,713	3,899,415		No			No	51 000 %
Westerville Endoscopy Center LLC 700 East Broad Street 1st Floor Columbus, OH 43214 46-2755661	Endoscopy Services	OH	OhioHealth Corporation	Related	970,872	875,116		No		Yes		50 000 %
OhioHealth Group Ltd 155 East Broad Street Suite 1700 Columbus, OH 43215 31-1446804	Managed Health Care	OH	OhioHealth Corporation	Related	-986,165	943,247		No			No	95 000 %
Whitehall Surgery Center 4850 E Main Street Whitehall, OH 43213 31-1479613	Ambulatory Surgery Center	OH	OhioHealth Corporation	Related	1,741,833	3,827,295		No			No	58 170 %
Upper Arlington Medical Limited Partnership 180 East Broad Street 33rd Floor Columbus, OH 43215 31-1472667	Medical Services	OH	OhioHealth Corporation	Related	110,927	998,416		No			No	47 820 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
OhioHealth Star Corporation	M	125,558	Actual Amount Paid
OhioHealth Star Corporation	P	3,140,210	Actual Amount Paid
OhioHealth Star Corporation	P	97,905	Actual Amount Paid
Hospital Properties Inc	K	3,741,910	Market Rent
Hospital Properties Inc	Q	1,451,515	Actual Amount Paid
Hospital Properties Inc	P	314,377	Actual Amount Paid
Hospital Properties Inc	S	3,403,347	Actual Amount Paid
Hospital Properties Inc	R	15,280,798	Actual Amount Paid
Hospital Properties Inc	S	15,023,511	Actual Amount Paid
OhioHealth Foundation	C	1,111,441	Actual Amount Paid
Doctors Hospital Nelsonville	S	1,422,335	Actual Amount Paid
OhioHealth Foundation	R	2,672,840	Actual Amount Paid
Grady Memorial Hospital	R	200,406	Actual Amount Paid
Hardin Memorial Hospital	S	844,068	Actual Amount Paid
Hardin Health Physician Foundation	R	56,415	Actual Amount Paid
Hardin Hospital Foundation	R	91,480	Actual Amount Paid
HomeReach HomeCare	S	243,676	Actual Amount Paid
Marion General Hospital	S	1,550,802	Actual Amount Paid
MedCentral Health System	S	109,436,579	Actual Amount Paid
MedCentral Health System	R	65,081,703	Actual Amount Paid
Sheltering Arms Hospital Foundation	S	13,114,759	Actual Amount Paid
Appalachian Community Visiting Nurse Association	R	243,675	Actual Amount Paid
O'Bleness Nelsonville	R	1,703,431	Actual Amount Paid
OhioHealth Urgent Care	R	6,315,470	Actual Amount Paid