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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 Group Return

Doing business as

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

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

**D Employer identification number**
32-0007056

E Telephone number
(614) 544-4048

**G** Gross receipts $ 1,486,520,136

**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 | **M** State of legal domicile

## 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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 228 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 132 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 10,012 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 1,396 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 924,034 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 219,663 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 13,398,452 | 8,939,369 |
| **9** | Program service revenue (Part VIII, line 2g) | 510,845,206 | 899,333,105 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 4,662,685 | 9,323,716 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 71,962,746 | 112,242,595 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 600,869,089 | 1,029,838,785 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 2,137,742 | 1,771,718 |
| **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) | 461,672,737 | 713,448,082 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶3,317,982 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 222,644,426 | 396,597,073 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 686,454,905 | 1,111,816,873 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -85,585,816 | -81,978,088 |
| **Net Assets or Fund Balances** | | **Beginning of Current Year** | **End of Year** |
| **20** | Total assets (Part X, line 16) | 536,585,292 | 1,041,006,841 |
| **21** | Total liabilities (Part X, line 26) | 157,518,208 | 391,610,137 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 379,067,084 | 649,396,704 |

## 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 — 2016-05-12 Date

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 $ 749,909,344 including grants of $ 0 ) (Revenue $ 897,042,883 )

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, MedCentral Mansfield Hospital, Marion General Hospital, Grady Memorial Hospital, O'Bleness Memorial Hospital, Hardin Memorial Hospital, MedCentral Shelby Hospital, OhioHealth Home Care, and OhioHealth Home Health Services in Athens are united in our mission to provide quality, compassionate healthcare and to be responsible stewards for our community's health Even as the face of healthcare continues to change, the commitment of OhioHealth endures ensuring quality care for everyone, regardless of their faith, race, age, or ability to pay We never lose sight of our mission to "improve the health of those we serve and our core values - compassion, excellence, stewardship, and integrity They continue to guide us in our work today OhioHealth touches thousands of people, saves lives, improves health and makes futures a little brighter Through our shared mission, vision and values, we touch more lives in Central Ohio and the surrounding communities than any other health system As a system of faith-based, not-for-profit healthcare providers - together, we are OhioHealth

**4b** (Code ) (Expenses $ 144,842,646 including grants of $ ) (Revenue $ 95,664,753 )

In fiscal year 2015 (July 1, 2014 through June 30, 2015), OhioHealth with its member hospitals and home care organizations, provided charity care and community benefit programs to a greater degree than ever In total, OhioHealth provided $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, $49 million was provided by MedCentral Mansfield Hospital, Marion General Hospital, Grady Memorial Hospital, O'Bleness Memorial Hospital, Hardin Memorial Hospital, and MedCentral Shelby Hospital Member hospitals provide medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, the member hospitals not only utilize generally recognized poverty income levels of the communities they serve, but also include 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 commitments to infant mortality reduction projects, pastoral care services, various civic sponsorships, and other community partnership programs OhioHealth 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, the cost of medical education programs as well as the cost of certain programs discussed above

**4c** (Code ) (Expenses $ 6,343,466 including grants of $ ) (Revenue $ 1,796,003 )

OhioHealth Research Institute (OHRI) is a non-profit corporation that supports medical research at OhioHealth's hospitals through clinical research, commercialization of new products, administration of grants, and performance of health equity research Clinical Research Each year, OhioHealth serves as a site for hundreds of clinical studies sponsored by industry, private non-profit organizations and government agencies, such as the National Institutes of Health (NIH) Through clinical trial capabilities, we provide our patients access to the most advanced treatments and diagnostics in a wide variety of specialties Some of our most active areas include cancer, cardiovascular, stroke and orthopedic medicine - OHRI contracted for 105 active and 25 new industry sponsored trials in FY15 (contract value of $6 1m) - The Neuroscience service line experienced significant clinical trial activity expansion - stroke, neuro-oncology, Epilepsy and Multiple Sclerosis/Neuromyelitis Optics clinical trials that are or will soon be active - System-wide research activity increased 10% from FY14 to FY15 based on the number of active Institutional Review Board (IRB) approved studies (770 active studies in FY15) - Under the direction of study Principal Investigator, Dr Steven Yakubov, the Structural Heart Disease (SHD) team successfully completed the implant of the innovative Parachute research device on 2 patients at Riverside Hospital The device is used to treat patients with left ventricular dysfunction following a heart attack, and to improve the functionality of the left ventricle by partitioning off damaged heart muscle - As a result of top enroller status, Dr Gregory Kidwell and the study teams from Grant and Riverside hosted a FDA routine inspection for the SAMURAI study sponsored by Boston Scientific Corporation (BSC) There were no "objectionable conditions" issued, and OHRI's audit readiness process was highlighted as a clinical best practice The ImageReady MR Conditional Pacing System Clinical Study (SAMURAI) trial is designed to confirm the safety and efficacy of the ImageReady MR Conditional Pacing System in the magnetic resonance imaging (MRI) environment The first patient implant in the US occurred at Riverside hospital by Dr Sreedhar Billakanty - There are currently 14 actively enrolling endovascular trials including 2 NIH sponsored trials on treating critical limb ischemia and carotid artery disease - Drs Aaron Boster and Jacqueline Nicholas will serve as Principal Investigators on seven (7) active/soon to be active General Multiple Sclerosis and Neuro-Myelitis clinical trials - MedCentral increased its research footprint through the addition of a new OHRI oncology research coordinator Increasing oncology research activity is critical for Mansfield to maintain its Commission on Cancer (CoC) accreditation status The first sponsored bone marrow biopsy study was initiated at this site with 15 patients enrolled - Riverside endovascular physicians (Cardiac peripheral vascular intervention team and Dr Kolluri) have been selected for officer & faculty roles at the international Vascular Interventional Advances (VIVA) (Las Vegas) and International Venous Endovascular Interventional Strategies (VEINS) (Orlando) conferences in November - Dr Gary Ansel presented to Medicare in Washington DC on drug coated balloon technology, as well as to the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) on the efficacy of endovascular procedures for critical limb ischemia - Dr Yakubov chaired the first in a series of Structural Heart Disease educational outreach conferences The conference on Left Atrial Appendage Closure & Mitral Valve Therapies was attended by 40 clinicians Investigator Initiated - Investigator Initiated Trials are managed operationally under the leadership of Judy Opalek, Ph D, as the OHRI Director of Academic Research Services and supported by Curt Gingrich, MD, who is the Chairman of Investigator Initiated Research Council - The Medical Education Research functions for Riverside, Grant and Doctors hospitals were consolidated under OHRI The restructuring of reporting will become effective July 1, 2015 - The 5th Annual Heritage Research Conference was held on June 3, 2015 with over 140 attendees, 80 poster presentations and 10 podium presentations Drs James O'Brien and Michael Ezzie delivered the keynote address Ten participants received presentation/poster awards - OHRI completed its initial "first in man" study of the Enable Injection System - Education lectures for pharmacy residents (GMC/RMH) and GMC medical education (Family Medicine and Podiatry) Commercialization of New Products New product innovation is one of the many ways healthcare professionals can make a meaningful contribution to patient care and to their specialty In fact, new medical products developed by OhioHealth clinicians, which were first introduced at OhioHealth's hospitals, are now marketed internationally Commercialization services are provided in partnership with state and local leaders who are dedicated to building Ohio's economy, including TechColumbus, BioOhio and SBDC, Small Business Development Center at Columbus State Community College - The OhioHealth Innovation Development Fund (IDF) provides OhioHealth with an opportunity to invest in promising life science business entities created by OhioHealth inventors - The IDF received 9 funding requests in FY15 Three commercialization projects were approved for funding - Three projects were approved for commercialization ($520K total funding) under the Innovation Development Fund - Inventor licensed her invention and worked closely with OHRI's Commercialization Office in the development and testing Grant Administration Many governmental agencies and private foundations offer grants to support research projects that reflect their mission Navigating the fragmented and complex landscape of grant funding can be challenging, therefore, OhioHealth Research Institute provides healthcare professionals with guidance to help streamline the process and to ensure that the healthcare professional's time is devoted to the scientific and clinical aspects of their research project - Palliative Care Initiatives Dr Frank Ferris received an extension through August, 2016 to continue to direct the Innovative Curriculum for Mid-Career Training in Palliative Care, an international initiative sponsored by the NIH National Cancer Institute - Palliative Care Initiatives Dr Charles von Gunten received his fourth year of funding as co-investigator for the Integration of Palliative Care Training into Oncology, a program sponsored by the NIH National Cancer Institute and directed by Northwestern University - Sexual Assault Response Network of Central Ohio (SARNCO) OhioHealth received six (6) continuing grant awards totaling $203K in support of SARNCO program activities including training, education, 24-hour staffed sexual violence hotline, and the advocate volunteer program - Women's Health - Teen Options to Prevent Pregnancy (TOPP) Under the direction of Dr Ngozi Osuagwu, the TOPP program, sponsored by U S Department of Health and Human Services (US HHS) Office of Family and Youth Services Bureau, was recognized at the national level through invitational speaking events and also a promotional film paid for and produced by US HHS The film is expected to be released late FY16 and will be announced with a White House press release - Public Health Emergency Preparedness OhioHealth received $66K of continued funding via the federal Assistant Secretary for Preparedness and Response (ASPR)/Public Health Emergency Preparedness (PHEP) grant program Funds support disaster/emergency preparedness equipment and pharmaceuticals cache at nine (9) OhioHealth hospitals and care sites Health Equity Research OhioHealth Research Institute conducts research focused on addressing the needs of diverse populations within our community in order to reduce the burden of disease and increase equal access to healthcare throughout Ohio Our legacy of over a decade of nationally-recognized public health research has helped shape the foundation for a national model In collaboration with a number of community-based organizations to identify health disparities and research effective interventions our current projects include - Under the direction of Dr Melissa Thomas, OHRI co-hosted an inaugural Amish Healthcare Conference in April at the Mohican State Park Lodge Over 100 attendees participated in the Conference focusing on best practices in delivering culturally competent care - Dr Melissa Thomas was the 2015 recipient of the Ohio Public Health Association Distinguished Heath Educator Service Award - Five peer-reviewed abstracts were accepted at the American Public Health Association conference in Chicago in November

See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses $ 3,691,368 including grants of $ 1,771,718 ) (Revenue $ 5,392,296 )

**4e** **Total program service expenses** ▶ 904,786,824

## 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 | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more 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** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 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** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **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 | 839 | | |
| 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 | 10,012 | | |
| 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 | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ 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 | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| 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** | 228 | | |
| | 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** | 132 | | |
| **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** | | No |
| **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** | | No |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | | No |
| | 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 A 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)** | | | | | | | | 16,553,288 | 33,244,366 | 6,596,146 |

**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 ▶ 877

| | | | 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** | Yes | |

## 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 |
|---|---|---|
| Athena Health Inc<br>311 Arsenal Street<br>Watertown, MA 02472 | Health Care Billing | 8,228,779 |
| Premier Health Care Services Inc<br>PO Box 631606<br>Cincinnati, OH 452631606 | Emergency Room Physician Services | 6,220,916 |
| Healix Infusion Therapy Inc<br>14140 Southwest Freeway<br>Sugarland, TX 77478 | Pharmaceutical Compounding Services | 4,301,445 |
| Dawson Personnel Systems - Triga<br>PO Box 711503<br>Cincinnati, OH 452711503 | Temporary Staffing | 4,236,059 |
| Ohio Womens Health Partners<br>8600 State Route 656<br>Sunbury, OH 430748372 | OBGYN Teaching and Coverage | 2,120,967 |

**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 ▶ 258

**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 390,344 | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 303,498 | | | | |
| | d | Related organizations | 1d 61,070 | | | | |
| | e | Government grants (contributions) | 1e 627,896 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 7,556,561 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | 761,473 | | | | |
| | h | **Total.** Add lines 1a-1f | | 8,939,369 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Medicare and Medicaid | 900099 | 508,639,745 | 508,639,745 | | |
| | b | Net Patient Svcs | 900099 | 388,516,510 | 388,516,510 | | |
| | c | Research Revenue | 900099 | 1,796,853 | 1,796,853 | | |
| | d | Joint Venture Income | 621990 | 379,997 | 223,081 | 156,916 | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | 899,333,105 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | | 7,283,626 | | | 7,283,626 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |

| | | (i) Real | (ii) Personal | | | | |
|---|---|---|---|---|---|---|---|
| | 6a Gross rents | 1,457,090 | | | | | |
| | b Less rental expenses | 1,054,453 | | | | | |
| | c Rental income or (loss) | 402,637 | | | | | |
| | d Net rental income or (loss) | | | 402,637 | | | 402,637 |

| | | (i) Securities | (ii) Other | | | | |
|---|---|---|---|---|---|---|---|
| | 7a Gross amount from sales of assets other than inventory | 450,596,229 | 41,750 | | | | |
| | b Less cost or other basis and sales expenses | 445,929,951 | 2,667,938 | | | | |
| | c Gain or (loss) | 4,666,278 | -2,626,188 | | | | |
| | d Net gain or (loss) | | | 2,040,090 | | | 2,040,090 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 8a | Gross income from fundraising events (not including $ 303,498 of contributions reported on line 1c) See Part IV, line 18 a 223,872 | | | | | |
| b | Less direct expenses b 140,375 | | | | | |
| c | Net income or (loss) from fundraising events | 83,497 | | | | 83,497 |
| 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 16,769,633 | | | | | |
| b | Less cost of goods sold b 6,888,634 | | | | | |
| c | Net income or (loss) from sales of inventory | 9,880,999 | | | | 9,880,999 |

| Other Revenue | Miscellaneous Revenue | Business Code | | | | |
|---|---|---|---|---|---|---|
| 11a | Intercompany Admin | 900099 | 82,911,622 | 82,911,622 | | |
| b | Lab and Other Services | 900099 | 767,118 | | 767,118 | |
| c | Cafeteria/Food Service | 900099 | 545,514 | | | 545,514 |
| d | All other revenue | | 17,651,208 | 17,651,208 | | |
| e | **Total.** Add lines 11a–11d | | 101,875,462 | | | |
| 12 | **Total revenue.** See Instructions | | 1,029,838,785 | 999,739,019 | 924,034 | 20,236,363 |

## 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 | 1,589,173 | 1,589,173 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 182,545 | 182,545 | | |
| 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 | 8,810,150 | 8,621,464 | 188,686 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 458,693 | 381,587 | 77,106 | |
| 7 Other salaries and wages | 576,894,023 | 478,625,838 | 95,775,242 | 2,492,943 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 21,246,176 | 15,509,708 | 5,666,210 | 70,258 |
| 9 Other employee benefits | 71,970,703 | 52,538,613 | 19,209,222 | 222,868 |
| 10 Payroll taxes | 34,068,337 | 24,869,886 | 9,059,471 | 138,980 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 356,574 | 260,299 | 94,617 | 1,658 |
| c Accounting | 202,701 | | 202,701 | |
| d Lobbying | 42,995 | | 42,995 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 215,719 | | 215,719 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 87,974,216 | 64,221,178 | 23,527,064 | 225,974 |
| 12 Advertising and promotion | 1,243,225 | | 1,161,107 | 82,118 |
| 13 Office expenses | 5,774,847 | 4,215,638 | 1,536,717 | 22,492 |
| 14 Information technology | 2,937,057 | 2,144,052 | 793,005 | |
| 15 Royalties | | | | |
| 16 Occupancy | 33,855,085 | 24,714,212 | 9,139,943 | 930 |
| 17 Travel | 4,102,382 | 2,994,739 | 1,091,604 | 16,039 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 474,353 | 346,278 | 109,089 | 18,986 |
| 20 Interest | 1,338,677 | 977,234 | 361,443 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 58,048,022 | 42,375,056 | 15,648,342 | 24,624 |
| 23 Insurance | 7,322,212 | 5,345,215 | 1,976,885 | 112 |
| 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 | 110,442,167 | 110,442,167 | | |
| b Intercompany Expense | 53,094,569 | 38,759,035 | 14,335,534 | |
| c Repair and Maintenance | 12,252,562 | 12,252,562 | | |
| d Medicaid Tax Expense | 3,810,410 | 3,810,410 | | |
| e All other expenses | 13,109,300 | 9,609,935 | 3,499,365 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,111,816,873 | 904,786,824 | 203,712,067 | 3,317,982 |
| 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 | | 21,365 | 1 | 23,518 |
| | 2 | Savings and temporary cash investments | | 48,840,580 | 2 | 68,435,604 |
| | 3 | Pledges and grants receivable, net | | 7,673,298 | 3 | 7,106,166 |
| | 4 | Accounts receivable, net | | 69,356,442 | 4 | 109,402,190 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 11,041 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 7,323,376 | 7 | 30,035,760 |
| | 8 | Inventories for sale or use | | 8,020,927 | 8 | 16,693,145 |
| | 9 | Prepaid expenses and deferred charges | | 6,901,372 | 9 | 11,115,894 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 643,426,025 | | | |
| | b | Less accumulated depreciation | 10b 250,672,440 | 157,968,942 | 10c | 392,753,585 |
| | 11 | Investments—publicly traded securities | | 163,047,244 | 11 | 209,145,213 |
| | 12 | Investments—other securities See Part IV, line 11 | | 8,556,119 | 12 | 51,546,827 |
| | 13 | Investments—program-related See Part IV, line 11 | | 325,379 | 13 | 132,640 |
| | 14 | Intangible assets | | 34,541,326 | 14 | 33,813,828 |
| | 15 | Other assets See Part IV, line 11 | | 23,997,881 | 15 | 110,802,471 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 536,585,292 | 16 | 1,041,006,841 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 66,828,318 | 17 | 122,149,189 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 1,815,295 | 19 | 6,595,202 |
| | 20 | Tax-exempt bond liabilities | | 40,179,619 | 20 | 39,983,765 |
| | 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 | | 536,930 | 23 | 284,561 |
| | 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 | | 48,158,046 | 25 | 222,597,420 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 157,518,208 | 26 | 391,610,137 |
| 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 | | 315,257,499 | 27 | 581,491,682 |
| | 28 | Temporarily restricted net assets | | 46,769,616 | 28 | 47,230,940 |
| | 29 | Permanently restricted net assets | | 17,039,969 | 29 | 20,674,082 |
| | | **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 | | 379,067,084 | 33 | 649,396,704 |
| | 34 | Total liabilities and net assets/fund balances | | 536,585,292 | 34 | 1,041,006,841 |

## 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 | 1,029,838,785 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,111,816,873 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -81,978,088 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 379,067,084 |
| 5 | Net unrealized gains (losses) on investments | 5 | -7,302,613 |
| 6 | Donated services and use of facilities | 6 | 1,500 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 55,155 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 359,553,666 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 649,396,704 |

## 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:** 32-0007056
**Name:** OhioHealth Corporation Group Return

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses $ 3,691,368 including grants of $ 1,771,718 ) (Revenue $ 5,392,296 )

The OhioHealth Foundation is dedicated to helping our central Ohio family of faith-based, not-for-profit hospitals and healthcare services fulfill their commitment to extraordinary care by raising and investing funds to support many important programs and services All earnings are re-invested to improve patient care We rely on philanthropic support from individuals, corporations, foundations and organizations to continue our mission of achieving excellence in patient care, transforming the future of medical research and education and developing programs that help us improve the health of those we serve

## 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) Morrison Karen J<br>Pres/Board OHF | 20 00<br>20 00 | X | | X | | | | 0 | 863,157 | 198,454 |
| (1) McConnell John P<br>Vice-Chair OHF | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) Foreman Ivery D Esq<br>Sec/Treas OHF | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (3) Abraham Tara M<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (4) Anderson Douglas T<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (5) Andreoli Steven<br>Board OHF (start 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (6) Barker Marilyn<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (7) Basil Brian A<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (8) Berwanger Joseph M<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (9) Bing Arthur GH MD<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (10) Blom David P<br>Board OHF | 6 00<br>41 00 | X | | | | | | 0 | 2,672,233 | 988,437 |
| (11) Bloomfield Toni<br>Board OHF (start 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Blosser T Laurence MD<br>Board OHF | 1 00<br>6 00 | X | | | | | | 0 | 88,861 | 0 |
| (13) Brandon Heather<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 278,671 | 32,801 |
| (14) Bright David<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (15) Brooks Amie E<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (16) Buckley Donna<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (17) Bunyard Stephen P<br>Board OHF (start 7/14) | 21 00<br>20 00 | X | | | | | | 0 | 0 | 0 |
| (18) Bury Peter<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 360,546 | 33,450 |
| (19) Butler David<br>Board OHF (start 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (20) Butler William<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (21) Cadwallader Patricia S<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (22) Campbell Thomas<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (23) Chambers Linda MD<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 27,770 | 0 |
| (24) Chester-Alexander Cecily<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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) Coley-Malir Bonnie<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (1) Crane Tanny<br>Board OHF | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (2) Cunningham Jane Watson<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (3) Deep Donald P MD<br>Board OHF (start 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 68,185 | 30 |
| (4) deVillers Rebecca E DO<br>Board OHF | 40 00<br>1 00 | X | | | | | | 130,817 | 0 | 33,298 |
| (5) DiMarco Ann M<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (6) Doody Anderson Elizabeth<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (7) Englefield Cynthia<br>Board OHF | 3 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (8) Fellenz Donald C<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (9) Fields Steven P<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (10) Flesch Thomas G<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (11) Frazier Kenneth R<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Gabriel Paul MD<br>Board OHF | 5 00<br>2 00 | X | | | | | | 0 | 63,358 | 0 |
| (13) Gallagher-Allred<br>Charlette Ph D , Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (14) Geese Ronald L<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (15) George Peter B MD<br>Board OHF | 40 00<br>1 00 | X | | | | | | 968,264 | 0 | 54,147 |
| (16) Geskey Joseph DO<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 359,973 | 36,883 |
| (17) Gibney Jack T<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (18) Glandon Philip J Sr<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (19) Griffin Scott R<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (20) Gutheil Paige DO<br>Board OHF | 5 00<br>2 00 | X | | | | | | 0 | 10,000 | 0 |
| (21) Habash Stephen J<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (22) Hagen Bruce P<br>Board OHF (end 1/15) | 41 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (23) Hammett Troy D<br>Board OHF (end 1/15) | 1 00<br>40 00 | X | | | | | | 0 | 310,762 | 48,253 |
| (24) Harmon Thomas L MD<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 500,083 | 44,348 |

## 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 | | | |
| (51) Herceg Milan MD | 1 00 | X | | | | | | 0 | 308,550 | 0 |
| Board OHF | 40 00 | | | | | | | | | |
| (1) Hidaka Yoshihiro | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (2) Hinderer Justin | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (3) Hoover Ted | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (4) Infante Stephanie | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (5) Irelan Vic | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (6) Jepson Brian D | 1 00 | X | | | | | | 0 | 531,757 | 89,768 |
| Board OHF (start 7/14) | 40 00 | | | | | | | | | |
| (7) Khalaf Laith M | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (8) Laber Melissa | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF (start 7/14) | 0 00 | | | | | | | | | |
| (9) LaRocca Nicholas J | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (10) Lawson Michael S | 1 00 | X | | | | | | 0 | 528,033 | 65,556 |
| Board OHF | 40 00 | | | | | | | | | |
| (11) Levin Howard B DO | 44 00 | X | | | | | | 589,318 | 0 | 49,218 |
| Board OHF | 2 00 | | | | | | | | | |
| (12) Mackessy James P MD | 1 00 | X | | | | | | 0 | 118,404 | 0 |
| Board OHF | 40 00 | | | | | | | | | |
| (13) Markovich Stephen E MD | 1 00 | X | | | | | | 0 | 1,031,395 | 304,032 |
| Board OHF (end 10/14) | 40 00 | | | | | | | | | |
| (14) McAdams Robert Jr | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (15) McCloy George W | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (16) McComas Janie | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF (start 7/14) | 0 00 | | | | | | | | | |
| (17) Menning Michael E | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (18) Mercker Julie | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (19) Millhon Judson S Jr MD | 40 00 | X | | | | | | 878,294 | 0 | 56,672 |
| Board OHF | 0 00 | | | | | | | | | |
| (20) Music William D | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (21) Newbrough Jr James P | 40 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 1 00 | | | | | | | | | |
| (22) Patterson David T | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (23) Ragan Virginia D | 1 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 0 00 | | | | | | | | | |
| (24) Rasmussen Steven | 5 00 | X | | | | | | 0 | 0 | 0 |
| Board OHF | 2 00 | | | | | | | | | |

## 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 | | | |
| (76) Reichfield Michael L<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 688,787 | 157,660 |
| (1) Sanese Ralph Jr<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (2) Schwarz David H<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (3) Sims Richard L<br>Board OHF (end 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (4) Smith Eric C<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (5) Smith Rita J RN<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 129,397 | 36,653 |
| (6) Swiatek Valerie B<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (7) Terapak Richard G Esq<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (8) Trell Eugene DO<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (9) Urse Geraldine L DO<br>Board OHF | 40 00<br>0 00 | X | | | | | | 238,833 | 0 | 34,091 |
| (10) von Gunten Charles MD<br>Board OHF | 1 00<br>40 00 | X | | | | | | 0 | 360,329 | 30,409 |
| (11) Vornbrock Page<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Weiler Alan R<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (13) Weiler Robert J Jr<br>Board OHF (end 1/15) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (14) Westwater Leah<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (15) White Aimee<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (16) White Scott<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (17) White Willis S Jr<br>Board OHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (18) Louge Michael W<br>Chair/VP Board OPG | 1 00<br>40 00 | X | | X | | | | 0 | 1,529,246 | 707,735 |
| (19) Thornhill Hugh A<br>Pres Board OPG | 40 00<br>1 00 | X | | X | | | | 0 | 752,571 | 177,294 |
| (20) Bernstein Michael S<br>Board OPG | 1 00<br>40 00 | X | | | | | | 0 | 863,925 | 185,936 |
| (21) Blom David P<br>Board OPG | 6 00<br>41 00 | X | | | | | | 0 | 0 | 0 |
| (22) Millen Robert P<br>Board OPG (end 12/14) | 1 00<br>40 00 | X | | | | | | 0 | 1,464,482 | 327,477 |
| (23) Vanderhoff Bruce MD<br>Board OPG | 1 00<br>40 00 | X | | | | | | 0 | 0 | 0 |
| (24) Snow Richard J DO<br>Chair OHRI | 1 00<br>40 00 | X | | X | | | | 0 | 458,128 | 47,226 |

## 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 | | | |
| (101) Vanderhoff Bruce MD | 1 00 | | | | | | | | | |
| Sr VP CMO/Vice-Chair OHRI | 40 00 | X | | X | | | | 0 | 1,116,938 | 254,213 |
| (1) Bjerke Craig A | 5 00 | | | | | | | | | |
| Secretary/Treasurer OHRI | 40 00 | X | | X | | | | 0 | 319,389 | 39,122 |
| (2) Ansel Gary MD | 40 00 | | | | | | | | | |
| Board OHRI | 1 00 | X | | | | | | 1,392,535 | 174,720 | 52,419 |
| (3) Bay Janet MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 779,841 | 0 | 35,436 |
| (4) Bell Jeffrey G MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 340,685 | 53,748 |
| (5) Bianchi Michael | 1 00 | | | | | | | | | |
| Board OHRI (start 11/14) | 40 00 | X | | | | | | 0 | 156,404 | 9,906 |
| (6) Blazyk Jack PhD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 0 | 0 |
| (7) Caulin-Glaser Teresa L MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 710,792 | 72,877 |
| (8) Ferris Frank MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 359,018 | 30,409 |
| (9) Imm Amy MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 514,808 | 48,182 |
| (10) Knutson Douglas MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 483,137 | 40,215 |
| (11) Niles John P | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 288,981 | 60,820 |
| (12) O'Mara Shay MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 0 | 0 | 0 |
| (13) Wasielewski Ray MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 760,456 | 0 | 50,928 |
| (14) Yakubov Steven MD | 1 00 | | | | | | | | | |
| Board OHRI | 40 00 | X | | | | | | 1,165,130 | 174,720 | 55,681 |
| (15) Rasmussen Steven | 5 00 | | | | | | | | | |
| Chairman - GMH | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (16) McConnell John P | 5 00 | | | | | | | | | |
| Vice Chair - GMH | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (17) Hondros Linda | 4 00 | | | | | | | | | |
| Secretary - GMH | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (18) Anderson Kerrii B | 4 00 | | | | | | | | | |
| Treasurer - GMH | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (19) Abbott Lawrence C | 4 00 | | | | | | | | | |
| Board Member - GMH | 2 00 | X | | | | | | 0 | 0 | 0 |
| (20) Akins Nicholas | 4 00 | | | | | | | | | |
| Board Member - GMH | 2 00 | X | | | | | | 0 | 0 | 0 |
| (21) Anderson Thomas DO | 4 00 | | | | | | | | | |
| Board Member - GMH | 2 00 | X | | | | | | 0 | 24,000 | 0 |
| (22) Blom David P | 6 00 | | | | | | | | | |
| Board Member - GMH | 41 00 | X | | | | | | 0 | 0 | 0 |
| (23) Crane Tanny | 5 00 | | | | | | | | | |
| Board Member - GMH | 2 00 | X | | | | | | 0 | 0 | 0 |
| (24) Dewire Rev Dr Norman E | 4 00 | | | | | | | | | |
| Board Member - GMH | 2 00 | X | | | | | | 0 | 0 | 0 |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (126) Gabriel Paul MD<br>Board Member - GMH | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (1) Gutheil Paige DO<br>Board Member - GMH (start 1/15) | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (2) James Donna<br>Board Member - GMH | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (3) Jennings Matthew<br>Board Member - GMH | 6 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (4) Johnston Tom<br>Board Member - GMH | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (5) Levin Howard B DO<br>Board Member - GMH (end 12/14) | 44 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (6) Palmer Bishop Gregory<br>Board Member - GMH | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (7) Scott Bradley N<br>Board Member - GMH | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (8) Walter Matt<br>Board Member - GMH | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (9) Johnston Tom<br>Chair MGH | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (10) Sanner Robert O<br>Vice Chair MGH | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (11) Young Beverly S<br>Secretary MGH | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (12) Parker Mark S<br>Treasurer MGH | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (13) Hagen Bruce P<br>Pres MGH (start 1/15) | 41 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (14) Barney James S PhD<br>Board MGH (end 3/15) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (15) Bradley Kevin G<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (16) Brazitis Mark A<br>Board MGH (end 4/15) | 2 00<br>40 00 | X | | | | | | 0 | 690,722 | 34,006 |
| (17) Collazo Antonio E MD<br>Board MGH (start 7/14) | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (18) Haas Robert S PhD<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (19) Kiger Rev Daniel A<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (20) Lause Lew<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (21) Loudenslager Roy A<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (22) McFarland James E<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (23) Ravi Srinivas P MD<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (24) Reddy Sudesh S MD<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (151) Titus Judy<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (1) Vora Sanjay K MD<br>Board MGH | 1 00<br>0 00 | X | | | | | | 0 | 323,027 | 39,285 |
| (2) Jennings Matthew<br>Chair HMH | 6 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) Govekar Michele<br>Vice-Chair HMH | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (4) Radway Rob<br>Secretary HMH | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (5) Schwemer John<br>Treasurer HMH | 2 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (6) Seckinger Mark R<br>Pres HMH & BD HMH (end 4/15) | 3 00<br>40 00 | X | | X | | | | 0 | 299,049 | 75,925 |
| (7) Snyder Ron P<br>Interim Pres & BD HMH (start 4/15) | 40 00<br>1 00 | X | | X | | | | 0 | 213,124 | 26,438 |
| (8) Barrett Scott<br>Board HMH | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (9) Brazitis Mark A<br>Board HMH | 2 00<br>40 00 | X | | | | | | 0 | 0 | 0 |
| (10) Fenzl Mark E DO<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 164,523 | 24,336 |
| (11) France Mandy<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Heilman Max<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (13) McCullough Steve<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (14) Oates Todd OD<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (15) Root Chip<br>Board HMH | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (16) Seckinger Mark R<br>Pres HHF & BD HHF (end 4/15) | 3 00<br>40 00 | X | | X | | | | 0 | 0 | 0 |
| (17) Snyder Ron P<br>Interim Pres HHF & BD HHF | 40 00<br>1 00 | X | | X | | | | 0 | 0 | 0 |
| (18) Barrett Scott<br>Board HHF | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (19) Heilman Sharon<br>Board HHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (20) Royer Mariann<br>Board HHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (21) Smith Linda<br>Board HHF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (22) Johnson Katherine E MD<br>Chairman HPF Board | 1 00<br>0 00 | X | | X | | | | 0 | 0 | 0 |
| (23) Seckinger Mark R<br>Pres HPF & Sec HPF (end 4/15) | 3 00<br>40 00 | X | | X | | | | 0 | 0 | 0 |
| (24) Snyder Ron P<br>Interim President HPF (start 4/15) | 40 00<br>1 00 | X | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (176) Govekar Michele<br>Board HPF | 1 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (1) Jennings Matthew<br>Board HPF | 6 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (2) Radway Rob<br>Board HPF | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (3) Schwemer John<br>Board HPF | 2 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (4) Herbert-Sinden Cheryl L<br>Chair HRC | 2 00<br>40 00 | X | | X | | | | 0 | 664,056 | 220,971 |
| (5) Bjerke Craig A<br>Secretary/Treasurer HRC | 5 00<br>40 00 | X | | X | | | | 0 | 0 | 0 |
| (6) Englefield Cynthia<br>Board HRC (end 6/15) | 3 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (7) Evert Barbara MD<br>Board HRC | 2 00<br>40 00 | X | | | | | | 0 | 398,210 | 31,058 |
| (8) Lehmuth Richard L<br>Board HRC | 2 00<br>40 00 | X | | | | | | 0 | 452,047 | 45,184 |
| (9) Herbert-Sinden Cheryl L<br>Chair HRHC | 2 00<br>40 00 | X | | X | | | | 0 | 0 | 0 |
| (10) Bjerke Craig A<br>Secretary/Treasurer HRHC | 5 00<br>40 00 | X | | X | | | | 0 | 0 | 0 |
| (11) Englefield Cynthia<br>Board HRHC (end 6/15) | 3 00<br>0 00 | X | | | | | | 0 | 0 | 0 |
| (12) Evert Barbara MD<br>Board HRHC | 2 00<br>40 00 | X | | | | | | 0 | 0 | 0 |
| (13) Lehmuth Richard L<br>Board HRHC | 2 00<br>40 00 | X | | | | | | 0 | 0 | 0 |
| (14) Rasmussen Steven<br>Chairman - MHS | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (15) McConnell John P<br>Vice Chair - MHS | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (16) Hondros Linda<br>Secretary - MHS | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (17) Anderson Kerrii B<br>Treasurer - MHS | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (18) Abbott Lawrence C<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (19) Akins Nicholas<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (20) Anderson Thomas DO<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (21) Blom David P<br>Board Member - MHS | 6 00<br>41 00 | X | | | | | | 0 | 0 | 0 |
| (22) Crane Tanny<br>Board Member - MHS | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (23) Dewire Rev Dr Norman E<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (24) Gabriel Paul MD<br>Board Member - MHS | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (201) Gutheil Paige DO<br>Board Member - MHS (start 1/15) | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (1) James Donna<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (2) Jennings Matthew<br>Board Member - MHS | 6 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (3) Johnston Tom<br>Board Member - MHS | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (4) Levin Howard B DO<br>Board Member - MHS (end 12/14) | 44 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (5) Palmer Bishop Gregory<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (6) Scott Bradley N<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (7) Walter Matt<br>Board Member - MHS | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (8) Rasmussen Steven<br>Chairman - SAHF | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (9) McConnell John P<br>Vice Chair - SAHF | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (10) Hondros Linda<br>Secretary - SAHF | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (11) Anderson Kerrii B<br>Treasurer - SAHF | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (12) Blom David P<br>Board Member - SAHF / CEO | 6 00<br>41 00 | X | | X | | | | 0 | 0 | 0 |
| (13) Abbott Lawrence C<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (14) Akins Nicholas<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (15) Anderson Thomas DO<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (16) Crane Tanny<br>Board Member - SAHF | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (17) Dewire Rev Dr Norman E<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (18) Gabriel Paul MD<br>Board Member - SAHF | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (19) Gutheil Paige DO<br>Board Member - SAHF (start 1/15) | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (20) James Donna<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (21) Jennings Matthew<br>Board Member - SAHF | 6 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (22) Johnston Tom<br>Board Member - SAHF | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (23) Levin Howard B DO<br>Board Member - SAHF (end 12/14) | 44 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (24) Palmer Bishop Gregory<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (226) Scott Bradley N<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (1) Walter Matt<br>Board Member - SAHF | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (2) Rasmussen Steven<br>Chairman - ACVNA | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) McConnell John P<br>Vice Chair - ACVNA | 5 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (4) Hondros Linda<br>Secretary - ACVNA | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (5) Anderson Kerri B<br>Treasurer - ACVNA | 4 00<br>2 00 | X | | X | | | | 0 | 0 | 0 |
| (6) Abbott Lawrence C<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (7) Akins Nicholas<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (8) Anderson Thomas DO<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (9) Blom David P<br>Board Member - ACVNA | 6 00<br>41 00 | X | | | | | | 0 | 0 | 0 |
| (10) Crane Tanny<br>Board Member - ACVNA | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (11) Dewire Rev Dr Norman E<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (12) Gabriel Paul MD<br>Board Member - ACVNA | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (13) Gutheil Paige DO<br>Board Member - ACVNA (start 1/15) | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (14) James Donna<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (15) Jennings Matthew<br>Board Member - ACVNA | 6 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (16) Johnston Tom<br>Board Member - ACVNA | 5 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (17) Levin Howard B DO<br>Board Member - ACVNA (end 12/14) | 44 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (18) Palmer Bishop Gregory<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (19) Scott Bradley N<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (20) Walter Matt<br>Board Member - ACVNA | 4 00<br>2 00 | X | | | | | | 0 | 0 | 0 |
| (21) Yates Vinson M<br>CFO OHF | 1 00<br>40 00 | | | X | | | | 0 | 944,942 | 234,234 |
| (22) Yates Vinson M<br>CFO OPG | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (23) Lucius Staci E<br>COO OPG (start 5/14) | 40 00<br>0 00 | | | X | | | | 0 | 225,868 | 7,701 |
| (24) Meldrum Terri W Esq<br>Sec BD OPG | 40 00<br>1 00 | | | X | | | | 0 | 302,877 | 44,478 |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (251) Bjerke Craig A<br>Treas BD OPG | 5 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (1) Yates Vinson M<br>CFO OHRI | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (2) Yates Vinson M<br>CFO GMH | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (3) Hagen Bruce P<br>Pres GMH (end 1/15) | 41 00<br>0 00 | | | X | | | | 0 | 938,163 | 182,749 |
| (4) Bunyard Stephen P<br>President GMH (start 1/15) | 21 00<br>20 00 | | | X | | | | 0 | 369,251 | 34,091 |
| (5) Yates Vinson M<br>CFO HMH | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (6) Yates Vinson M<br>CFO HPF | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (7) Yates Vinson M<br>CFO HRC | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (8) Yates Vinson M<br>CFO HHF | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (9) Newbrough Jr James P<br>President HRC | 40 00<br>1 00 | | | X | | | | 0 | 436,790 | 45,363 |
| (10) Yates Vinson M<br>CFO HRHC | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (11) Newbrough Jr James P<br>President HRHC | 40 00<br>1 00 | | | X | | | | 0 | 0 | 0 |
| (12) Bishop Thomas E<br>VP Primary Care Svcs OPG (end 4/15) | 40 00<br>1 00 | | | X | | | | 0 | 418,032 | 19,906 |
| (13) Cecala Alan H<br>VP Sys Serv Line Sup OPG | 40 00<br>1 00 | | | X | | | | 0 | 348,750 | 39,395 |
| (14) Foley Denise E<br>VP Bus Dev OPG (end 4/15) | 40 00<br>1 00 | | | X | | | | 0 | 314,504 | 52,550 |
| (15) Jernejcic Randy M MD<br>VP Medical Affairs OPG | 40 00<br>1 00 | | | X | | | | 0 | 368,457 | 36,983 |
| (16) Roth Danielle C<br>VP Operations OPG | 40 00<br>1 00 | | | X | | | | 0 | 277,102 | 32,831 |
| (17) Smith Jeffrey A<br>VP Finance OPG | 40 00<br>1 00 | | | X | | | | 0 | 314,935 | 41,671 |
| (18) Yates Vinson M<br>CFO MedCentral | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (19) Yates Vinson M<br>CFO SAHF | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (20) Yates Vinson M<br>CFO ACVNA | 1 00<br>40 00 | | | X | | | | 0 | 0 | 0 |
| (21) Barnes II Earl J Esq<br>Sr VP & General Counsel | 1 00<br>40 00 | | | | X | | | 0 | 459,201 | 162,944 |
| (22) Kovack Thomas J DO<br>Physician Core OPG | 40 00<br>0 00 | | | | | X | | 2,604,073 | 0 | 54,390 |
| (23) Cassandra James C DO<br>Physician Hand & Ortho Surgery OPG | 40 00<br>0 00 | | | | | X | | 1,580,739 | 0 | 56,018 |
| (24) Abaza Ronney MD<br>Physician Urology | 40 00<br>0 00 | | | | | X | | 1,438,573 | 0 | 22,556 |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (276) Franz Randall MD<br>Physician Core OPG | 40 00<br>0 00 | | | | | X | | 1,435,365 | 0 | 60,723 |
| (1) Fulop James P MD<br>Physician Core OPG | 40 00<br>0 00 | | | | | X | | 1,343,703 | 0 | 44,144 |
| (2) Dicken Ken<br>CFO SAHF (end 8/14) | 40 00<br>1 00 | | | | | | X | 0 | 204,569 | 18,332 |
| (3) Hooper Joseph<br>COO, MGH (end 12/14) | 40 00<br>1 00 | | | | | | X | 0 | 271,414 | 43,269 |
| (4) Brown Steven R<br>VP Finance, MGH (end 2/15) | 40 00<br>1 00 | | | | | | X | 0 | 234,228 | 49,940 |
| (5) Tomaszewski James A<br>VP Heart & Vascular OPG | 40 00<br>1 00 | | | | | | X | 0 | 183,809 | 15,118 |
| (6) Chamberlain Joseph L<br>Frmr Acting Pres/VP (end 5/14) | 40 00<br>1 00 | | | | | | X | 547,364 | 0 | 34,191 |
| (7) Laterro Anita A<br>Fmr Key Employee OHF | 0 00<br>0 00 | | | | | | X | 0 | 219,734 | 48,142 |
| (8) Garlock Steven J<br>Fmr Pres GMH | 0 00<br>40 00 | | | | | | X | 0 | 930,173 | 34,908 |
| (9) Long Greg<br>Fmr COO-DHN (end 10/14) | 0 00<br>0 00 | | | | | | X | 0 | 338,898 | 44,357 |
| (10) O'Sullivan Michael<br>Fmr Sr VP & CDO-OHF | 0 00<br>0 00 | | | | | | X | 0 | 130,541 | 24,314 |
| (11) Pandora Frank T II Esq<br>Frm Sr VP & Gen Counsel (End 5/14) | 1 00<br>20 00 | | | | | | X | 0 | 2,216,743 | 88 |
| (12) Rothstein Mark<br>Sr VP/Executive Director - SAHF | 40 00<br>1 00 | | | | | | X | 395,672 | 0 | 25,931 |
| (13) Sanders John W<br>Fmr President MGH (end 4/14) | 0 00<br>0 00 | | | | | | X | 0 | 424,814 | 19,628 |
| (14) Wallis Eric<br>Fmr CNO-MGH (end 9/14) | 0 00<br>0 00 | | | | | | X | 0 | 133,618 | 24,214 |
| (15) Wyse LaMar<br>Fmr COO-DHN | 0 00<br>0 00 | | | | | | X | 304,311 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133028666

# 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 Group Return

**Employer identification number**
32-0007056

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

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

1 ☐ A church, convention of churches, or association of churches 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 ") | 133,112 | 99,056 | 85,108 | 105,000 | 39,007 | 461,283 |
| 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 | 249,416,307 | 268,113,453 | 200,923,354 | 221,535,738 | 245,030,301 | 1,185,019,153 |
| 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 | 249,549,419 | 268,212,509 | 201,008,462 | 221,640,738 | 245,069,308 | 1,185,480,436 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | 14,113 | 14,113 |
| 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 | | | 231,042 | 29,813 | | 260,855 |
| c Add lines 7a and 7b | | | 231,042 | 29,813 | 14,113 | 274,968 |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | 1,185,205,468 |

## 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 | 249,549,419 | 268,212,509 | 201,008,462 | 221,640,738 | 245,069,308 | 1,185,480,436 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,116 | 5,694 | 1,721 | -609 | 599 | 18,521 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 11,116 | 5,694 | 1,721 | -609 | 599 | 18,521 |
| 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 ) | 249,560,535 | 268,218,203 | 201,010,183 | 221,640,129 | 245,069,907 | 1,185,498,957 |

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 | 99 980 % |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | 98 600 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | 0 030 % |

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 |
|---|---|
| Schedule A, Line 3 | MedCentral Health System, Marion General Hospital, Grady Memorial Hospital, Sheltering Arms Hospital Foundation, and Hardin Memorial Hospital are hospitals as defined under 509(a)(1) and 170 (b)(1)(A)(iii) |
| Schedule A, Line 11 | OhioHealth Foundation, Hardin Memorial Hospital Foundation, and OhioHealth Research Foundation are 509(a)(3), Type I, supporting organizations operated, supervised, or controlled by their supported organizations As such they are required to complete the Part I, Line 11f and Line 11g, Part IV, Section A, and Part IV Section B The responses to these questions are provided below Part I, Line 11f 4 Part I, Line 11g Yes (i) OhioHealth Corporation (ii) 31-4394942 (iii) 3- Hospital (iv) No (v) $4,821,525 (vi) $0 (i) OhioHealth MedCentral Health System (ii) 34-0714456 (iii) 3- Hospital (iv) No (v) $5,000 (vi) $0 (i) Grady Memorial Hospital (ii) 31-4379436 (iii) 3- Hospital (iv) No (v) $53,419 (vi) $0 (i) Hardin Memorial Hospital (ii) 34-4440479 (iii) 3- Hospital (iv) No (v) $50,000 (vi) $0 Part IV, Section A 1 No - The sole member of OhioHealth Research Foundation and OhioHealth Foundation is OhioHealth Corporation, an Ohio nonprofit corporation, which has a historic and continuing relationship with these entities as supporting organizations to OhioHealth Corporation, which is the supported organization The sole member of Hardin Memorial Hospital, which is supported by Hardin Memorial Hospital Foundation, is OhioHealth Corporation, an Ohio nonprofit corporation, which has a historic and continuing relationship with both Hardin entities As the sole member of these entities, OhioHealth Corporation has the sole right to elect the Trustees of each entity and to remove, with or without cause, any Trustee of these entities, prior to the expiration of the Trustee's term 2 No 3a No 4a No 5a No 6 No 7 No 8 No 9a No 9b No 9c No 10a No 11a No 11b No 11c No Part IV, Section B 1 Yes 2 Yes - There are three Type I organizations within the OhioHealth Corporation Group Return, Hardin Memorial Hospital Foundation, OhioHealth Foundation and OhioHealth Research Foundation, which serve to support and operate solely for the benefit of all OhioHealth entities |
| Part VI, Supplemental Information | Entity Name FEIN Public Charity Status for Schedule A ACVNA 31-1045101 509(a)(2) Sheltering Arms Hospital Foundation, Inc 31-4446959 170(b)(1)(A)(iii) MedCentral Health System 34-0714456 170(b)(1)(A)(iii) Grady Memorial Hospital 31-4379436 170(b)(1)(A)(iii) Hardin Memorial Hospital 34-4440479 170(b)(1)(A)(iii) Hardin Memorial Hospital Foundation 34-1521537 509(a)(3) - Type I organization Hardin Physician Foundation 31-1414276 509(a)(2) HomeReach 31-1372702 509(a)(2) HomeReach HomeCare 31-1417595 509(a)(2) Marion General Hospital 31-1070877 170(b)(1)(A)(iii) OhioHealth Foundation 23-7446919 509(a)(3) - Type I organization OhioHealth Research Foundation 31-6059784 509(a)(3) - Type I organization OhioHealth Physician Group, Inc 31-1351965 509(a)(2) |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

▶ 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 Group Return | 32-0007056 |

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

1 Provide a description of the organization's direct and indirect political campaign activities 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- |
|---|---|---|---|---|
| | | | | |
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**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)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 42,995 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total Add lines 1c through 1i | | | 42,995 |
| 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 | The grants to other organizations for lobbying purposes are for membership dues The majority of these dues are for membership in American Hospital Association (AHA) and the Ohio Hospital Association (OHA) OhioHealth Group does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office |
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**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 Group Return

**Employer identification number**
32-0007056

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate 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 |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 | 46,440,492 | 42,508,922 | 41,132,224 | 42,328,138 | 43,669,049 |
| b | Contributions | 1,841,838 | 456,257 | 319,848 | 435,472 | 326,631 |
| c | Net investment earnings, gains, and losses | 1,182,247 | 5,868,974 | 2,783,610 | 714,253 | 5,819,102 |
| d | Grants or scholarships | 93,403 | 81,038 | 93,400 | 128,520 | 102,950 |
| e | Other expenditures for facilities and programs | 1,374,016 | 1,267,588 | 1,059,071 | 1,503,043 | 6,656,908 |
| f | Administrative expenses | 1,060,781 | 1,045,035 | 574,289 | 714,076 | 726,786 |
| g | End of year balance | 46,936,377 | 46,440,492 | 42,508,922 | 41,132,224 | 42,328,138 |

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

- a Board designated or quasi-endowment ▶ 56 000 %
- b Permanent endowment ▶ 29 000 %
- c Temporarily restricted endowment ▶ 15 000 %

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

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 | | 21,394,294 | | 21,394,294 |
| b Buildings | 750,000 | 292,872,998 | 99,775,387 | 193,847,611 |
| c Leasehold improvements | | 1,245,768 | 499,159 | 746,609 |
| d Equipment | | 203,198,407 | 117,262,124 | 85,936,283 |
| e Other | | 123,964,558 | 33,135,770 | 90,828,788 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 392,753,585 |

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

**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 |
|---|---|---|
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| **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 Affiliates | 97,040,743 |
| (2) Other Assets | 13,761,728 |
| | |
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 110,802,471 |

**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 | |
| See Additional Data Table | |
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| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 222,597,420 |

**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 | From the financial statements of OhioHealth Corporation (which include the activity of the OhioHealth Corporation Group Return) 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 |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
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# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 32-0007056
**Name:** OhioHealth Corporation Group Return

## Form 990, Schedule D, Part X, - Other Liabilities

| 1 | **(a)** Description of Liability | **(b)** Book Value |
|---|---|---|
| | Deferred Long Term Liabilities | 6,752,422 |
| | Due to Affiliates - Loans and Notes | 165,553,513 |
| | Other | 328,532 |
| | Pension Liability | 10,197,145 |
| | Legal Reserves | 21,601,853 |
| | Intel Commercial Liability | 5,023,364 |
| | Deferred LT Liability Tenant Allowance | 1,977,134 |
| | Allowance for Medical Malpractice Claims | 7,453,955 |
| | Doctors' Put Options | 3,507,465 |
| | Accrued LT Liability Other | 202,037 |

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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 Group Return

**Employer identification number**
32-0007056

**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 and the Caribbean | 0 | 0 | Investments | | 1,058,970 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 1,058,970 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c **Totals** (add lines 3a and 3b) | 0 | 0 | | | 1,058,970 |

**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 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 32-0007056
**Name:** OhioHealth Corporation Group Return



**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).

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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 Group Return

**Employer identification number**
32-0007056

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

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** . . . . . ▶ | | | | | | |

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

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

| | | (a) Event #1 Hospice Dinner (event type) | (b) Event #2 2014 Kitchen Kapers (event type) | (c) Other events 17 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 117,407 | 42,849 | 367,114 | 527,370 |
| | 2 Less Contributions | 800 | 41,199 | 261,499 | 303,498 |
| | 3 Gross income (line 1 minus line 2) | 116,607 | 1,650 | 105,615 | 223,872 |
| Direct Expenses | 4 Cash prizes | 25,000 | | | 25,000 |
| | 5 Noncash prizes | 60 | | | 60 |
| | 6 Rent/facility costs | 2,628 | | 1,778 | 4,406 |
| | 7 Food and beverages | 13,181 | 7,049 | 6,427 | 26,657 |
| | 8 Entertainment | 400 | | | 400 |
| | 9 Other direct expenses | 16,132 | 1,997 | 65,723 | 83,852 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (140,375) |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 83,497 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

**11** Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activities conducted in

| | | | |
|---|---|---|---|
| **a** | The organization's facility . . . . . | **13a** | % |
| **b** | An outside facility . . . . . | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

| Return Reference | Explanation |
|---|---|

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ 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 Group Return

**Employer identification number**
32-0007056

## 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<br>☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities<br>☐ 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<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ % | 3a | Yes | |
| 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<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ % | 3b | Yes | |
| 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) | | | 11,713,738 | 1,530,474 | 10,183,264 | 1 740 % |
| b Medicaid (from Worksheet 3, column a) | | | 130,731,056 | 94,104,229 | 36,626,827 | 6 270 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 142,444,794 | 95,634,703 | 46,810,091 | 8 010 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 470,145 | 24,745 | 445,400 | 0 080 % |
| f Health professions education (from Worksheet 5) | | | 449,292 | | 449,292 | 0 080 % |
| g Subsidized health services (from Worksheet 6) | | | 1,473,202 | 5,305 | 1,467,897 | 0 250 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 5,212 | | 5,212 | 0 % |
| j **Total.** Other Benefits | | | 2,397,851 | 30,050 | 2,367,801 | 0 410 % |
| k **Total.** Add lines 7d and 7j | | | 144,842,645 | 95,664,753 | 49,177,892 | 8 420 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | 76,321 | | 76,321 | 0 010 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | 7,077 | | 7,077 | 0 % |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 324 | | 324 | 0 % |
| 9 Other | | | 1,768 | | 1,768 | 0 % |
| 10 **Total** | | | 85,490 | | 85,490 | 0 010 % |

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

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | 1 | Yes | |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 38,055,874 | | | |
| 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 | 248,203,102 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 281,700,982 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -33,497,880 |
| 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 Ohio Employee Health Partnership | Workers Compensation Services | 2 780 % | | 50 000 % |
| 2 2 Athens Surgery Center Ltd | Outpatient Surgery | 89 000 % | | 11 000 % |
| 3 3 O'Bleness Memorial Pain Management LLC | Pain Management | 51 000 % | | 49 000 % |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

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** Marion General Hospital

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 2

| | | | 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** | 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 2012 | | | |
| **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** | | No |
| **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 2012 | | | |
| **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)*

Marion General 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) | | | |
| **c** ☐ A plain language summary of the FAP was widely available on a website (list url) | | | |
| **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)*

Marion General Hospital

**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 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** Grady Memorial Hospital

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 3

| | | | 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 | 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 | | No |
| 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 12 | | | |
| 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)*

Grady Memorial 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) https //www ohiohealth com/financialassistance | | | |
| c | ☑ A plain language summary of the FAP was widely available on a website (list url) https //www ohiohealth com/financialassistance | | | |
| 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)*

Grady Memorial Hospital

**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 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** Hardin Memorial 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 | 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 12 | | | |
| 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)*

Hardin Memorial 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 __% | | | |
| 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) | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) | | | |
| 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)*

Hardin Memorial Hospital

**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 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** O'Bleness Memorial Hospital

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 4

| | | | 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 | 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 12 | | | |
| 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)*

**Name of hospital facility or letter of facility reporting group** O'Bleness Memorial Hospital

| | | | Yes | No |
|---|---|---|---|---|
| **Financial Assistance Policy (FAP)** | | | | |
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance 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 150 000000000000% and FPG family income limit for eligibility for discounted care of 200 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) | | | |
| c | ☐ A plain language summary of the FAP was widely available on a website (list url) | | | |
| 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** O'Bleness Memorial 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

**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** | | 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** | 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 14 | | | |
| **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 14 | | | |
| **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

**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 150.000000000000% and FPG family income limit for eligibility for discounted care of 200.000000000000% | | | |
| **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) _____ | | | |
| **c** ☐ A plain language summary of the FAP was widely available on a website (list url) _____ | | | |
| **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

**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? **142**

| | 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 3c | The hospital has more than one policy concerning free or discounted care O'Bleness Memorial Hospital will offer and provide free care to any patient who meets the eligibility requirement for free care under the OCAP or HCAP financial assistance policies The following steps will be used to determine eligibility for free care under OCAP (O'Bleness Care Assurance Program) 1 A recipient of the Ohio Medicaid Program is not eligible (OAC Rule 5 10 1 3-2-07 17)2 If the patient is covered under a third-party insurer or a governmental program, the third party will be billed and any payment received will be applied to the account first Any balance on the account will be considered for the OCAP write-off 3 OCAP assistance will be approved only when services are provided by O'Bleness Memorial Hospital These services also include physician interpretation fees for cardiopulmonary services and service provided in the O'Bleness Family Practice Clinic 4 Family income is between 100 to 150% of the federal poverty guidelines Family Family shall be defined as the patient, the patient's spouse, and all of the patient's children, natural and adoptive under the age of eighteen who live at home If the patient is under the age of eighteen the family shall include the patient, the patient's natural or adoptive parent(s) and the parent(s) children, natural or adoptive under the age of eighteen who live in the home If the patient is a child of a minor parent who still resides in the home of the patient's grandparents, the family shall include only the parent(s) of any of the parent(s) natural or adoptive children who reside in the home Income Income shall be defined as the total salaries, wages and cash receipts before taxes Receipts that reflect reasonable deduction for business expenses shall be counted for both farm and non-farm self-employment The following steps will be used to determine eligibility for free care under HCAP (Hospital Care Assurance Program) 1 A completed application will be obtained from all patients seeking free care under HCAP 2 A patient must be a resident of the state of Ohio to be eligible for HCAP 3 O'Bleness Memorial Hospital will define income requirements using the federal poverty guidelines as indicated yearly 4 O'Bleness Memorial Hospital will define a family as indicated in Baldwin's Ohio Administrative Code Chapter 5101 3-2-0717 5 The income provided by the applicant will be verified via sworn signature 6 A recipient of the Ohio Medicaid Program is not eligible (OAC Rule 5101 3-2-0717) if a patient has insurance coverage, O'Bleness Memorial Hospital will first bill the insurance and receive a payment of a denial before the HCAP application is processed |

| Form and Line Reference | Explanation |
| --- | --- |
| Part I, Line 6a | The community benefit report for all entities included in this return is included in the OhioHealth Corporation's consolidated community benefit report |

| Form and Line Reference | Explanation |
| --- | --- |
| Part I, Line 7 | For the cost of charity care and unreimbursed Medicaid, a cost-to-charge ratio was used that was derived from Form 990 Schedule H instructions (Worksheet 2) All other amounts reported on the table are based on actual costs tracked through cost centers Costs related to the volunteer time of employees were determined using standard wage rates for hours contributed during work hours |

| 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 $49 million portion of total community benefit reported in Schedule H reflects all community benefit as provided by the members of the Group exemption that operate hospitals Accordingly, for purposes of Schedule H calculation of percentage of total expense in line 7, column f, total functional expenses has been recalculated to reflect only those members operating MedCentral Mansfield Hospital, Marion General Hospital, Grady Memorial Hospital, O 'Bleness Memorial Hospital, Hardin Memorial Hospital, and MedCentral Shelby Hospital |

| Form and Line Reference | Explanation |
| --- | --- |
| Part II, Community Building Activities | Community involvement is an important part of our mission "to improve thehealth of those we serve " Our associates and physicians live, work andraise families in the communities we serve and aspire to improve ourcollective community well-being, believing that healthy communitiessupport healthy living "Team OhioHealth" is comprised of associates who volunteer their time atvarious community events such as the Central Ohio Heart Walk, Komen Racefor the Cure, Arthritis Foundation's Jingle Bell Run/Walk, and March ofDimes March for Babies OhioHealth associates and physicians also collaborate with variousnon-profit organizations to ensure that our communities are provided withthe appropriate services that will enable them to live a healthy life Forexample -YWCA Family Center - OhioHealth associates serve meals to residents ofthe emergency shelter supporting families experiencing housing crises -United Way of Central Ohio - OhioHealth associates participate inCommunity Care Day, during which the United Way assigns projects such asrepair, painting, gardening and construction at various non-profitagencies -Simon Kenton Council, Boy Scouts of America - OhioHealth partners withthe Learning for Life exploring program to carry out the MedicalExplorer's program for the Simon Kenton Council, Boy Scouts of America -Big Brothers Big Sisters of Central Ohio - OhioHealth participates in BigBrothers Big Sisters' Project Mentor, through Columbus City Schools, toempower individual students to improve academic performance and therebyincrease 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 derived from Worksheet 2 |

| Form and Line Reference | Explanation |
| --- | --- |
| Part III, Line 3 | OhioHealth 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 uncollectable |

| Form and Line Reference | Explanation |
| --- | --- |
| Part III, Line 8 | Line 8 - In accordance with the Catholic Health Association guidelines per "A Guide for Planning and Reporting Community Benefits," OhioHealth does not report Medicare shortfall as community benefit |

| Form and Line Reference | Explanation |
| --- | --- |
| Part III, Line 9b | The organization has a written debt collection policy The policy provides the following guidelines as it relates to patients who qualify for charity care the patient may apply for financial assistance via Medicaid, Victims of Crime, HCAP/Charity, or with an OhioHealth contracted company to help the applicant complete the process when needed (per the Policy, obtained from Mary Cox, Manager, Patient Accounts Customer Service, Revenue Cycle) Once the charity determination is made, collection efforts are suspended If a patient qualified for a discount, collection efforts on the remaining balance are consistent with all other self-pay collections, which receive a discount at the time of billing |

| 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 Access Health Columbus in identifying health priorities locally and statewide OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues Access Health Columbus' goal is to improve access to healthcare for all individuals in central Ohio, specifically the most vulnerable A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of Central Ohio OhioHealth collaborated with other community stakeholders to develop its Community Health Needs Assessment, and in doing so, gathered significant additional demographic and community profile information This information is published in the Community Health Needs Assessment and is available to the public via www OhioHealth com |

| Form and Line Reference | Explanation |
| --- | --- |
| Part VI, Line 3 | Signs are posted at multiple OhioHealth 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 facility billing statements also include information regarding HCAP and can be used to apply for financial assistance |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 4 | The following demographic information was obtained from Claritas 2013 Columbus is the capital and largest city in the state of Ohio The city has a diverse economy based on education, insurance, banking, fashion, defense, aviation, food, logistics, steel, energy, medical research, healthcare, hospitality, retail and technology OhioHealth's primary service area covers Franklin and Delaware counties as well as a few rural communities in neighboring counties Over the next five years, the population in this area is estimated to change from 1,530,765 to 1,589,844, resulting in a growth of 3 9% Of this area's current year estimated population 70 0% are White alone, 18 3% are Black or African American alone, 4 7% are Hispanic, 4 0% are Asian alone, and 3 0% are other races In 2013, the average household income in the primary service area is estimated to be $71,281 The primary service area demographics are impacted by the number of colleges and universities Currently, it is estimated that 36 3% of the population age 25 and over in this area have earned a bachelor's degree or greater As a result of the student population, the primary service area is relatively young For this area, 25% of the population is estimated to be 0-17 years old, 25% are between ages 18-34, 28% are between ages 35-54, and 22% are older than 54 OhioHealth is a health care system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eleven hospitals, six individual hospitals file with this group return (OhioHealth Marion General Hospital, OhioHealth Grady Memorial Hospital, OhioHealth O'Bleness Memorial Hospital, OhioHealth MedCentral Mansfield Hospital, OhioHealth MedCentral Shelby Hospital and OhioHealth Hardin Memorial Hospital) providing services to the rural communities surrounding the system's primary service areas of Franklin and Delaware counties In conjunction with other community stakeholders, OhioHealth Corporation collaborated for its Community Health Needs Assessment and gathered significant, additional demographic and community profile information This information is published in the Community Health Needs Assessment per county and is available to the public OhioHealth Marion General Hospital - Marion County Marion General Hospital is a 270-bed facility in Marion County, which serves as a regional healthcare hub in North Central Ohio Marion General Hospital is an accredited Chest Pain Center and is nationally recognized by the American Heart Association for the provision of heart and vascular care Marion General Hospital also provides maternity (including a Level II Special Care Nursery), spine surgery, medical/surgical services, and inpatient and outpatient mental health, among other specialties Marion County is a productive 'micropolitan' community a short drive (45 minutes) north of Columbus Marion is large enough to have all the infrastructure, shopping and recreational amenities, yet small enough to retain hometown values and a strong work ethic An ethic that makes the labor force a point of pride in Marion Over the next five years, the population in this area is estimated to change from 66,270 to 65,273, resulting in a 1 5% decline Of this area's current year estimated population 89 5% are White alone, 5 6% are Black or African American alone, 2 5% are Hispanic, 0 5% are Asian alone, and 1 9% are other races In 2013, the average household income in the primary service area is estimated to be $48,753 Currently, it is estimated that 1 1 6% of the population age 25 and over in this area have earned a bachelor's degree or greater For this area, 22% of the population is estimated to be 0 to 17 years old, 22% are between ages 18 and 34, 28% are between ages 35 and 54 and 28% are older than 54 OhioHealth Grady Memorial Hospital - Delaware CountyGrady Memorial Hospital is a 152-bed community hospital in Delaware County that offers cancer treatment cardiac rehabilitation services in addition to its full range of inpatient healthcare services Grady Memorial earns consistently high patient satisfaction scores in its Emergency Department and prides itself in patient "door-to-doc" times that average less than half the national average Delaware is one of the fastest growing suburban counties in the country Over the next five years, the population in this area is estimated to change from 184,058 to 195,121, resulting in a growth of 6 0% Of this area's current year estimated population 86 9% are White alone, 3 5% are Black or African American alone, 2 5% are Hispanic, 5 0% are Asian alone and 2 1% are other races In 2013, the average household income in the primary service area is estimated to be $112,241 According to Forbes Magazine, Delaware County is the fifth best place in the United States to raise a family and the best p |

| Form and Line Reference | Explanation |
| --- | --- |
| Part VI, Line 4 | lace in the state of Ohio to reside Currently, it is estimated that 48 8% of the populatio n age 25 and over in this area have earned a bachelor's degree or greater For this area, 29% of the population is estimated to be 0 to 17 years old, 17% are between ages 18 and 34 , 32% are between ages 35 and 54 and 22% are older than 54 OhioHealth Hardin Memorial Hos pital - Hardin CountyHardin Memorial Hospital is a 25-bed acute care facility located in H ardin County, a predominantly rural area of the state Hardin provides acute and short-ter m skilled care, a full range of outpatient diagnostic and therapeutic services and operate s a 24-hour Emergency Department Hardin County is less than a 1 hour commute from Columbus Over the next five years, the population in this area is estimated to change from 32,887 to 32,708, resulting in a 0 5% decline Of this area's current year estimated population 95 8% are White alone, 0 8% are Black or African American alone, 1 4% are Hispanic, 0 6% are Asian alone and 1 4% are other races In 2013, the average household income in the prim ary service area is estimated to be $49,309 Currently, it is estimated that 15 0% of the population age 25 and over in this area have earned a bachelor's degree or greater For thi s area, 23% of the population is estimated to be 0 to 17 years old, 27% are between ages 1 8 and 34, 24% are between ages 35 and 54 and 26% are older than 54 O'Bleness Memorial Hosp ital - Athens CountyO'Bleness Memorial Hospital is a community hospital in a rural area of Appalachia Our primary service area includes the communities within Athens County, Ohio, which has been identified by the Appalachian Regional Commission as an ARC-designated dis tressed county According to the United States Census Bureau, the population of Athens Cou nty in 2013 was 64,681 The median income of $33,836 is not truly representative of the po pulation, as the community includes a major university Athens County has the highest pove rty level of any county in Ohio, as 32 2% of the community residents have incomes at or be low the federal poverty guideline Uninsured individuals in Athens County represent 21% of the population The hospital's patient population includes 8 8% who are uninsured and 23 18% who are Medicaid recipients Located within O'Bleness's primary service area of Athens County is one additional hospital, Doctors Hospital of Nelsonville affiliated with OhioHe alth based in Columbus, Ohio Portions of the patient population are also served by eight other hospitals in Washington, Gallia, Jackson, Hocking, Fairfield and Ross Counties in Oh io and Wood County in West Virginia, as well as three major health systems with multiple f acilities in Franklin County, Ohio Two townships in Athens County have been designated as medically underserved areas/populations by the U S Department of Health and Human Servic es Lodi and Trimble Over the next five years, the population in this area is estimated to change from 70,613 to 70,471, resulting in a decline of 0 2% Of this area's current year estimated population 90 8% are White alone, 2 6% are Black or African American alone, 1 6% are Hispanic, 2 7% are Asian alone and 2 3% are other races In 2013, the average househ old income in the primary service area is estimated to be $47,552 Currently, it is estimat ed that 25 6% of the population age 25 and over in this area have earned a bachelor's degr ee or greater With Ohio University and its 35,000 students residing in Athens County, it is a relatively young area For this area, 16% of the population is estimated to be 0 to 1 7 years old, 41% are between ages 18 and 34, 21% are between ages 35 and 54 and 22% are ol der than 54 MedCentral Mansfield Hospital, and MedCentral Shelby Hospital - Richland Count yRichland County, Ohio is home to approximately 124,000 residents Over three-fourths (76% ) of residents were adults over the age of 19, 9% were youth ages 12-18 years, and 15% wer e adolescents under the age of 11 The m |

| 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 employees nor contractors, 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 $279 million of community benefit The total community benefit represents an appropriate balance of charity care, community health services, subsidized health services, research and net medical education costs, and cash or in-kind community building At O'Bleness Memorial Hospital it is our goal to give access to any person in our community to modern day healthcare at a cost effective price As the only hospital in Athens, we strive to give help where help is needed To further our commitment to the community and our exempt purpose we engage in many activities Our board is compiled of people who reside in our community without a conflict of interest with the hospital We believe the more diverse the board the better they will be able to identify the needs of the community The majority of the board has no connection to the organization nor is contracted with the hospital They provide their consult and guidance out of the pure desire to see their community be afforded the same quality of care as bigger markets We extend medical privileges to qualified physicians that have a desire to practice within our facilities We continue to search for programs and activities that will be new to the community in order to give the population variety and health oriented alternatives Funds are used to purchase capital equipment that is vital in keeping up with an ever evolving medical world It is also used to fund activities inside and outside of the hospital that involves the community on various levels whether it be a health fair or an interactive exercise program We have many volunteers from the community that are instrumental in carrying out various activities MedCentral has an open medical staff, actively recruits needed physicians and supports the Third Street Family Services (Community clinic for uninsured and underinsured individuals) The Board of Trustees is a community-led board and community members also serve on our Hospice Advisory Board The Health System conducts support groups on various topics at no charge, participates in local health events including the Minority Health Fair, provides diabetic education at Third Street Family Services, and conducts programs such as a healthy cooking series which is free and typically includes food The System partners with area agencies to conduct other programs as well CPR training and advance life support training are provided for health care givers in the region and are provided for non-health care workers as well MedCentral is considered an expert in AED training, performing it free of charge to schools and other non-profit entities Athletic trainer services are also subsidized for five local high schools |

| 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 health care system covering Franklin, Delaware, Athens, Hardin, Marion, and Richland counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eleven hospitals, six individual hospitals file with this group return (OhioHealth Marion General Hospital, OhioHealth Grady Memorial Hospital, and OhioHealth Hardin Memorial Hospital, O'Bleness Memorial Hospital, MedCentral Mansfield Hospital, and MedCentral Shelby Hospital) providing services to the rural communities surrounding the system's primary service areas of Franklin, Delaware, and Richland counties OhioHealth Marion General Hospital - Marion County Marion General Hospital is a 270-bed facility in Marion County, which serves as a regional healthcare hub in North Central Ohio Marion General Hospital is an accredited Chest Pain Center and is nationally recognized by the American Heart Association for the provision of heart and vascular care Marion General Hospital also provides maternity (including a Level II Special Care Nursery), spine surgery, medical/surgical services, and inpatient and outpatient mental health, among other specialties OhioHealth Grady Memorial Hospital - Delaware CountyGrady Memorial Hospital is a 152-bed community hospital in Delaware County that offers cancer treatment cardiac rehabilitation services in addition to its full range of inpatient healthcare services Grady Memorial earns consistently high patient satisfaction scores in its Emergency Department and prides itself in patient "door-to-doc" times that average less than half the national average OhioHealth Hardin Memorial Hospital - Hardin CountyHardin Memorial Hospital is a 25-bed acute care facility located in Hardin County, a predominantly rural area of the state Hardin provides acute and short-term skilled care, a full range of outpatient diagnostic and therapeutic services and operates a 24-hour Emergency Department O'Bleness Memorial Hospital - Athens CountyThe O'Bleness Health System is designed to offer the most comprehensive medical attention to a mainly centralized location to the community in which we live The affiliates of the system work together in a collaborative effort to increase the efficiency and cost of healthcare to the patient The O'Bleness Memorial Hospital is the main component of the health system At the hospital we offer a variety of inpatient and outpatient services The emergency department is operational 24 hours a day 7 days a week We offer care to anyone regardless of ability to pay We are the only fully functional hospital in the community It is our goal not to exclude anyone from our community that is in need of care The Athens Medical Lab (AML) is an affiliate of the system that is a medical reference lab that offers convenience and cost efficiency for the patient This allows us to keep patients close to home and speed up result time The Athens Medical Associates (AMA) is a multi-physician practice that offers a variety of services to patients AMA is comprised of a multifaceted OB/GYN practice, an orthopedic surgeon, and a Family Practice Clinic that service numerous members of the community There is also Appalachian Community Visiting Nurses Association, Hospice and Health Services (ACVNAHHS) This affiliate provides hospice services to not only Athens County but surrounding counties They are also providers of visiting nurses that serve our clients out of the comfort of their own home MedCentral Mansfield Hospital, and MedCentral Shelby Hospital - Richland CountyDuring 2014 MedCentral joined OhioHealth, a healthcare system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Prior to joining, MedCentral was a health system comprised of two hospitals, a 326-bed and a 25-bed acute care hospital, one urgent care center, health & fitness center, one free standing imaging center, an outreach laboratory, hospice and home care services and several physician practices As such the policies and philosophies regarding community benefit are the same throughout the system Many of the community events include staff from all sites |

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

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 32-0007056
**Name:** OhioHealth Corporation Group Return

**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 |
|---|---|
| Marion General Hospital | Part V, Section B, Line 5 Community input for this report was provided through a series of meetings held on March 21, 2012, April 19, 2012, May 17, 2012, June 21, 2012, August 13, 2012, and August 16, 2012 with community representatives It was important that individuals with special expertise in public health participate The following community representatives with significant public health knowledge and experience participated Gwen Janeczek, RN, BSN Director of Nursing, Marion Public Health, and Rosemary Chaudry, PhD, RN, MHA, MPH, Associate Clinical Professor, The Ohio State University College of Nursing (retired), Assessment and Accreditation Coordinator, Delaware General Health District OhioHealth representatives also consulted with The Ohio State University Extension Family Nutrition Program regarding their efforts toward preventing obesity |

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| Form and Line Reference | Explanation |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 5 To ensure input was received from persons in the community, OhioHealth and the Center for Public Health Practice consulted with persons who represent the community and who have expertise in public health The following representatives from the community and including those with special knowledge or expertise in public health were included in the process Rosemary Chaudry, PhD, RN, MHA, MPH Assessment and Surveillance Coordinator, Delaware General Health District, Nancy Shapiro, MA, RN, Assistant Health Commissioner, Director of Assessment, Planning and Education, Scott B Sanders, AICP Executive Director, Delaware County Regional Planning Commission, Sandra Stults, Dental Hygienist, Elected Official, Delaware County Township Association, Steve Hedge Executive Director, Delaware Morrow Mental Health and Recovery Services Board, Marie C Ward, PhD Assistant Superintendent of Client Services, Educational Service Center of Central Ohio, Tom S Stewart Chief, Orange Township Fire Department, Michele Shough Staff of Division of Prevention and Health Promotion, Ohio Department of Health, William Verhoff, MBA, BSN, RN, OhioHealth Grady Memorial Hospital, Chris Fink, PhD Assistant Professor and Chair, Department of Health and Human Kinetics, Ohio Wesleyan University, Kevin James Crowley Executive Director, People in Need, Brandon Feller President, United Way of Delaware County, Barb Lyon Vice President, United Way of Delaware County, Jack Hilborn, Community Resident, Ruth Shrock, Community Resident, Deb Lipscomb, Community Resident, Larry Cline, Community Resident |

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| Form and Line Reference | Explanation |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 5 Hardin Memorial consulted with various persons who lead or represent broad interests of the community it serves by participating in four community health needs assessment meetings for the north central region, and hosting one community meeting Participants were either employed by government agencies, nonprofit healthcare organizations, community agencies, or retired residents Kay J Eibling, mobility manager, Hardin County Council on Aging Inc , Shirl P Taylor, director, Hardin County Council on Aging Inc , Keith Gensheimer, member, Board of Directors, Hardin County Community Foundation, Lisa Frantz, director, Kenton Community Health Center, Sean Galvin, chief executive officer, Hardin County Family YMCA, Annetta Holmes, executive director, United Way of Hardin County, Brenda Jennings, RN, school nurse, Kenton City Schools, Karen Kier, PhD, director of assessment, and professor of Clinical Pharmacy and Pharmacy Practice, Ohio Northern University, Kathy Oliver, educator, The Ohio State University Extension, Marcia Retterer, chief executive officer and founder, Not By Choice Outreach, Dave Salucci, deputy director, HHWP (Hancock, Hardin, Wyandot, and Putnam)Community Action Commission, Stephen McCullough, member, Board of Trustees, Hardin Memorial, Matt Jennings, chairman, Board of Trustees, Hardin Memorial, Terri Holloway, community representative |

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| Form and Line Reference | Explanation |
|---|---|
| O'Bleness Memorial Hospital | Part V, Section B, Line 5 The hospital sought input from several strategic members of the community when conducting the CHNA After input was obtained, these individuals, along with key members from the hospital, came together to develop the report and strategy The community members included Dr Gaskell, Medical Director of the Health Department/Health Commissioner, Dr Shubrook, Diabetes Research, Treatment, and Education, Kathy Trace, Director of Area Health Education Center and Community Health Services at the Ohio University Heritage College of Osteopathic Medicine, Dr Clark, Vice President of Medical Affairs at O'Bleness Memorial Hospital, Adam Kless, Chief Nursing Officer at O'Bleness Memorial Hospital, and Dr Basta, Associate Professor/Director of Social and Public Health College of Health Sciences and Professions |

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| Form and Line Reference | Explanation |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 6a Hardin Memorial successfully completed the CHNA in collaboration with other CAHs in Ohio's north central region, including Bucyrus and Galion Community Hospitals (Avita Health System), Conneaut and Geneva Medical Centers, Lodi Community Hospital, Mercy Allen Hospital, Mercy Memorial Hospital (Community Mercy Health Partners), Mercy Willard Hospital, Morrow County Hospital, and Wyandot Memorial Hospital |

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| Form and Line Reference | Explanation |
|---|---|
| Marion General Hospital | Part V, Section B, Line 6b Marion General and OhioHealth representatives participated in several meetings coordinated by Marion Public Health to prepare the 2010-2011 Marion Community Assessment The list of meetings and topics discussed during these meetings are shown in Appendix A of the CHNA The organizations that participated in Marion Public Health's 2010-2011 Marion Community Assessment are listed in Appendix C The following community representatives have significant public health knowledge and experience - Gwen Janeczek, RN, BSN, Director of Nursing, Marion Public Health - Rosemary Chaudry, PhD, RN, MHA, MPH, Associate Clinical Professor, The Ohio State University College of Nursing (retired), Assessment and Accreditation Coordinator, Delaware General Health District (current position) Apart from Marion General and OhioHealth, other community organizations that were involved with the CHNA include - American Cancer Society Central Regional Office- American Red Cross- Boys and Girls Club- Center Street Community Health Center- City of Marion- Crawford-Marion Board of Alcohol, Drug Addiction and Mental Health Services- Delaware General Health District- Elgin Local Schools - Hospital Council of Northwest Ohio- Junior Service Guild- Legal Aid Society of Columbus- Ohio Heartland Community Action Commission- Ohio Heartland Community Action Commission Head Start- Marion Adolescent Pregnancy Program - Marion Area Chamber of Commerce- Marion Area Counseling Center Inc - Marion Area Transit- Marion Catholic High School- Marion City Schools- Marion Community Foundation- Marion County Board of Developmental Disabilities- Marion County Children Services- Marion County Children Services Board- Marion County Commissioners- Marion County Council on Aging- Marion County Family and Children First Council- Marion County Job and Family Services- Marion-Crawford Teen Institute- Marion Family Young Men's Christian Association- Marion Matters- Marion Shelter Program- Marion Technical College- Pleasant High School- Pleasant Local Schools- Prospect Lion's Club- Ridgedale Local Schools- River Valley Local Schools- St Mary Church- Tri-Rivers Career Center- Tri-Rivers Career Center Early Childhood Learning Center- United Way of Marion County- The Ohio State University Extension-Marion County- The Ohio State University at Marion- Turning Point |

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| Form and Line Reference | Explanation |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 6b On September 28, 2012, Grady Memorial Hospital and the Delaware General Health District (DGHD) jointly convened 21 stakeholders That meeting had two purposes 1) To initiate a new comprehensive community health planning process coordinated by DGHD and 2) To analyze and prioritize health needs at this point in time Invited participants included the existing Partnership for a Healthy Delaware County members, as well as several new partners Stakeholders who participated in the in-person meeting to identify and prioritize needs include Delaware General Health District - Rosemary Chaudry, PhD, RN, MHA, MPH Assessment and Surveillance Coordinator - Nancy Shapiro, MA, RN, Assistant Health Commissioner, Director of Assessment, Planning and Education Delaware County Regional Planning Commission - Scott B Sanders, AICP Executive Director Delaware County Township Association - Sandra Stults Dental Hygienist, Elected Official Delaware Morrow Mental Health and Recovery Services Board - Steve Hedge Executive Director Educational Service Center of Central Ohio - Marie C Ward, PhD Assistant Superintendent of Client Services Orange Township Fire Department - Tom S Stewart Chief Ohio Department of Health - Michele Shough Staff of Division of Prevention and Health Promotion OhioHealth Grady Memorial Hospital - William Verhoff, MBA, BSN, RN Ohio Wesleyan University - Chris Fink, PhD Assistant Professor and Chair, Department of Health and Human Kinetics People in Need - Kevin James Crowley Executive Director United Way of Delaware County- Brandon Feller President - Barb Lyon Vice President Community Residents - Jack Hilborn - Ruth Schrock - Deb Lipscomb - Larry Cline |

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| Form and Line Reference | Explanation |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 6b Hardin Memorial consulted with various persons who lead or represent broad interests of the community it serves by participating in four community health needs assessment meetings for the north central region, and hosting one community meeting (See Appendix B) During the four community health needs assessment meetings from October 2011 to May 2012 that were led by representatives from Ohio University's Voinovich School of Leadership and Public Affairs, Hardin Memorial and OhioHealth representatives discussed community health needs of Hardin County residents with the following experts who have significant public health knowledge and skills and who have been involved with community projects and programs in Hardin County and the north central region - Cindy Keller, MSN, RN, director of Nursing, Kenton-Hardin Health Department - Lucrecia Johnson, MSW, LSW, program coordinator for the Medicare Rural Hospital Flexibility (Flex) and Small Rural Hospital Improvement Grant Program (SHIP) Department of Health's Flex program - Laura Milazzo, senior research associate, Ohio University's Voinovich School of Leadership and Public Affairs On November 6, 2012, Hardin Memorial Hospital obtained inputs from community leaders and members who represent groups who are medically underserved, low-income, minority, and with chronic disease needs Participants were either employed by government agencies, nonprofit healthcare organizations, community agencies, or retired residents -Kay J Eibling, mobility manager, Hardin County Council on Aging Inc -Shirl P Taylor, director, Hardin County Council on Aging Inc -Keith Gensheimer, member, Board of Directors,Hardin County Community Foundation -Lisa Frantz, director, Kenton Community Health Center -Sean Galvin, chief executive officer, Hardin County Family YMCA -Annetta Holmes, executive director, United Way of Hardin County -Brenda Jennings, RN, school nurse, Kenton City Schools -Karen Kier, PhD, director of assessment, and professor of Clinical Pharmacy and Pharmacy Practice, Ohio Northern University -Kathy Oliver, educator, The Ohio State University Extension -Marcia Retterer, chief executive officer and founder, Not By Choice Outreach -Dave Salucci, deputy director, HHWP (Hancock, Hardin, Wyandot, and Putnam) Community Action Commission -Stephen McCullough, member, Board of Trustees, Hardin Memorial -Matt Jennings, chairman, Board of Trustees, Hardin Memorial -Terri Holloway, community representative |

**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 |
|---|---|
| O'Bleness Memorial Hospital | Part V, Section B, Line 6b Community input sources representing the broad interests of the community Community input was also provided through surveys distributed in 2010 to people receiving services from local agencies These surveys represent input from members of the medically underserved, low-income, and minority populations within the area - River Rose OB/GYN - O'Bleness Memorial Hospital Birth Center - Help Me Grow - Athens City-County Health Department - GRADS Program Low-income - Athens OB/GYN Not represented- La Leche League Not represented- My Sister's Place- Athens County Juvenile Court- Tri-County Mental Health and Counseling- Athens County Jobs and Family Services- Ohio University College of Nursing- Athens County WIC and Family Health Care- Ohio University Voinovich School of Leadership & Public Affairs- Planned Parenthood of SE Ohio/CFHS Family Planning- Ohio University College of Osteopathic Medicine's Community Health Programs CFHS Perinatal Project- Ohio University College of Osteopathic Medicine's Community Health Programs IPAC- Ohio University College of Osteopathic Medicine's Community Health Programs CFHS Well-Child Program- Ohio University College of Osteopathic Medicine's Community Health Programs |

**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 |
|---|---|
| Marion General Hospital | Part V, Section B, Line 7d 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 |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 7d 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 |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 7d 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 |
|---|---|
| O 'Bleness Memorial Hospital | Part V, Section B, Line 7d https //www ohiohealth com/aboutobleness/ |

**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 |
|---|---|
| Marion General Hospital | Part V, Section B, Line 11 Marion General Hospital is addressing the significant needs id entified in its most recently conducted CHNA as follows NEED #1 OBESITYA CONTINUE PARTNE RING WITH CENTER STREET COMMUNITY HEALTH CENTER TO PROMOTE HEALTHY LIFESTYLESMarion Genera l provides services and resources to Center Street Community Health Center The Center Str eet Community Health Center is a federally qualified health center that provides patient c are and laboratory services to the uninsured and underinsured residents of Marion County a nd neighboring areas based on a sliding-scale fee In Ohio, the persons served by communit y health centers include 34 percent uninsured, 41 percent on Medicaid and 8 percent on Med icare Apart from providing routine medical services, the Center Street Community Health C enter also counsels individuals about healthy lifestyles and obesity prevention Patients who seek care in federally qualified health centers are from vulnerable groups, predominan tly minorities and those with low income These individuals and families have higher risk for obesity, have multiple co-morbidities and adopt unhealthy lifestyles compared to their Caucasian counterparts B CONTINUE OBESITY PREVENTION EDUCATION AT THE SENIOR CITIZEN'S D AY AT THE MARION COUNTY FAIRSenior Citizen's Day is part of the celebration of the Marion County Fair held at the Marion County Fair grandstand The Marion County Fair is attended by more than 50,000 people, which includes more than 1,000 youth and their families, who a re involved in various activities The Marion General Hospital Foundation co-sponsors this event to serve not only the seniors, but also their entire families In 2010, 37 4 percen t of adults 65 and older were obese Increasing obesity levels among the elderly are linke d to various chronic conditions Persons with multiple chronic conditions generate more th an 65 percent of Medicare costs, and excessive weight gain is a major cause of functional limitations among the elderly High levels of obesity among the elderly will lead to the f ollowing (a) obesity-related health problems that contribute to injuries, absenteeism and a decrease in the overall productivity, (b) functional decline and significant psychosoci al and financial hardships for senior citizens and their families C CONTINUE PARTICIPATIO N AT THE SENIOR HEALTH FAIR ORGANIZED BY THE MARION SENIOR CENTERThe Senior Center also pr ovides opportunities for health screenings, physical activity (e g , jazz classes), flu sh ots, and healthy breakfasts and lunches Marion General's involvement and sponsorship of t he Senior Center activities enable the hospital to support the Senior Center's initiatives in promoting physical and mental health, and wellness D CONTINUE FUNDING ONE FULL-TIME N URSING INSTRUCTOR AT MARION TECHNICAL COLLEGEHistorically, Marion Technical College has pl ayed a key role in health promotion activities in Marion County, such as participating in Marion Public Health's Creating Healthy Communities and Marion Family YMCA's Pioneering He althier Communities activities E CONTINUE IMPLEMENTING THE "SPEAKERS BUREAU"Marion Gener al's Speakers Bureau enables physicians, nurses, and allied health professionals to public ly speak about health promotion and wellness activities that relate to specific disease pr ocesses Apart from being able to share their expert knowledge and clinical experience wit h community stakeholders about emerging healthcare issues and wellness education topics, t he speakers are also able to gain first-hand information on the community health needs of Marion County NEED #2 TOBACCO USE/SECOND-HAND SMOKE EXPOSUREA CONTINUE OUTREACH ACTIVITI ES OF PULMONARY SERVICES, PULMONARY REHABILITATION UNIT, PARTIAL HOSPITALIZATION PROGRAM A ND INTENSIVE OUTPATIENT PROGRAMMarion General's Pulmonary Services and the Pulmonary Rehab ilitation Unit have been providing smoking cessation education, counseling and referral of inpatients to the Ohio Tobacco Quit Line As a component of the hospital's Speakers Burea u, health professionals from Pulmonary Services and Pulmonary Rehabilitation will give pre sentations on (a) the effects of smoking while pregnant and (b) smoking-related risk facto rs to mothers and infants The Partial Hospitalization program provides education about th e effects of tobacco on reducing medication effectiveness, smoking cessation and stress ma nagement Tobacco dependence is the leading cause of death in patients with psychiatric an d substance abuse disorders Smoking cigarettes can reduce the blood concentrations of sev eral psychiatric medications, such as clozapine, haloperidol, olanzapine, tricyclic antide pressants and valproate Most importantly, Marion General has maintained a Tobacco-Free po licy since its adoption in 2010 NEED #3 ALCOHOL AND SUBSTANCE ABUSEA CONTINUE PARTNERING WITH CENTER STREET COMMUNITY HEALTH CENTER TO INCREASE ACCESS TO ALCOHOL AND SUBSTANCE AB USE TREATMENT, AND COUNSELING REFERRALSMarion Gene |

**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 |
|---|---|
| Marion General Hospital | ral will continue to partner with Center Street Community Health Center to enhance access to care for the underserved who need medical advice, treatment, and counseling referrals r elated to alcohol and substance abuse United Way of Marion County also provides funding t o Center Street Community Health Center, which serves as a medical home for the underserve d B CONTINUE OUTREACH ACTIVITIES OF THE PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMSMarion General's Partial Hospital Program and Mental Health unit serve patients wi th dual diagnosis of mental illness and alcohol and substance abuse Inpatients and outpat ients are assessed, their history of substance abuse and alcohol abuse is determined, and they are provided with educational materials and a list of resources C CONTINUE CO-HOSTIN G THE "MEDICATION DISPOSAL DAY"Medication Disposal Day facilitates the collection, destruc tion, and disposal of unwanted medications in a legal and environmentally friendly manner Drug disposal events can help prevent medication diversion, promote drug-safety education and raise public awareness about substance abuse Marion General's Medication Safety phar macist is one of the founders and key organizers of the Medication Disposal Day event |

**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 |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 11 Grady Memorial Hospital is addressing the significant needs id entified in its most recently conducted CHNA as follows NEED #1 YOUTH MENTAL HEALTH ISSUE S, INCLUDING PROVIDERS, SUICIDE, DEPRESSION, VIOLENCE, BULLYING AND SUBSTANCE ABUSEA IMPL EMENT THE "TRANSITION PROGRAM FOR POSITIVE YOUTH DEVELOPMENT"Healthy People 2020 indicated that adolescent health will need to be approached based upon the following (a) increasin g diversity among the adolescent population with significant increases in Hispanic and Asi an-American youth, and (b) increased focus on the use of positive youth development for pr eventing adolescent health risk behaviors Positive youth development focuses on youths' s trengths instead of their risk factors, and identifies the support and services needed to help youth transition to young adults Youth should be provided with support, relationship s, experiences, resources and opportunities to prepare for effective transition to adultho od Positive well-being during adolescence predicts better perceived general health and fe wer risky health behaviors during young adulthood Positive well-being is associated with the following (a) fewer risky behaviors, (b) more physical activity, (c) better quality o f sleep and relaxation, and (d) better interpersonal relationships and social support B C ONTINUE PARTNERING WITH UNITED WAY OF DELAWARE COUNTY AND CENTRAL OHIO MENTAL HEALTH CENTE R TO ADDRESS MENTAL HEALTH ISSUES OF YOUTHUnited Way of Delaware County's mission is "to i mprove the quality of life in our community" It partners with various community agencies to improve education, essential services, financial stability and health in the Delaware C ounty community The Central Ohio Mental Health Center provides professional mental health services to the central Ohio community, and assists with increasing education and awarene ss on the importance of mental health in the community NEED #2 OBESITYA CONTINUE IMPLEME NTING "LIVING WELL WITH DIABETES"Grady Memorial provides courses on culturally sensitive a nd age-appropriate diabetes education, and practical skills to manage diabetes Grady Memo rial has been offering "Living Well with Diabetes" to the Delaware community for the past 20 years "Living Well with Diabetes" is an interactive class designed to promote practica l knowledge to empower participants to care for themselves, manage their condition and pre vent diabetes complications B CONTINUE IMPLEMENTING "SPEAKERS BUREAU AND "PHYSICIAN LECTU RES"Physicians and other healthcare providers have important opportunities in community se ttings to encourage and motivate patients and community members to improve health behavior s, and be successful in losing excess weight The limited time available during clinic vis its is a constraint toward open communication about empowering patients to adopt behavior change to lose excess weight Contemporary culture in the U S has led to bias in employme nt, education, and healthcare settings against overweight and obese people Grady Memorial 's physicians, healthcare team, and administrators have been active members of the Delawar e County community and have been involved in various speaking engagements to promote aware ness about the need to have community-wide collaborations to combat obesity Grady Memoria l has participated in the development of the Delaware County Obesity Prevention Plan, and will continue to play an active role in helping implement the plan by educating patients i n the inpatient and outpatient settings on being involved with this communitywide initiati ve C CONTINUE SPONSORING "SENIOR HEALTH AND SAFETY DAY" OF THE COUNCIL FOR OLDER ADULTS O F DELAWARE COUNTYNEED #3 DENTAL HEALTH NEEDS, INCLUDING PROVIDERS, SERVICES, COVERAGE, AN D FOCUS ON MEDICAID AND UNINSURED/UNDERINSURED POPULATIONS A INITIATE COMMUNITY COLLABORA TIVE TO DEVELOP A STRATEGY FOR UTILIZING OHIOHEALTH WELLNESS ON WHEELS (WOW) FOR DENTAL OU TREACH IN DELAWARE COUNTYThe Agency for Healthcare Research and Quality released a report from the Healthcare Cost and Utilization Project that indicated the top three age groups t hat had the highest utilization of the ED for dental conditions, in descending order, are 25 to 29, 20 to 24, and 30 to 34 years old Most ED patients are uninsured (40 percent) o r have Medicaid insurance (30 percent) Mobile dental clinics have served numerous childre n and adults in Ohio The mobile dental clinic that serves northeast Ohio is a collaborati ve between the Ronald McDonald House Charities of Northeastern Ohio and the Irving and Jea nne Tapper Pediatric Dental Center at Rainbow Babies & Children's Hospital The mobile cli nic is parked at schools and serves children who don't have their own dentist The mobile clinic provides cleanings, oral health exams, X-rays, and information on proper brushing a nd flossing The Smile Express Mobile Dental Center serves residents of Northwest Ohio Ap art from the standard dental services provided, th |

**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 |
|---|---|
| Grady Memorial Hospital | e mobile dental center also offers oral health education to clients by providing oral heal th educational videos and verbal instructions on regular, ongoing oral healthcare The mob ile dental center also provides toothpaste, toothbrush, mouthwash and floss NEED #4 DOMES TIC VIOLENCEA CONTINUE DOMESTIC VIOLENCE SCREENING AND AWARENESS EDUCATION, AND REFERRAL OF PATIENTS TO HELPLINE OF DELAWARE AND MORROW COUNTIES, AND LAW ENFORCEMENT AGENCIESGrady Memorial was one of the original proponents in developing the "Ohio Domestic Violence Pro tocol for Health Care Providers Standards of Care" in 2003 As a result, screening for ab use is part of the routine nursing triage and assessment in the ED Grady Memorial has thr ee sexual assault nurse examiners (SANE) who conduct physical abuse screening as part of d omestic or intimate partner violence abuse assessment Grady Memorial's healthcare team in the ED reports instances of domestic or intimate partner violence to the Delaware Police Department Patients are also referred to the Helpline of Delaware and Morrow Counties Inc , a local, toll-free crisis support and information, and a referral hotline for persons li ving in Delaware and Morrow Counties The HelpLine of Delaware and Morrow Counties provide s the following services a Sexual Assault Response Network -- advocates assist survivors at the hospital, link patients to HelpLine and other community resources, provide workshop s for survivors of sexual assault, one-on-one crisis intervention and therapeutic counseli ng, and provide sexual assault prevention and education b 24-hour crisis hotline -- speci alists provide non-judgmental emotional support and problem solving on sexual assault, dom estic violence, financial stress, child and elder abuse or neglect, depression, suicide, g rief and loss, and mental health issues c Local support groups -- provide opportunities f or victims to relate with others who had similar experiences, hence fostering healing The "Healing Circle" is a support and education group for sexual assault survivors The "Surv ivors of Suicide" provides help and support to survivors to ease emotional pain and provid es answers to questions that lead to healing Resources and books are available for adults , teens and children |

**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 |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 11 Hardin Memorial Hospital is addressing the significant needs i dentified in its most recently conducted CHNA as follows NEED #1 PREVENTIVE HEALTH EDUCAT ION (E G , OVERWEIGHT, OBESITY, SMOKING) TO REDUCE RISK FACTORS FOR DIABETES, HEART DISEAS E, STROKE, CERTAIN CANCERS AND CHRONIC RESPIRATORY CONDITIONS A CONTINUE ORGANIZING AND L EADING THE COMMUNITY HEALTH FAIRThe Community Health Fair initiated by Hardin Memorial pro vides opportunities for various nonprofit community organizations and private companies to offer health education and free screenings to residents of Hardin County and neighboring areas B CONTINUE PARTICIPATION AT THE HARDIN COUNTY FAIRHardin Memorial has participated in the Hardin County Fair throughout the past decade The Hardin County Fair, which is hel d at the Hardin County Fairgrounds, is attended by nearly 70,000 from Hardin County and su rrounding communities The Hardin County Fair attracts individuals, families and friends, and visitors from Ohio and other states Activities at the Hardin County Fair, such as coo king demonstrations that stress the importance of consuming a variety of fruits and vegeta bles, signify that healthy eating and promotion of active lifestyles are being emphasized in the Hardin County Fair C CONTINUE COLLABORATION WITH SANOFI-AVENTIS PHARMACEUTICALS I N HOSTING THE DIABETES HEALTH FAIRIt has been shown that diabetes education yields better outcomes and impact when presented in groups, and when it incorporates self-management beh aviors such as physical activity, healthy eating, medication taking, monitoring blood gluc ose, problem solving related to diabetes self-care (e g , insulin injections), reducing ri sks of acute and chronic complications (e g , foot care), and psychosocial aspects of livi ng with diabetes D CONTINUE HOLDING THE FARMERS' MARKET IN THE HARDIN MEMORIAL CAMPUSThe first Farmers' Market inside the Hardin Memorial campus was held from June to October 201 2 There were three to five local vendors of local produce every week Approximately 50 to 75 persons from the community bought fresh fruits and vegetables Local farmers (e g , Be r-Gust Farms, Pahl's Produce, the Bontrager Amish Family) were vendors during the Farmers' Market event The Farmers' Market promotes education and awareness on the importance of f resh fruits and vegetables as part of a healthy and well-balanced diet Fresh fruits and v egetables bought from the Farmers' Market are highly nutritious, flavorful, and full of an tioxidants and phytonutrients E CONTINUE THE KILOMETER KIDS RUNNING CLUBThe Hardin Rehabi litation and Wellness Center and the Public Relations department of Hardin Memorial initia ted the Kilometer Kids Running Club in collaboration with Kenton City Schools Hardin Memo rial believes that the best way to educate children to encourage physical activity is to g ive them opportunities to experience and develop skills and competence, and ultimately enj oy long-distance running F CONTINUE FUNDING AND ORGANIZING THE F A M E (FUN ACTIVITY MOT IVATES EVERYONE) EVENTHardin Memorial will continue to provide leadership in holding this event in collaboration with various community organizations as a means of providing practi cal and sustainable health education to children and their families and friends Fun and f amily friendly interactive activities are available specifically for children 0 to 12 year s old but activities for the entire family are also available G HARDIN HUSTLE 5K WALK/RUN The Hardin Hustle 5K Walk/Run is directed at promoting physical activity for adults, 20 to 80 years old but the event offers fun activities for the entire family Proceeds of the H ardin Hustle 5K Walk/Run have been donated to community organizations that offer programs to promote community health NEED #2 LACK OF STRATEGIES AND TOOLS TO MANAGE AND RECONCILE MEDICATIONS AMONG PEOPLE WITH CHRONIC CONDITIONS OR THOSE IN POOR HEALTH A HOST THE "BROW N BAG AND MEDICATION SAFETY" SERIES TWICE A YEARHardin Memorial will start to host a two-h our "Brown Bag and Medication Safety" series twice a year Students and faculty members fro m Ohio Northern University's College of Pharmacy will consult with individuals from Hardin County They will provide a review of the medications attendees are taking, discussing an y side effects, and potential interactions with over-the-counter drugs or herbs and supple ments Part of the series will be a community presentation on practical topics that relate s to managing and reconciling medications, including commonly prescribed drugs for diabete s, heart disease, cholesterol, osteoporosis, chronic obstructive pulmonary disease, and as thma, or over the counter drugs for heartburn, common colds, vitamins, and supplements Th e Brown Bag Toolkit, developed by the Ohio Patient Safety Institute, will be used as a gui de in planning, preparing, and implementing the "Brown Bag and Medication Safety" series B CONTINUE CO-HOSTING THE MEDICATION DISPOSAL DAYS |

**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 |
|---|---|
| Hardin Memorial Hospital | tarting in 2011, Hardin Memorial has co-hosted Medication Disposal Day with the Hardin Cou nty Sheriff's Office, North Central Ohio Solid Waste District and Ohio Northern University 's College of Pharmacy In FY 2012, Medication Disposal Day was held in April Approximate ly 137 community residents brought unused and/or expired medications for disposal In FY 2 012, there were three collection sites made available to the public (i) Hardin Memorial c ampus, (ii) Forest Community Health Center and (iii) Ridgemont Elementary School Hardin M emorial will invite the College of Pharmacy Outreach Program in order to have students and their professors available at least two hours in each of the collection sites The pharma cy students and their professors will provide information about drug safety and proper sto rage and disposal of multiple drugs taken by patients NEED #3 LACK OF PROGRAMS TO HELP PA TIENTS WITH CHRONIC DISEASES NAVIGATE, COORDINATE AND ACCESS HEALTHCARE SERVICES A REFERR AL, LINKAGE AND FOLLOW-UP OF PATIENTS TO COMMUNITY-BASED PROGRAMSCurrently, Hardin Memoria l has a social worker/discharge planner, and a certified diabetes educator who help patien ts with chronic diseases access healthcare services Both the social worker/discharge plan ner and certified diabetes educator are knowledgeable about various community resources to which patients could be referred and linked, and have a long history of working relations hips with the leaders and staff of these organizations By making follow-up calls with the se patients at 48 to 72 hours and at six months after referral, Hardin Memorial will deter mine any bottlenecks with the referral process and identify additional patient needs B CO NTINUE HOSTING THE DIABETES SUPPORT GROUPHardin Memorial's Diabetes Self-Management depart ment and the Hardin Rehabilitation and Wellness Center are both actively involved in hosti ng the Diabetes Support Group five times a year (fall, winter and spring seasons) NEED #4 LOW PARTICIPATION RATE AND POOR SERVICE COORDINATION RELATED TO IMMUNIZATIONS, VACCINATIO NS, AND HEALTH SCREENINGS FOR CHOLESTEROL, BREAST, CERVICAL, AND COLORECTAL CANCERA CONTI NUE HOSTING THE "HEART SMART DAY" AT HARDIN MEMORIAL HOSPITAL'S CARDIOLOGY SPECIALTY CLINI CHardin Memorial's Cardiology Specialty Clinic hosts "Heart Smart Day" in celebration of H eart Awareness Month in February During the event held in FY 2012, free blood pressure, c holesterol, and blood sugar screenings, and body composition analysis will be provided In FY 2012, Heart Smart Day served 50 to 60 people who are 45 to 75 years old In addition t o conducting screenings, information about keeping the heart healthy and education about r isks for congestive heart failure are provided B CONTINUE HOSTING "HEALTH SCREENING DAYS" LED BY COMMUNITY PHYSICIANSHardin Memorial's community physicians have led "Health Screen ing Days" during the month of April at their respective community clinics for the past two years In FY 2012, 18 persons were served during Health Screening Days NEED #5 PREVENTI ON OF FALLS AND FRACTURES AMONG THE ELDERLYA HOST COMMUNITY PRESENTATIONS AND FORUM ON FA LL AND FRACTURE PREVENTIONHardin Memorial will seek the assistance of Senior Health Servic es based at Riverside Methodist Hospital (one of OhioHealth's member hospitals based in ce ntral Ohio) to begin offering community presentations and a forum on fall and fracture pre vention The director of Senior Health Services and her associates will talk about reducin g fall risks at home and in community settings Interactive sessions on "A Matter of Balan ce, and a fall-risk-reduction course also will be included in the community presentations Hardin Memorial will host these presentations at the Hardin Memorial campus and in other community locations |

**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 |
|---|---|
| O 'Bleness Memorial Hospital | Part V, Section B, Line 11 O'Bleness Memorial Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows NEED #1 IMPROVE AWARENESS OF AND PARTICIPATION IN WELLNESS AND PREVENTIVE CARE SERVICES AND PROGRAMS A DIABETES CERTIFICATION THROUGH THE JOINT COMMISSION Increase awareness of the importance of diabetes management and care by receiving an Inpatient Diabetes Certification through the Joint Commission Collaboration with Ohio University Heritage College of Medicine other diabetes control management programs B TOBACCO CESSATION PROGRAM Offer courses focused on general community, pregnant women, and hospital employees Increased awareness of health sequela related to tobacco use and individual action to reduce / eliminate tobacco use Collaborate with Athens City County Health C WELLNESS PROGRAM Provide wellness services to the community through health fairs, education, special events and screenings Collaboration with Athens City / County Health Department, Community Food Initiatives, Athens Medical Associates, Ohio University D BABY FRIENDLY Implement principles of the Baby Friendly Hospital initiative, culminating with certification as a Baby Friendly Hospital Increased health of infants through resources to support mothers' breastfeeding Collaboration with River Rose OBGYN, University Medical Associates Pediatrics, Baby Friendly USA E CFI- COMMUNITY FOOD INITIATIVES Provide support and collaboration to raise awareness of and access to healthy food and healthy preparation of food in the SE Ohio community which will improve nutrition in residents of all ages Collaboration with Community Food Initiatives, Local Farmers, Ohio University, Hocking College F INFLUENZA VACCINATION PROGRAM Actively drive influenza vaccination in the community and in healthcare workers to decrease morbidity and mortality from annual influenza strains Collaboration with Athens City/County Health Department, Ohio Health, Ohio University, Hocking College Need #2 IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE SERVICESMeasures to include increased availability of primary and specialty care physicians A O'BLENESS MEMORIAL HOSPITAL MEDICAL STAFF DEVELOPMENT PLANIncreased availability of primary and specialty care physicians |

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

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| Form and Line Reference | Explanation |
|---|---|
| Marion General Hospital | Part V, Section B, Line 13h OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

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

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| Form and Line Reference | Explanation |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 13h OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

**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 |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 13h OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

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| Form and Line Reference | Explanation |
|---|---|
| O'Bleness Memorial Hospital | Part V, Section B, Line 13h OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

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| Form and Line Reference | Explanation |
|---|---|
| Marion General Hospital | Part V, Section B, Line 16i Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application |

**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 |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 16i Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Hospital Patient Billing Brochures explain that OhioHealth provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospitals charity care programs, how to apply, and the numbers to call with questions Hospital Patient Billing Brochures are handed to every self pay patient with the financial assistance application and available upon request for insured patients Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the pre-registration/preadmissions process, the registration representative will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue All insured patients expressing need for financial assistance will also be transferred to the verbal financial assistance queue and/or provided the telephone number to the verbal financial assistance queue in the Customer Call Center The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities |

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

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| Form and Line Reference | Explanation |
|---|---|
| Hardin Memorial Hospital | Part V, Section B, Line 16i Signs are posted at registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application |

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| Form and Line Reference | Explanation |
|---|---|
| O'Bleness Memorial Hospital | Part V, Section B, Line 16i Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Financial Counselors are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the financial counselors or on-site vendors and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient The financial assistance application is available in five different languages based on the needs of the communities The internet (ohiohealth com) has information pertaining to the charity programs as well as the financial assistance application, in five different languages, as well as directions on how to complete the financial assistance application |

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| Form and Line Reference | Explanation |
|---|---|
| Marion General Hospital | Part V, Section B, Line 22d Any patient with income at 200% or below of the FPL gets a 100% discount A patient between 201-267% receives a 75% discount (average Medicaid discount) A patient between 268-334% receives a 70% discount (average Medicare discount) A patient between 335-400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level |

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| Form and Line Reference | Explanation |
|---|---|
| Grady Memorial Hospital | Part V, Section B, Line 22d Any patient with income at 200% or below of the FPL gets a 100% discount A patient between 201-267% receives a 75% discount (average Medicaid discount) A patient between 268-334% receives a 70% discount (average Medicare discount) A patient between 335-400% receives a 45% discount (average managed care discount) All patients without insurance receive a 35% uninsured discount, regardless of their income level |

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| Form and Line Reference | Explanation |
|---|---|
| O 'Bleness Memorial Hospital | Part V, Section B, Line 22d Any patient with income at 150% or below the FPL receives a 100% discount A patient with 151% to 200% of the FPL receives a 50% discount All patients without insurance receive a 35% uninsured discount, regardless of their income level |

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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 MedCentral Mansfield Hospital, - Facility 6 MedCentral Shelby Hospital |

**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 -- MedCentral Mansfield Hospital Part V, Section B, line 5 | OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were among the leading proponents of the Richland County Partners Community Health Assessment Collaborative that were responsible for developing the health survey, gathering data, analyzing and interpreting results, and prioritizing community health needs OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were also among major proponents of the Strategic Planning Committee that developed the 2013-2016 Richland County Community Health Improvement Plan All community stakeholders who were part of the Community Health Needs Assessment Collaborative and the Strategic Planning Committee provide services related to improving various aspects of community health, including physical, mental and behavioral health, and social determinants of health Participants represented the broad interests of the community and also included individuals with knowledge of and expertise in public health Participants included the following - Cindy Jakubick, Corporate Director, Marketing and Public Relations, MedCentral Mansfield and MedCentral Shelby- Carrie Kemerer, Marketing Specialist, MedCentral Mansfield and MedCentral Shelby- Joe Trolian, Executive Director, Richland County Mental Health and Recovery Services Board- Sherry Branham, Director of Program Management and Public Relations, Richland County Mental Health and Recovery Services Board- Stan Saalman, Health Commissioner, Mansfield/Ontario/Richland County Health Department- Dave Randall, Assistant to the Health Commissioner, Mansfield/Ontario/Richland County Health Department- Amy Vincent, Director of Nursing, Mansfield/Ontario/Richland County Health Department- Matt Work, Director of Environmental Health Mansfield/Ontario/Richland County Health Department- Loretta Cornell, Clinic Nursing Supervisor, Mansfield/Ontario/Richland County Health Department- Tina Picman, Women, Infants, and Children (WIC) Director, Mansfield/Ontario/Richland County, Health Department- Judy Culler, Public Health Nursing Supervisor, Mansfield/Ontario/Richland County Health Department- Mary Derr, Public Health Nursing Supervisor/Epidemiologist, Mansfield/Ontario/Richland County Health Department- Selby Dorgan, Manager of Health Promotion and Education, Mansfield/Ontario/Richland County Health Department- Karyl Price, Health Educator, Mansfield/Ontario/Richland County Health Department- Jared Pollick, Chief Executive officer, Third Street Family Health Services- Liz Prather, Superintendent, Richland County Newhope- James Twedt, Senior Program Director, Mansfield YMCA- Tim Harless, Director of External Affairs, Richland County Children Services- Marsha Coleman, Clinical Director, Richland County Children Services- Duana Patton, Chief Executive officer, Ohio District 5 Area Agency On Aging, Inc - Teresa Cook, Programs Manager, Ohio District 5 Area Agency on Aging, Inc - Deborah Dubois, Outreach Librarian, Mansfield/Richland County Public Library- Veronica Groff, President and Chief Executive officer, The Center for Individual and Family Services- Elaine Surber, Associate Director, The Center for Individual and Family Services- Karen Miller, Executive Director, Community Action for Capable Youth- Sarah Redding, Executive Director, Community Health Access Project- Terry Carter, Information and Referral Librarian, First Call 2-1-1- Donald Culliver, Mayor, City of Mansfield- Mike Cline, Superintendent, Mid Ohio Educational Service Center- Linda T Keller, Superintendent, Mid Ohio Educational Service Center- Brooke Henwood, Family and Community Partnership Coordinator, North Central State College/The Ohio State University Mansfield Child Development Center- Lisa Benson, Director of Court Services, Richland County Juvenile Court- Matthew Huffman, Executive Director, Richland County Regional Planning Commission- Teresa Alt, Executive Director, Richland County Youth and Family Council- Aaron Wiegand, Community and Economic Development Coordinator, City of Shelby- Ken Estep, AFLCIO Community Service Liaison, United Way of Richland County- Matthew Dill, Superintendent, Clear Fork Valley Local Schools- William Seder, Jr , Superintendent, Crestview Local Schools- Michael Zeigelhofer, Superintendent, Lexington Local Schools- Steve Dickerson, Superintendent, Lucas Local Schools- Lee Kaple, Superintendent, Madison Local Schools- Dan Freund, Superintendent, Mansfield City Schools- Lisa Carmichael, Superintendent, Ontario Local Schools |

**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 1 -- MedCentral Mansfield Hospital Part V, Section B, line 6a | OhioHealth MedCentral Mansfield Hospital collaborated with OhioHealth MedCentral Shelby Hospital and various community organizations and public health agencies in completing this community health needs assessment |

**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 -- MedCentral Mansfield Hospital Part V, Section B, line 6b | OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were among the leading proponents of the Richland County Partners Community Health Assessment Collaborative that were responsible for developing the health survey, gathering data, analyzing and interpreting results, and prioritizing community health needs OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were also among major proponents of the Strategic Planning Committee that developed the 2013--2016 Richland County Community Health Improvement Plan All community stakeholders who were part of the Community Health Needs Assessment Collaborative and the Strategic Planning Committee provide services related to improving various aspects of community health, including physical, mental and behavioral health, and social determinants of health MedCentral Mansfield and MedCentral Shelby - Cindy Jakubick, Corporate Director, Marketing and Public Relations - Carrie Kemerer, Marketing Specialist Richland County Mental Health and Recovery Services Board - Joe Trolian, Executive Director- Sherry Branham, Director of Program Management and Public RelationsMansfield/Ontario/Richland County Health Department - Stan Saalman, Health Commissioner- Dave Randall, Assistant to The Health Commissioner - Amy Vincent, Director of Nursing- Matt Work, Director of Environmental Health- Loretta Cornell, Clinic Nursing Supervisor- Tina Picman, Women, Infants, and Children (WIC) Director- Judy Culler, Public Health Nursing Supervisor- Mary Derr, Public Health Nursing Supervisor/Epidemiologist- Selby Dorgan, Manager of Health Promotion and Education- Karyl Price, Health Educator Third Street Family Health Services - Jared Pollick, Chief Executive Officer Richland County Newhope - Liz Prather, Superintendent Mansfield YMCA - James Twedt, Senior Program Director Richland County Children Services - Tim Harless, Director of External Affairs - Marsha Coleman, Clinical Director Ohio District 5 Area Agency on Aging, Inc - Duana Patton, Chief Executive Officer- Teresa Cook, Programs Manager Mansfield/Richland County Public Library - Deborah Dubois, Outreach Librarian The Center for Individual and Family Services - Veronica Groff, President and Chief Executive Officer - Elaine Surber, Associate Director Community Action for Capable Youth - Karen Miller, Executive Director Community Health Access Project - Sarah Redding, Executive Director First Call 2-1-1 - Terry Carter, Information and Referral Librarian City of Mansfield - Donald Culliver, Mayor Mid Ohio Educational Service Center - Mike Cline, Superintendent - Linda T Keller, Superintendent North Central State College/The Ohio State University Mansfield Child Development Center - Brooke Henwood, Family and Community Partnership Coordinator Richland County Juvenile Court - Lisa Benson, Director of Court Services Richland County Regional Planning Commission - Matthew Huffman, Executive DirectorRichland County Youth and Family Council - Teresa Alt, Executive Director City of Shelby - Aaron Wiegand, Community and Economic Development Coordinator United Way of Richland County - Ken Estep, AFLCIO Community Service Liaison Clear Fork Valley Local Schools, - Matthew Dill, Superintendent Crestview Local Schools - William Seder, Jr , Superintendent Lexington Local Schools - Michael Zeigelhofer, Superintendent Lucas Local Schools - Steve Dickerson, Superintendent Madison Local Schools - Lee Kaple, Superintendent Mansfield City Schools - Dan Freund, Superintendent Ontario Local Schools - Lisa Carmichael, Superintendent |

**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 -- MedCentral Mansfield Hospital Part V, Section B, line 7d | http //www medcentral org/Main/News/OhioHealth-MedCentral-Mansfield-Hospital-Community-380 aspx |

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| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 1 -- MedCentral Mansfield Hospital Part V, Section B, line 11 | MedCentral Mansfield Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows NEED 1 OBESITY AMONG ADULTS, YOUTH AND CHILDREN A "HEALTH MATTERS" EDUCATIONAL CLASSES FOR ADULTS MedCentral Mansfield and MedCentral Shelby will continue providing educational classes on practical means for improving physical activity, managing stress and adopting heart-healthy eating Both MedCentral Mansfield and MedCentral Shelby will be involved with advertising the program to Richland County residents, and providing doctors, nurses or allied health professionals to answer questions of participants during the classes B PUBLISHING OF SCHOLARLY AND POPULAR ARTICLES ADDRESSING OBESITY AND HEALTH OF ADULTS, YOUTH, AND CHILDREN IN HOSPITAL WEBPAGE, JOURNALS, OR NEWSLETTERSMedCentral Mansfield and MedCentral Shelby clinical and administrative staff will write articles about obesity and health of adults, youth and children Topics will focus on (a) nutrition, physical activity and lifestyle and behavior changes, (b) overcoming barriers to physical activity and healthy eating, and (c) links to evidence-based information available in the internet C OBESITY AND DIABETES PREVENTION PROGRAM FOR ADULTS MedCentral Mansfield and MedCentral Shelby will continue to implement the Obesity and Diabetes Prevention Program, which is recognized by the Centers for Disease Control and Prevention's Diabetes Prevention Recognition Programs The program is directed for adults who are at high risk for developing type 2 diabetes Highly trained lifestyle coaches teach sixteen weekly classes that are focused on lifestyle change D PHYSICAL ACTIVITY AND NUTRITION OUTREACH PROGRAMS MedCentral Mansfield and MedCentral Shelby will continue to implement Community Best Loser and Healthy Chef Series Community Best Loser aims to teach participants practical exercise and healthy eating skills that could lead to long-term weight management and promote overall health Healthy Chef Series will focus on increasing awareness on the importance of eating breakfast, consuming recommended servings of fruits and vegetables, and testing and preparing healthy recipes NEED 2 ACCESS AND AWARENESS OF MENTAL HEALTH SERVICES AND DECREASE VIOLENCE AND BULLYINGA EARLY IDENTIFICATION, INPATIENT AND OUTPATIENT EDUCATION, REFERRAL, LINKAGE AND FOLLOW-UP OF PATIENTS TO LOCAL AGENCIES PROVIDING MENTAL HEALTH SERVICES, OR ADDRESSING VIOLENCE AND BULLYINGMedCentral Mansfield and MedCentral Shelby will be strengthening the Social Services departments to increase access and awareness of mental health services that are available in the community A comprehensive list of mental health resources will be updated twice a year and be made available on the OhioHealth website NEED 3 ADULT AND YOUTH RISKY BEHAVIORSA REFERRAL, LINKAGE AND FOLLOW-UP OF ADULT AND YOUTH PATIENTS TO LOCAL AGENCIES ADDRESSING RISKY BEHAVIORS MedCentral Mansfield and MedCentral Shelby will be strengthening collaborative relationships with local agencies that address risky behaviors A comprehensive list of resources and services available to Richland County residents will be developed, updated twice a year, and published in the OhioHealth website MedCentral Mansfield and MedCentral Shelby will collaborate with OhioHealth Community Health and Wellness department to pursue evidence-based evaluation techniques to assess program impact in addressing the priority health needs in Richland County |

**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 -- MedCentral Mansfield Hospital Part V, Section B, line 13h | OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

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| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 1 -- MedCentral Mansfield Hospital Part V, Section B, line 16i | Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Hospital patient billing brochures explain that OhioHealth provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospital's charity care programs, how to apply, and the numbers to call with questions Customer service representatives/registrars are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the Med Link and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the pre-registration/preadmissions process, customer service will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue All insured patients expressing need for financial assistance will also be transferred to the verbal financial assistance queue and/or provided the telephone number to the verbal financial assistance queue in the Customer Call Center The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient |

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| Form and Line Reference | Explanation |
|---|---|
| Group A-Facility 1 -- MedCentral Mansfield Hospital Part V, Section B, line 20e | |

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**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 5 | MedCentral Health System - Mansfield and MedCentral Health System - Shelby were among the leading proponents of the Richland County Partners Community Health Assessment Collaborative that were responsible for developing the health survey, gathering data, analyzing and interpreting results, and prioritizing community health needs OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were also among major proponents of the Strategic Planning Committee that developed the 2013-2016 Richland County Community Health Improvement Plan All community stakeholders who were part of the Community Health Needs Assessment Collaborative and the Strategic Planning Committee provide services related to improving various aspects of community health, including physical, mental and behavioral health, and social determinants of health Participants represented the broad interests of the community and also included individuals with knowledge of and expertise in public health Participants included the following - Cindy Jakubick, Corporate Director, Marketing and Public Relations, MedCentral Mansfield and MedCentral Shelby- Carrie Kemerer, Marketing Specialist, MedCentral Mansfield and MedCentral Shelby- Joe Trolian, Executive Director, Richland County Mental Health and Recovery Services Board- Sherry Branham, Director of Program Management and Public Relations, Richland County Mental Health and Recovery Services Board- Stan Saalman, Health Commissioner, Mansfield/Ontario/Richland County Health Department- Dave Randall, Assistant to the Health Commissioner, Mansfield/Ontario/Richland County Health Department- Amy Vincent, Director of Nursing, Mansfield/Ontario/Richland County Health Department- Matt Work, Director of Environmental Health Mansfield/Ontario/Richland County Health Department- Loretta Cornell, Clinic Nursing Supervisor, Mansfield/Ontario/Richland County Health Department- Tina Picman, Women, Infants, and Children (WIC) Director, Mansfield/Ontario/Richland County, Health Department- Judy Culler, Public Health Nursing Supervisor, Mansfield/Ontario/Richland County Health Department- Mary Derr, Public Health Nursing Supervisor/Epidemiologist, Mansfield/Ontario/Richland County Health Department- Selby Dorgan, Manager of Health Promotion and Education, Mansfield/Ontario/Richland County Health Department- Karyl Price, Health Educator, Mansfield/Ontario/Richland County Health Department- Jared Pollick, Chief Executive officer, Third Street Family Health Services- Liz Prather, Superintendent, Richland County Newhope- James Twedt, Senior Program Director, Mansfield YMCA- Tim Harless, Director of External Affairs, Richland County Children Services- Marsha Coleman, Clinical Director, Richland County Children Services- Duana Patton, Chief Executive officer, Ohio District 5 Area Agency On Aging, Inc - Teresa Cook, Programs Manager, Ohio District 5 Area Agency on Aging, Inc - Deborah Dubois, Outreach Librarian, Mansfield/Richland County Public Library- Veronica Groff, President and Chief Executive officer, The Center for Individual and Family Services- Elaine Surber, Associate Director, The Center for Individual and Family Services- Karen Miller, Executive Director, Community Action for Capable Youth- Sarah Redding, Executive Director, Community Health Access Project- Terry Carter, Information and Referral Librarian, First Call 2-1-1- Donald Culliver, Mayor, City of Mansfield- Mike Cline, Superintendent, Mid Ohio Educational Service Center- Linda T Keller, Superintendent, Mid Ohio Educational Service Center- Brooke Henwood, Family and Community Partnership Coordinator, North Central State College/The Ohio State University Mansfield Child Development Center- Lisa Benson, Director of Court Services, Richland County Juvenile Court- Matthew Huffman, Executive Director, Richland County Regional Planning Commission- Teresa Alt, Executive Director, Richland County Youth and Family Council- Aaron Wiegand, Community and Economic Development Coordinator, City of Shelby- Ken Estep, AFLCIO Community Service Liaison, United Way of Richland County- Matthew Dill, Superintendent, Clear Fork Valley Local Schools- William Seder, Jr , Superintendent, Crestview Local Schools- Michael Zeigelhofer, Superintendent, Lexington Local Schools- Steve Dickerson, Superintendent, Lucas Local Schools- Lee Kaple, Superintendent, Madison Local Schools- Dan Freund, Superintendent, Mansfield City Schools- Lisa Carmichael, Superintendent, Ontario Local Schools |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 6a | OhioHealth MedCentral Shelby Hospital collaborated with OhioHealth MedCentral Mansfield Hospital and various community organizations and public health agencies in completing this community health needs assessment |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 6b | OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were among the leading proponents of the Richland County Partners Community Health Assessment Collaborative that were responsible for developing the health survey, gathering data, analyzing and interpreting results, and prioritizing community health needs OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were also among major proponents of the Strategic Planning Committee that developed the 2013--2016 Richland County Community Health Improvement Plan All community stakeholders who were part of the Community Health Needs Assessment Collaborative and the Strategic Planning Committee provide services related to improving various aspects of community health, including physical, mental and behavioral health, and social determinants of health MedCentral Mansfield and MedCentral Shelby - Cindy Jakubick, Corporate Director, Marketing and Public Relations - Carrie Kemerer, Marketing Specialist Richland County Mental Health and Recovery Services Board - Joe Trolian, Executive Director- Sherry Branham, Director of Program Management and Public Relations Mansfield/Ontario/Richland County Health Department - Stan Saalman, Health Commissioner- Dave Randall, Assistant to The Health Commissioner - Amy Vincent, Director of Nursing- Matt Work, Director of Environmental Health- Loretta Cornell, Clinic Nursing Supervisor- Tina Picman, Women, Infants, and Children (WIC) Director- Judy Culler, Public Health Nursing Supervisor- Mary Derr, Public Health Nursing Supervisor/Epidemiologist- Selby Dorgan, Manager of Health Promotion and EducationKaryl Price, Health Educator Third Street Family Health Services - Jared Pollick, Chief Executive Officer Richland County Newhope - Liz Prather, Superintendent Mansfield YMCA - James Twedt, Senior Program Director Richland County Children Services - Tim Harless, Director of External Affairs - Marsha Coleman, Clinical Director Ohio District 5 Area Agency on Aging, Inc - Duana Patton, Chief Executive Officer- Teresa Cook, Programs Manager Mansfield/Richland County Public Library - Deborah Dubois, Outreach Librarian The Center for Individual and Family Services - Veronica Groff, President and Chief Executive Officer - Elaine Surber, Associate Director Community Action for Capable Youth - Karen Miller, Executive Director Community Health Access Project - Sarah Redding, Executive Director First Call 2-1-1 - Terry Carter, Information and Referral Librarian City of Mansfield - Donald Culliver, Mayor Mid Ohio Educational Service Center - Mike Cline, Superintendent - Linda T Keller, Superintendent North Central State College/The Ohio State University Mansfield Child Development Center - Brooke Henwood, Family and Community Partnership Coordinator Richland County Juvenile Court - Lisa Benson, Director of Court Services Richland County Regional Planning Commission - Matthew Huffman, Executive DirectorRichland County Youth and Family Council - Teresa Alt, Executive Director City of Shelby - Aaron Wiegand, Community and Economic Development Coordinator United Way of Richland County - Ken Estep, AFLCIO Community Service Liaison Clear Fork Valley Local Schools, - Matthew Dill, Superintendent Crestview Local Schools - William Seder, Jr , Superintendent Lexington Local Schools - Michael Zeigelhofer, Superintendent Lucas Local Schools - Steve Dickerson, Superintendent Madison Local Schools - Lee Kaple, Superintendent Mansfield City Schools - Dan Freund, Superintendent Ontario Local Schools - Lisa Carmichael, Superintendent |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 7d | http //www medcentral org/Main/News/OhioHealth-MedCentral-Mansfield-Hospital-Community-380 aspx |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 11 | MedCentral Shelby Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows NEED 1 OBESITY AMONG ADULTS, YOUTH AND CHILDREN A "HEALTH MATTERS" EDUCATIONAL CLASSES FOR ADULTSMedCentral Mansfield and MedCentral Shelby will continue providing educational classes on practical means for improving physical activity, managing stress and adopting heart-healthy eating Both MedCentral Mansfield and MedCentral Shelby will be involved with advertising the program to Richland County residents, and providing doctors, nurses or allied health professionals to answer questions of participants during the classes B PUBLISHING OF SCHOLARLY AND POPULAR ARTICLES ADDRESSING OBESITY AND HEALTH OF ADULTS, YOUTH, AND CHILDREN IN HOSPITAL WEBPAGE, JOURNALS, OR NEWSLETTERSMedCentral Mansfield and MedCentral Shelby clinical and administrative staff will write articles about obesity and health of adults, youth and children Topics will focus on (a) nutrition, physical activity and lifestyle and behavior changes, (b) overcoming barriers to physical activity and healthy eating, and (c) links to evidence-based information available in the internet C OBESITY AND DIABETES PREVENTION PROGRAMS FOR ADULTSMedCentral Mansfield and MedCentral Shelby will continue to implement the Obesity and Diabetes Prevention Program, which is recognized by the Centers for Disease Control and Prevention's Diabetes Prevention Recognition Programs The program is directed for adults who are at high risk for developing type 2 diabetes Highly trained lifestyle coaches teach sixteen weekly classes that are focused on lifestyle change D PHYSICAL ACTIVITY AND NUTRITION OUTREACH PROGRAMSMedCentral Mansfield and MedCentral Shelby will continue to implement Community Best Loser and Healthy Chef Series Community Best Loser aims to teach participants practical exercise and healthy eating skills that could lead to long-term weight management and promote overall health Healthy Chef Series will focus on increasing awareness on the importance of eating breakfast, consuming recommended servings of fruits and vegetables, and testing and preparing healthy recipes NEED 2 ACCESS AND AWARENESS OF MENTAL HEALTH SERVICES AND DECREASE VIOLENCE AND BULLYING A EARLY IDENTIFICATION, INPATIENT AND OUTPATIENT EDUCATION, REFERRAL, LINKAGE AND FOLLOW-UP OF PATIENTS TO LOCAL AGENCIES PROVIDING MENTAL HEALTH SERVICES, OR ADDRESSING VIOLENCE AND BULLYINGMedCentral Mansfield and MedCentral Shelby will be strengthening the Social Services departments to increase access and awareness of mental health services that are available in the community A comprehensive list of mental health resources will be updated twice a year and be made available on the OhioHealth website NEED 3 ADULT AND YOUTH RISKY BEHAVIORSA REFERRAL, LINKAGE AND FOLLOW-UP OF ADULT AND YOUTH PATIENTS TO LOCAL AGENCIES ADDRESSING RISKY BEHAVIORSMedCentral Mansfield and MedCentral Shelby will be strengthening collaborative relationships with local agencies that address risky behaviors A comprehensive list of resources and services available to Richland County residents will be developed, updated twice a year, and published in the OhioHealth website MedCentral Mansfield and MedCentral Shelby will collaborate with OhioHealth Community Health and Wellness department to pursue evidence-based evaluation techniques to assess program impact in addressing the priority health needs in Richland County |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 13h | OhioHealth uses the state and federal program administered by the Department of Medicaid Hospital Care Assurance Program (HCAP) as defined in the Ohio Administrative Code |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 16i | Signs are posted at multiple entry points and registration locations stating the intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's Charity Care Program Information materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance Hospital patient billing brochures explain that OhioHealth provides care to everyone who comes for services, regardless of their ability to pay The brochure provides information about HCAP and the hospital's charity care programs, how to apply, and the numbers to call with questions Customer service representatives/registrars are located at each of the main hospital campuses to provide information about the financial assistance programs to the patients as well as assist with completing the financial assistance application All self pay registrations are referred to the Med Link and an attempt is made for direct contact to discuss and complete the financial assistance application There may be times, such as very late in the evening or very early morning, when all self pay patients are not seen face-to-face before they are discharged However, there are phone attempts and letters mailed to these patients to explain financial assistance and attempt completion of the financial assistance application The front of every patient billing statement references assistance for amounts not covered by insurance to those individuals whose income is below the established poverty level There are telephone numbers for customer service, with service hours, and an email address provided on the front of every patient billing statement On the back of every patient billing statement is the financial assistance application with the federal poverty guidelines Included are directions to complete the application, sign, and where to send the application During the pre-registration/preadmissions process, customer service will inform scheduled self-pay patients via telephone that financial assistance may be available and that he/she may be referred to the Customer Call Center for assistance in applying The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue All insured patients expressing need for financial assistance will also be transferred to the verbal financial assistance queue and/or provided the telephone number to the verbal financial assistance queue in the Customer Call Center The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient |

**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 6 -- MedCentral Shelby Hospital Part V, Section B, line 20e | |

**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 |
|---|---|
| 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 |
|---|---|
| Grady Memorial Hospital Part V, Section B, line 16b website | https //www ohiohealth com/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 |
|---|---|
| Grady Memorial Hospital Part V, Section B, line 16c website | https //www ohiohealth com/financialassistance |

**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) |
|---|---|
| Kobacker House<br>800 McConnell Drive<br>Columbus, OH 43214 | In-Patient Hospice |
| Employed Physician Practices<br>Various<br>Various, OH 43215 | In-Patient Hospice |
| Wellness Complex<br>1750 W Fourth St<br>Mansfield, OH 44903 | In-Patient Hospice |
| Home CareWomens Health<br>1020 Cricket Lane<br>Mansfield, OH 44906 | In-Patient Hospice |
| MedCentral Laboratory<br>680 Park Avenue West<br>Mansfield, OH 44906 | In-Patient Hospice |
| MedCentral Pediatric Therapy<br>2011 W Fourth St<br>Mansfield, OH 44903 | In-Patient Hospice |
| Medical Office Building<br>770 Balgreen Drive<br>Mansfield, OH 44903 | In-Patient Hospice |
| Physician Office 1<br>295 Glessner Avenue<br>Mansfield, OH 44903 | In-Patient Hospice |
| Physician Office - Shelby<br>24 Morris Road<br>Shelby, OH 44875 | In-Patient Hospice |
| Crawford Health & Urgent Care<br>1820 E Mansfield St<br>Bucyrus, OH 44820 | In-Patient Hospice |
| Physician Office 2<br>248 Blymyer Avenue<br>Mansfield, OH 44803 | In-Patient Hospice |
| Physician Office 3<br>475 Lexington Avenue<br>Mansfield, OH 44907 | In-Patient Hospice |
| Physician Office 4<br>536 S Trimble Road<br>Mansfield, OH 44906 | In-Patient Hospice |
| Physician Office 5<br>558 S Trimble Road<br>Mansfield, OH 44906 | In-Patient Hospice |
| Physician Office 6<br>375 S Main Street<br>Lexington, OH 44904 | In-Patient Hospice |

**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) |
|---|---|
| Surgery Center<br>1030 Cricket Lane<br>Mansfield, OH 44906 | In-Patient Hospice |
| MedCentral Radiation Therapy<br>330 Glessner Avenue<br>Mansfield, OH 44903 | In-Patient Hospice |
| Pain Management<br>39 Wood Street<br>Mansfield, OH 44903 | In-Patient Hospice |
| Physician Office 7<br>1770 S Fourth St<br>Mansfield, OH 44906 | In-Patient Hospice |
| Athens Medical Associates LLC<br>55 Hospital Drive<br>Athens, OH 45701 | In-Patient Hospice |
| Athens Medical Laboratory Associates Inc<br>265 W Union Street Suite B<br>Athens, OH 45701 | In-Patient Hospice |
| Nelsonville Medical & Emergency Srvcs<br>1950 Mount Saint Marys Drive<br>Nelsonville, OH 45764 | In-Patient Hospice |

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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 Group Return

**Employer identification number**
32-0007056

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to 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 |
|---|---|---|---|---|---|---|---|
| (1) OhioHealth Corporate - Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518 | 31-4394942 | 501(c)(3) | 175,360 | | | | General Support |
| (2) OhioHealth Corporate - Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701 | 31-4394942 | 501(c)(3) | 75,000 | | | | General Support |
| (3) OhioHealth Corporate - Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908 | 31-4394942 | 501(c)(3) | 873,081 | | | | General Support |
| (4) OhioHealth Corporate 180 East Broad Street Columbus, OH 43215 | 31-4394942 | 501(c)(3) | 407,312 | | | | General Support |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

**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) Scholarship and Awards | 129 | 154,349 | | | |
| (2) Medical Expense Assistance | 57 | 16,673 | | | |
| (3) Diabetes Camp Fees | 14 | 6,750 | | | |
| (4) Diabetes Education | 3 | 1,982 | | | |
| (5) Stephen J Vergamini Endowment for Allied Professionals | 2 | 2,791 | | | |

**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 | Committees have been established to oversee the scholarship application & selection processes Grants of property, plant, and equipment are made to related organizations within the OhioHealth system for necessary general support of the respective hospitals These fixed assets are monitored pursuant to fixed asset management policies |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, 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 Group Return

**Employer identification number**
32-0007056

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☑ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 | Tax indemnification and gross up payments OhioHealth Corporation and its subsidiaries do not provide tax gross ups to executives Non-executives receive tax gross ups when receiving various taxable incentive or recognition awards, non-cash gifts, or gift cards that are available to all employees Occasionally, non-executives are reported in Form 990 During 2014, 2 directors received tax indemnification and gross up payments These payments are included in reportable compensation when made |
| Part I, Line 3 | The Parent Corporation (a related organization) used the following methods to establish the compensation of the CEO for each of the filing organizations include in the OhioHealth Group 990 return - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Compensation survey or study - Approval by the board or compensation committee |
| Part I, Line 4a | The following individuals listed in Form 990, Part VII received severance payments in the following amounts Joseph L Chamberlain - $249,599 Ken Dicken - $64,578 Greg Long - $58,517 Michael O'Sullivan - $132,404 John W Sanders - $233,540 James A Tomaszewski - $184,290 Part I, Line 4b The following individual 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 standards 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 Form 990, 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) Form 990, Part VII, Line 5 LaMar Wyse received compensation from WyseSolutions, LLC for services rendered to Doctors Hospital at Nelsonville in the amounts as noted below - Other Reportable Compensation - $304,311 - Total Compensation - $304,311 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 32-0007056
**Name:** OhioHealth Corporation Group Return

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

| (A) Name 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 | | | | |
| Morrison Karen J, Pres/Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 445,703 | 393,688 | 23,766 | 173,708 | 24,746 | 1,061,611 | 0 |
| Blom David P, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 1,061,837 | 1,577,330 | 33,066 | 968,603 | 19,834 | 3,660,670 | 0 |
| Brandon Heather, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 193,585 | 64,865 | 20,221 | 21,374 | 11,427 | 311,472 | 0 |
| Bury Peter, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 262,696 | 81,778 | 16,072 | 23,093 | 10,357 | 393,996 | 0 |
| deVillers Rebecca E DO, Board OHF | (I) | 111,429 | 4,168 | 15,220 | 14,496 | 18,802 | 164,115 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| George Peter B MD, Board OHF | (I) | 879,364 | 566 | 88,334 | 29,091 | 25,056 | 1,022,411 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Geskey Joseph DO, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 264,171 | 69,340 | 26,462 | 14,224 | 22,659 | 396,856 | 0 |
| Hammett Troy D, Board OHF (end 1/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 215,538 | 69,780 | 25,444 | 23,594 | 24,659 | 359,015 | 0 |
| Harmon Thomas L MD, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 387,826 | 106,029 | 6,228 | 18,769 | 25,579 | 544,431 | 0 |
| Herceg Milan MD, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 308,550 | 0 | 0 | 0 | 0 | 308,550 | 0 |
| Jepson Brian D, Board OHF (start 7/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 384,991 | 125,000 | 21,766 | 64,609 | 25,159 | 621,525 | 0 |
| Lawson Michael S, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 363,487 | 160,000 | 4,546 | 55,852 | 9,704 | 593,589 | 0 |
| Levin Howard B DO, Board OHF | (I) | 521,075 | 416 | 67,827 | 25,262 | 23,956 | 638,536 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Markovich Stephen E MD, Board OHF (end 10/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 545,190 | 460,415 | 25,790 | 277,750 | 26,282 | 1,335,427 | 0 |
| Millhon Judson S Jr MD, Board OHF | (I) | 729,446 | 927 | 147,921 | 34,116 | 22,556 | 934,966 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reichfield Michael L, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 355,339 | 304,465 | 28,983 | 133,738 | 23,922 | 846,447 | 0 |
| Smith Rita J RN, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 114,462 | 12,235 | 2,700 | 27,319 | 9,334 | 166,050 | 0 |
| Urse Geraldine L DO, Board OHF | (I) | 229,987 | 500 | 8,346 | 23,967 | 10,124 | 272,924 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| von Gunten Charles MD, Board OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 262,558 | 65,637 | 32,134 | 15,603 | 14,806 | 390,738 | 0 |
| Louge Michael W, Chair/VP Board OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 776,890 | 737,225 | 15,131 | 681,739 | 25,996 | 2,236,981 | 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 | | | | |
| Thornhill Hugh A, Pres Board OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 385,561 | 342,188 | 24,822 | 150,798 | 26,496 | 929,865 | 0 |
| Bernstein Michael S, Board OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 469,388 | 382,812 | 11,725 | 159,183 | 26,753 | 1,049,861 | 0 |
| Millen Robert P, Board OPG (end 12/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 723,453 | 713,775 | 27,254 | 301,702 | 25,775 | 1,791,959 | 0 |
| Snow Richard J DO, Chair OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 338,843 | 95,418 | 23,867 | 21,570 | 25,656 | 505,354 | 0 |
| Vanderhoff Bruce MD, Sr VP CMO/Vice-Chair OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 592,638 | 500,500 | 23,800 | 230,217 | 23,996 | 1,371,151 | 0 |
| Bjerke Craig A, Secretary/Treasurer OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 239,583 | 76,427 | 3,379 | 16,463 | 22,659 | 358,511 | 0 |
| Ansel Gary MD, Board OHRI | (I) | 1,271,908 | 44,096 | 76,531 | 29,863 | 22,556 | 1,444,954 | 0 |
| | (II) | 174,720 | 0 | 0 | 0 | 0 | 174,720 | 0 |
| Bay Janet MD, Board OHRI | (I) | 696,794 | 35,545 | 47,502 | 26,462 | 8,974 | 815,277 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bell Jeffrey G MD, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 330,374 | 9,683 | 628 | 35,490 | 18,258 | 394,433 | 0 |
| Bianchi Michael, Board OHRI (start 11/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 114,480 | 30,000 | 11,924 | 0 | 9,906 | 166,310 | 0 |
| Caulin-Glaser Teresa L MD, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 503,923 | 172,500 | 34,369 | 54,499 | 18,378 | 783,669 | 0 |
| Ferris Frank MD, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 258,694 | 69,401 | 30,923 | 15,603 | 14,806 | 389,427 | 0 |
| Imm Amy MD, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 371,839 | 118,400 | 24,569 | 25,026 | 23,156 | 562,990 | 0 |
| Knutson Douglas MD, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 361,041 | 99,477 | 22,619 | 29,988 | 10,227 | 523,352 | 0 |
| Niles John P, Board OHRI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 222,935 | 41,186 | 24,860 | 36,184 | 24,636 | 349,801 | 0 |
| Wasielewski Ray MD, Board OHRI | (I) | 739,710 | 970 | 19,776 | 27,022 | 23,906 | 811,384 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yakubov Steven MD, Board OHRI | (I) | 1,022,446 | 44,409 | 98,275 | 32,275 | 23,406 | 1,220,811 | 0 |
| | (II) | 174,720 | 0 | 0 | 0 | 0 | 174,720 | 0 |
| Brazitis Mark A, Board MGH (end 4/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 386,801 | 295,305 | 8,616 | 15,600 | 18,406 | 724,728 | 0 |
| Vora Sanjay K MD, Board MGH | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 281,376 | 23,315 | 18,336 | 14,712 | 24,573 | 362,312 | 0 |
| Seckinger Mark R, Pres HMH & BD HMH (end 4/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 203,092 | 73,000 | 22,957 | 57,324 | 18,601 | 374,974 | 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 | | | | |
| Snyder Ron P, Interim Pres & BD HMH (start 4/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 213,124 | 0 | 0 | 0 | 26,438 | 239,562 | 0 |
| Fenzl Mark E DO, Board HMH | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 164,523 | 0 | 0 | 0 | 24,336 | 188,859 | 0 |
| Herbert-Sinden Cheryl L, Chair HRC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 347,698 | 288,563 | 27,795 | 200,325 | 20,646 | 885,027 | 0 |
| Evert Barbara MD, Board HRC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 288,432 | 78,731 | 31,047 | 21,574 | 9,484 | 429,268 | 0 |
| Lehmuth Richard L, Board HRC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 316,007 | 114,600 | 21,440 | 35,677 | 9,507 | 497,231 | 0 |
| Yates Vinson M, CFO OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 495,114 | 416,942 | 32,886 | 207,738 | 26,496 | 1,179,176 | 0 |
| Lucius Staci E, COO OPG (start 5/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 182,710 | 30,000 | 13,158 | 0 | 7,701 | 233,569 | 0 |
| Meldrum Terri W Esq, Sec BD OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 222,549 | 77,450 | 2,878 | 21,399 | 23,079 | 347,355 | 0 |
| Hagen Bruce P, Pres GMH (end 1/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 489,813 | 419,275 | 29,075 | 163,276 | 19,473 | 1,120,912 | 0 |
| Bunyard Stephen P, President GMH (start 1/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 276,335 | 85,225 | 7,691 | 23,782 | 10,309 | 403,342 | 0 |
| Newbrough Jr James P, President HRC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 242,155 | 184,106 | 10,529 | 22,704 | 22,659 | 482,153 | 0 |
| Bishop Thomas E, VP Primary Care Svcs OPG (end 4/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 374,489 | 29,640 | 13,903 | 0 | 19,906 | 437,938 | 0 |
| Cecala Alan H, VP Sys Serv Line Sup OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 256,730 | 80,420 | 11,600 | 15,600 | 23,795 | 388,145 | 0 |
| Foley Denise E, VP Bus Dev OPG (end 4/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 218,236 | 75,455 | 20,813 | 29,374 | 23,176 | 367,054 | 0 |
| Jernejcic Randy M MD, VP Medical Affairs OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 275,967 | 71,162 | 21,328 | 14,324 | 22,659 | 405,440 | 0 |
| Roth Danielle C, VP Operations OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 193,309 | 63,812 | 19,981 | 21,170 | 11,661 | 309,933 | 0 |
| Smith Jeffrey A, VP Finance OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 238,170 | 71,738 | 5,027 | 16,533 | 25,138 | 356,606 | 0 |
| Barnes II Earl J Esq, Sr VP & General Counsel | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 278,290 | 160,000 | 20,911 | 147,574 | 15,370 | 622,145 | 0 |
| Kovack Thomas J DO, Physician Core OPG | (I) | 2,318,123 | 268,404 | 17,546 | 29,834 | 24,556 | 2,658,463 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cassandra James C DO, Physician Hand & Ortho Surgery OPG | (I) | 1,354,896 | 207,777 | 18,066 | 31,050 | 24,968 | 1,636,757 | 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 | | | | |
| Abaza Ronney MD, Physician Urology | (I) | 820,073 | 618,454 | 46 | 0 | 22,556 | 1,461,129 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Franz Randall MD, Physician Core OPG | (I) | 857,168 | 560,437 | 17,760 | 39,307 | 21,416 | 1,496,088 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fulop James P MD, Physician Core OPG | (I) | 1,000,293 | 325,130 | 18,280 | 22,071 | 22,073 | 1,387,847 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dicken Ken, CFO SAHF (end 8/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 116,712 | 0 | 87,857 | 0 | 18,332 | 222,901 | 0 |
| Hooper Joseph, COO, MGH (end 12/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 212,796 | 48,876 | 9,742 | 25,414 | 17,855 | 314,683 | 0 |
| Brown Steven R, VP Finance, MGH (end 2/15) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 191,194 | 39,980 | 3,054 | 25,804 | 24,136 | 284,168 | 0 |
| Tomaszewski James A, VP Heart & Vascular OPG | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 0 | 0 | 183,809 | 14,471 | 647 | 198,927 | 0 |
| Chamberlain Joseph L, Frmr Acting Pres/VP (end 5/14) | (I) | 118,340 | 100,000 | 329,024 | 15,482 | 18,709 | 581,555 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laterro Anita A, Fmr Key Employee OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 169,862 | 41,110 | 8,762 | 23,637 | 24,505 | 267,876 | 0 |
| Garlock Steven J, Fmr Pres GMH | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 221,143 | 269,581 | 439,449 | 18,812 | 16,096 | 965,081 | 279,233 |
| Long Greg, Fmr COO-DHN (end 10/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 250,334 | 0 | 88,564 | 21,736 | 22,621 | 383,255 | 0 |
| O'Sullivan Michael, Fmr Sr VP & CDO-OHF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 0 | 0 | 130,541 | 15,094 | 9,220 | 154,855 | 0 |
| Pandora Frank T II Esq, Frm Sr VP & Gen Counsel (End 5/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 1,360 | 120,000 | 2,095,383 | 0 | 88 | 2,216,831 | 861,393 |
| Rothstein Mark, Sr VP/Executive Director - SAHF | (I) | 346,436 | 0 | 49,236 | 23,690 | 2,241 | 421,603 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sanders John W, Fmr President MGH (end 4/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 69,728 | 0 | 355,086 | 2,149 | 17,479 | 444,442 | 0 |
| Wallis Eric, Fmr CNO-MGH (end 9/14) | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 128,661 | 0 | 4,957 | 7,635 | 16,579 | 157,832 | 0 |
| Wyse LaMar, Fmr COO-DHN | (I) | 0 | 0 | 304,311 | 0 | 0 | 304,311 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133028666

**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 Group Return

**Employer identification number**
32-0007056

## 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 | (d) Corrected? 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 | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? 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 |
| (1) Maureen Root | Director of Org - Mother of HMH Director (Chip Root) | 42,937 | Comp/Ben - Mother is employed at HMH and receives compensation | | No |
| (2) Marissa Root | Director of Org - Spouse of HMH Director (Chip Root) | 16,319 | Comp/Ben - Spouse is employed at HMH and receives compensation | | No |
| (3) Jacqueline Thornberry | Director of Org - Sister of MGH Director (Judy Titus) | 95,126 | Comp/Ben - Sister is employed at MGH and receives compensation | | No |
| (4) Tri-Anim Health Services Inc | Director of Org - Entity more than 35% by MHS Director (Matt Walter) | 145,271 | Payments - Goods or services provided to MHS | | No |

## Part V Supplemental Information

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

| Return Reference | Explanation |
|---|---|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133028666

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (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 Group Return

Employer identification number
32-0007056

## Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | X | 1 | 750,000 | Opinions of experts |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► ( LUL 500 Bells/Stands ) | X | 1 | 6,151 | Cost/Selling price |
| 26 Other ► ( Other ) | X | 7 | 2,726 | Cost/Selling price |
| 27 Other ► ( Off Furniture ) | X | 1 | 1,506 | Cost/Selling price |
| 28 Other ► ( Box of DVD's ) | X | 1 | 1,090 | Cost/Selling price |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

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

| Return Reference | Explanation |
|---|---|
| Part I, Column (b) | Number of Contributors |

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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 Group Return | 32-0007056 |

| 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 Douglas T Anderson, Director of OhioHealth Foundation, and Elizabeth Doody Anderson, Director of OhioHealth Foundation, have a family relationship George W McCloy, Director of OhioHealth Foundation, and Julie Mercker, Director of OhioHealth Foundation, have a family relationship John P McConnell, Vice Chair of Grady Memorial Hospital, MedCentral Mansfield Hospital, MedCentral Shelby Hospital, O'Bleness Memorial Hospital, and Appalachian Community Visiting Nurse Association, and Kerrii B Anderson, Treasurer of Grady Memorial Hospital, MedCentral Mansfield Hospital, MedCentral Shelby Hospital, O'Bleness Memorial Hospital, and Appalachian Community Visiting Nurse Association, 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 Each entity within Group is a wholly owned or controlled subsidiary of OhioHealth and requires the approval of OhioHealth for major financial transactions Due to the administrative burden of providing copies to all OhioHealth Corporation Group board members, copies will not automatically be provided to the members of the boards of each Group member entity Any board member requesting a copy will be provided a copy in full compliance with public inspection requirements |

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

| 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 XI, line 9 | Other -672,715 Pension Related Changes -804,939 Intercompany Write-downs/Intercompany 112,009,849 Net Adjustment for Doctors Hospital at Nelsonville -1,452,546 Inclusion of MedCentral Health System 206,539,019 Inclusion of Sheltering Arms Hospital Foundation 43,957,889 Inclusion of Appalachian Community Visiting Nurse Association, Hospice and -22,891 |

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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 Group Return

**Employer identification number**
32-0007056

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

| (a) Name, address, and EIN (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 |
|---|---|---|---|---|---|---|---|
| **(1)** Hospital Properties Inc<br>180 East Broad Street 33rd Floor<br><br>Columbus, OH 432153707<br>31-1206071 | Property Management | OH | 501(c)(2) | N/A | OhioHealth Corporation | Yes | |
| **(2)** Doctors Hospital at Nelsonville<br>1950 Mount Saint Marys Drive<br><br>Nelsonville, OH 457641280<br>31-1620551 | Healthcare Services | OH | 501(c)(3) | N/A | OhioHealth Corporation | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
| 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 | No |
| **(1)** OhioHealth Star Corporation<br><br>180 East Broad Street 33rd Floor<br>Columbus, OH 432153707<br>31-1119936 | Administrative Services | OH | N/A | C | | | | | No |
| **(2)** HardinCare Inc<br><br>921 East Franklin Street<br>Kenton, OH 43326<br>34-1492617 | Property Management | OH | Hardin Memorial Hospital | C | -3,123 | 897,642 | 100 000 % | Yes | |
| **(3)** Intel Health Services<br><br>PO Box 1051 Governors Square Bu<br>Grand Cayman KYI-1102<br>CJ<br>31-4394942 | Insurance/Reinsurance | CJ | N/A | C | | | | | No |
| **(4)** Athens Medical Laboratory Associates Inc<br><br>265 W Union Street Suite B<br>Athens, OH 45701<br>31-1381808 | Medical Lab Services | OH | O'Bleness Memorial Hospital | S | 97,825 | | 100 000 % | Yes | |

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

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **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 | Yes | |
| **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 | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **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 |
|---|---|---|---|
| **(1)** OhioHealth Corporation | B | 1,530,753 | Actual Amount Paid |
| **(2)** Doctors Health Corporation of Nelsonville | L | 1,053,156 | Actual Amount Received |
| **(3)** Intel Health Services | Q | 632,850 | Actual Amount Transferred |
| **(4)** OhioHealth Corporation | R | 126,620,733 | Actual Amount Transferred |
| **(5)** OhioHealth Corporation | S | 76,365,420 | Actual Amount Transferred |

**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:** 32-0007056
**Name:** OhioHealth Corporation Group Return

### 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 |
|---|---|---|---|---|---|
| Grant Anesthesia Services Ltd<br>180 East Broad Street 33rd Floor<br>Columbus, OH 432153707<br>20-1501295 | Practice Management Services | OH | 0 | 0 | GrantRiverside Medical Care Foundation |
| Orthopedic Trauma Services Ltd<br>180 East Broad Street 33rd Floor<br>Columbus, OH 432153707<br>56-2294320 | Practice Management Services | OH | 0 | 0 | GrantRiverside Medical Care Foundation |
| Marion Physician Billing LLC<br>1000 McKinley Park Drive<br>Marion, OH 43302<br>61-1605305 | Medical Billing | OH | 1,523,293 | 0 | Marion General Hospital |
| Marion Ancillary Services LLC<br>1000 McKinley Park Drive<br>Marion, OH 43302<br>31-1704991 | Outpatient Services | OH | 0 | 0 | Marion General Hospital |
| Marion Health Systems LLC<br>1000 McKinley Park Drive<br>Marion, OH 43302<br>31-1639538 | Outpatient Surgery Center | OH | 0 | 0 | Marion General Hospital |
| Healthworks LLC<br>561 West Central Avenue<br>Delaware, OH 43015<br>31-1435822 | Medical Services Physician Practices | OH | -6,214,294 | 6,732,651 | Grady Memorial Hospital |
| OhioHealth MedCentral Professional Foundation<br>335 Glessner Avenue<br>Mansfield, OH 44903<br>26-1775665 | Healthcare | OH | -20,093,284 | 0 | MedCentral Health System |
| Athens Medical Associates LLC<br>75 Hospital Drive<br>Athens, OH 45701<br>02-0734615 | Physician Services | OH | -5,791,456 | 2,110,556 | O'Bleness Memorial Hospital |
| OhioHealth Regional Physician Services LLC<br>180 East Broad Street 33rd Floor<br>Columbus, OH 432153707<br>47-2512005 | Healthcare | OH | 0 | 0 | GrantRiverside Medical Care Foundation |

## 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<br><br>6185 Huntley Road Suite B<br>Columbus, OH 43229<br>20-1547399 | Physician Practice | OH | N/A | | | | | | | | | |
| Polaris Surgery Center LLC<br><br>6200 Cleveland Avenue<br>Columbus, OH 43231<br>20-8074623 | Medical Services | OH | N/A | | | | | | | | | |
| Upper Arlington Medical Limited Partnership<br><br>180 East Broad Street 33rd Floor<br>Columbus, OH 43215<br>31-1472667 | Medical Services | OH | N/A | | | | | | | | | |
| ESWL Real Estate & Equipment Limited Partnership<br><br>100 West Third Avenue Suite 350<br>Columbus, OH 43201<br>31-1138732 | Equipment Rental | OH | N/A | | | | | | | | | |
| Grant Scope Center LLC<br><br>180 East Broad Street 33rd Floor<br>Columbus, OH 43215<br>26-0765486 | Endoscopy Services | OH | N/A | | | | | | | | | |
| OhioHealth Rehabilitation Hospital LLC<br><br>4714 Gettysburg Road<br>Mechanicsburg, OH 17055<br>46-2458436 | Medical Services | OH | N/A | | | | | | | | | |
| Westerville Endoscopy Center LLC<br><br>262 Neil Avenue<br>Columbus, OH 43215<br>46-2755661 | Endoscopy Services | OH | N/A | | | | | | | | | |
| OhioHealth Group Ltd<br><br>155 East Broad Street Suite 1700<br>Columbus, OH 43215<br>31-1446804 | Managed Health Care | OH | N/A | | | | | | | | | |
| Whitehall Surgery Center<br><br>4850 E Main Street<br>Whitehall, OH 43213<br>31-1479613 | Ambulatory Surgery Center | OH | N/A | | | | | | | | | |
| O'Bleness Memorial Pain Management LLC<br><br>55 Hospital Drive<br>Athens, OH 45701<br>45-4587317 | Medical Services | OH | O'Bleness Hospital | Related | 27,893 | 146,122 | | No | | Yes | | 51 000 % |
| Athens Surgery Center<br><br>75 Hospital Drive<br>Athens, OH 45701<br>55-0840856 | Medical Services | OH | O'Bleness Hospital | Related | 220,561 | 448,674 | | No | | Yes | | 65 000 % |